

Organization Name:

The Wolf Center for Philanthropy • 14 W. Market St. • York, PA 17401-1617

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2024 Grant Inquiry Form

This form is utilized as a prerequisite to a YCCF Grant Application.

In 2024, YCCF is requiring all applicants to provide information on the project or program they request funding for. Upon completion, please email your form to Chawna Griffith-Myers at CGriffith@yccf.org. Once reviewed, a Grants and Community Engagement team member will contact you regarding the next steps; please allow up to 72 hours for a response. Additionally, we ask that you visit our website to view YCCF's eligibility requirements to ensure you are eligible to apply. We also recommend potential grantees review our recorded Grantee Webinar and the accompanying PowerPoint presentation. These resources provide additional information about our grant application process and introduce updates to our 2024 applications and policies. Please note, inquiry forms should be completed during the application quarter in which you intend to apply.

Contact Name:
Contact Email Address:
Project Title:
Project Summary to include desired outcome and anticipated # of individuals served:

Funding Source Desired:
☐ THRIVE
☐ Memorial Health Fund
☐ Embracing Aging (Please include Cathy Bollinger CBollinger@yccf.org to your email)
☐ Racial Equity Fund
☐ Environmental Grants
☐ Field of Interest:
If applying for a THRIVE grant, please list your project's Focus Area:
☐ Career Development
☐ Child & Youth Development
☐ Housing
☐ Transportation
☐ Other:
Funding Amount Requested:
What Quarter are you applying for:
□ Q1
□ Q2
□ Q3
□ Q4
List any organizations or collaborations you will be partnering with for this project:
Have you received funding from YCCF within the past 2 years? Do you have any open grants, currently?
While most of our grants are single payment, YCCF does offer multi-year grant opportunities. If this is a multiyear request, please indicate the duration of the request (number of years) and

what level of funding you are seeking each year:

Does your organization have a board approved Anti-Discrimination and Diversity, Equi Inclusion (DEI) Policy? (Both Required to Apply)	ty, and
☐ Yes	
□ No	
Additional Information you would like to provide:	