

# THRIVE grants

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*York County Community Foundation*

## *Program/Project Information*

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### **Program/Project Title\***

*Character Limit: 100*

### **Program/Project Description\***

Short description of the program for use on Foundation's website and publicity materials (25 words or less)

*Character Limit: 250*

### **Program/Project Type\***

#### **Choices**

- Expand Existing Program
- New Program

### **Program/Project Start Date\***

*Character Limit: 10*

### **Program/Project End Date\***

*Character Limit: 10*

### **Amount Requested\***

YCCF will consider requests up to \$6,000

*Character Limit: 20*

### **What Fund Are You Applying For?\***

#### **Choices**

- Fund for York County

### **I. Introduction\***

Please list your organization's mission and a brief history as it relates to this grant. Explain who will be involved and what is their experience in this work.

*Character Limit: 1500*

### **Board of Directors List, with Affiliations\***

Upload a list of your organization's governing Board of Directors. Be sure to include their affiliations (i.e. place of work, or community volunteer).

*File Size Limit: 2 MB*

### **II. Please Summarize Your Program/Project\***

Include key activities and numbers/ information about people served.

*Character Limit: 1500*

### **III. What Will Your Program/Project Achieve?\***

Describe how your program/project will impact the lives of the people served. Explain if and how you plan to continue this program after the end of the grant period.

*Character Limit: 1500*

### **IV. How Will You Measure Your Above Achievement?\***

Explain how you will know when your program/project has completed its planned goal. Explain how you will measure it.

*Character Limit: 1500*

### **Numbers Served**

Please list how many people (new and existing) your program intends on serving.

*Character Limit: 250*

### **V. Budget**

Please upload a budget detailing your grant program. You may use the YCCF budget template (found here) or use your own. Please be sure your budget includes itemized expenditures and income streams, including other funders for your program.

*File Size Limit: 2 MB*

## *Demographic Data*

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### **Main Program Area\***

Please select the option that best describes your organization.

#### **Choices**

Arts & Culture

Education

Children & Youth

Environment

Health & Human Needs

Community Development

Other

## Grant Program Area\*

Please select the program area that best describes **the program or project** that you are seeking funding for.

### Choices

Adult Education  
Aging  
Animal Related  
Caregiver Services  
Civil Rights  
Disaster Relief  
Early Childhood Education  
Economic Development  
Education K-12  
Employment and Jobs  
Energy Conservation  
Food, Nutrition  
Historic Preservation  
Housing, Shelter  
Human Services  
Mental Health  
Other  
Performing Arts  
Public Safety  
Recreation  
Science and Tech  
Visual Arts  
Watershed  
Youth Development

In the section below, insert the number of board members who identify as:

- African American or Black
- Asian or Pacific Islander
- Native American or Alaska Native
- Hispanic
- White
- More than One Race

Use whole numbers in these sections. Do not leave an answer blank, instead insert a zero(0).

## Total Number of Board Members

*Character Limit: 250*

### **African American or Black**

*Character Limit: 250*

### **Asian or Pacific Islander**

*Character Limit: 250*

### **Native American or Alaska Native**

*Character Limit: 250*

### **Hispanic**

*Character Limit: 250*

### **White**

*Character Limit: 250*

### **More Than One Race**

*Character Limit: 250*

In the section below, insert the number of program staff who identify as:

- African American or Black
- Asian or Pacific Islander
- Native American or Alaska Native
- Hispanic
- White
- More than One Race

Use whole numbers in these sections. Do not leave an answer blank, instead insert a zero(0).

### **Total Number of Program Staff Who Are Involved In The Program**

Include both paid and volunteer

*Character Limit: 250*

### **African American or Black**

*Character Limit: 250*

### **Asian or Pacific Islander**

*Character Limit: 250*

### **Native American or Alaska Native**

*Character Limit: 250*

## Hispanic

*Character Limit: 250*

## White

*Character Limit: 250*

## More Than One Race

*Character Limit: 250*

In the section below, insert the number of your organization's staff members who identify as:

- African American or Black
- Asian or Pacific Islander
- Native American or Alaska Native
- Hispanic
- White
- More than One Race

Use whole numbers in these sections. Do not leave an answer blank, instead insert a zero(0).

## Total Number of Staff in Your Organization

*Character Limit: 250*

## African American or Black

*Character Limit: 250*

## Asian for Pacific Islander

*Character Limit: 250*

## Native American or Alaska Native

*Character Limit: 250*

## Hispanic

*Character Limit: 250*

## White

*Character Limit: 250*

## More Than One Race

*Character Limit: 250*

## Does Your Organization Have an Anti-Discrimination Policy?

If you have one, please include it in the section below. If you do not have one, please explain why.

*Character Limit: 250*

## Support Documents

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### IRS 501 (c) (3) Exemption Letter\*

-Does not apply to government agencies or public school districts.

*File Size Limit: 4 MB*

### PA Dept. of State Bureau of Charitable Org. Certificate

-Does not apply to government agencies or public school districts.

*File Size Limit: 2 MB*

### Most Recent Audited Financial Statements\*

-If you have questions about this document, please contact Roth Preap at [rpreap@yccf.org](mailto:rpreap@yccf.org).

*File Size Limit: 3 MB*

### Letters of Collaboration

- Optional: Please include if your program/project requires collaboration with another organization. The letter should specify the nature of collaboration.

*File Size Limit: 2 MB*

### Additional File Upload

- Optional: You may use this to upload your annual report or any additional documents relevant to your program.

*File Size Limit: 6 MB*