Embracing Aging Community Grant Program (2024)

York County Community Foundation

Grantee Eligibility:

Grantee Eligibility:*
Grants are awarded to nonprofit organizations, government agencies, or public school districts. The following is the criteria for a qualifying organization:

- Nonprofit applicants must have their 501(c)(3) public charity classification under the Internal Revenue Code (this does not apply to government agencies or public school districts).

- Nonprofit applicants must have had their 501(c)(3) status for at least one full year before applying.

- Must provide services directly to/in York County.

- Must be up-to-date on any active YCCF interim or post-grant reports before applying for a new grant.

- Can only have one active grant per funding source.

- Must have both a board approved Anti-discrimination statement and DEI Policy.

Grants are NOT provided for:

- Endowments, capital campaigns, budget shortfalls, normal operations, debt retirement, or association dues.

- Sectarian religious programs.

- Organizations with discriminatory employment or program practices.

- Any form of direct financial assistance to individuals.

- Reimbursement for programs, programs or items purchased before grant is authorized.

Choices
I have read the grantee eligibility guidelines and confirm that my organization is eligible to apply

Project Narrative:

This section will make up the bulk of your application. Please provide thorough and detailed answers to the questions below.

Program/Project Title:*

Title of the Program or Project that you're seeking funding to support.

Character Limit: 250

Project Summary:*

Please provide a short 1-2 sentence summary of your project and what it will achieve.

Character Limit: 1000

Mission Statement:*

Please share a summary of your organization's mission, which should include:

- Purpose/Vision
- Brief History
- Values

Character Limit: 10000

Project Description:*

Please describe your project or program **in detail**. Descriptions should be specific to the project or program you are seeking funding for, and allow a reader who may not be familiar with the work to understand:

- What the project will do, and why
- Who the project is serving, and who is involved internally
- What the project's goals are, and how they will be achieved
- When activities will occur
- Where the project will take place
- Explanation of need

Character Limit: 10000

Sustainability and Outcomes:*

In this section, please speak to your project's sustainability plan, as well as other items below as necessary. This may include:

- A sustainability plan - will you need to sustain this project or program over a period of time? If so, how do you intend to do so? If not, please explain why.

- Measurable data that will be tracked

- Further explanation of what success will look like, and how it will be evaluated (optional if covered in the above description)

- Any other outcomes you would like to speak to

Character Limit: 10000

Collaboration:*

The York County Community Foundation believes that collaboration is crucial to innovative community solutions. Please list any organizations or collectives you will be collaborating with on this project, if any.

If you are part of any collective impact efforts/collaboratives within York that relate to your application, please mention them here.

Character Limit: 10000

Program Specifics:

Estimated Number of Individuals Served/Assisted through your Program (M):*

All applicants are required to answer this question. In your application, we ask that you provide an <u>estimate</u> of the number of individuals you expect to serve. You will be required to provide the real data from your program in your follow-up reporting, if a grant is awarded.

This information is for YCCF to track the impact of our grant funds; please answer as accurately as possible.

Character Limit: 250

Project Information:

Project/Program Type:*

If you are seeking funding for an Existing Project/Program, please indicate whether the program is core to your organization's mission and offerings, or if it falls outside of your core programs, though still important to your organization's mission.

Choices

New Program
Existing Program (Main Program, core to our mission)
Existing Program (Not one of our core programs)
Pilot Program
Research, Planning, or Capacity Building

Other

Please Select the Quarter you are Applying During:*
Choices
Q1: January - March
Q2: April - June
Q3: July - September
Q4: October - December

Project Start Date:*
The project start date **must be on or after** the board review date for the quarter you are applying in:

    I.   Q1 Application: March 14th or later

    II.   Q2 Application: July 11th or later

    III.   Q3 Application: September 12th or later

    IV.   Q4 Application: December 12th or later

Character Limit: 10

Project End Date:*
Please enter the project end date below.

Character Limit: 10

Budget/Financials:

Amount Requested:*
The total amount of funding you are requesting from YCCF to be used toward this project.

Character Limit: 20

Total Project Budget:*
Please provide the Total Project Budget of the project or program you are seeking funding for.

Character Limit: 20

Budget:*

Please upload a project budget for your project or program.

Budget uploads should clearly show what specific line items YCCF funds would support, and in

what amounts, totaling in the amount you are requesting.

You may use the YCCF budget template (found here) or use your own. Uploads should be either Excel or PDF files.

If your are pursuing a multi-year grant, your attached budget should be built to clearly reflect this, showing exactly what each year's funding request is.

File Size Limit: 2 MB

Funding Sources:*

Please list all other project funding sources, the type of funding they represent (public, private foundation, etc.), and whether they are received, requested, or tentative. If costs are expected to be covered internally, please indicate this.

Character Limit: 5000

Program and Demographic Data/DEI:

The information collected in this section is for internal use by YCCF to track and report on broad grantmaking trends and will not be, specific to any one organization, publicly shared. This information will not be utilized to make grantmaking decisions or affect applicants' chances of receiving funding.

Is your Organization BIPOC-Led?*

Pertains to the current CEO, President, or highest officer, depending on your organizational makeup.

*BIPOC: Black, Indigenous, People of Color

Choices
Yes
No

Is your Organization Woman-Led?*

Pertains to the current CEO, President, or highest officer, depending on your organizational makeup.

Choices
Yes
No

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, community volunteer, etc.)

File Size Limit: 2 MB

Total number of members of your organization's Board of Directors:*
Character Limit: 250

Total number of BIPOC board members:*
Character Limit: 250

Total number of board members who identify as male:*
Character Limit: 250

Total number of board members who identify as female:*
Character Limit: 250

Total number of board members who identify as nonbinary or any identity other than male or female:*
Character Limit: 250

Anti-Discrimination Policy:*

All applicants must have a formal, board-approved Anti-discrimination policy to be eligible for funding. Please enter your organization's policy below. If you do not have one, please explain why.

Character Limit: 5000

Diversity, Equity, and Inclusion (DEI) Policy:*

All applicants must have a formal, board-approved DEI policy to be eligible for funding. Please enter your organization's policy below. If you do not have one, please explain why.

Character Limit: 5000

Authorization:

This section is used to record information pertinent to the grant award distribution and YCCF's contract procedures.

We ask that you complete this information with the most up-to-date information you have on file. If this information changes between your grant submission and the grant award dates, contact us at your earliest convenience to ensure that the awards are sent to the correct location and contact.

Authorized Signer of the Grant Contract*

The individual approved to sign legally binding contracts by your Board of Directors. Include their first and last name.

Character Limit: 100

Authorized Signer's Title*

Character Limit: 100

Email Address:*

The email address you provide will be contacted by our team to sign a grant contract, if a grant is awarded. This email should match the individual above that is authorized to sign legally binding contracts for your organization.

Character Limit: 100

Support Documents:

In this section, you can provide uploaded documents relevant to your application.

Organizations are <u>required</u> to provide their 501(c)(3) certification and their most recent audited financial statements. All other upload sections are optional and at the applicant's discretion.

IRS 501 (c) (3) Exemption Letter

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

File Size Limit: 2 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

Audited Financial Statements*

Please provide your most recent Audited Financial Statement. In lieu of this, a financial compilation may be provided.

File Size Limit: 4 MB

Letters of Support

If applicable, include an organization's testimonial about your organization and/or program leader.

File Size Limit: 2 MB

Letter(s) of Collaboration

If applicable, please include if your program/project requires collaboration with another organization. The letter should specify the nature of collaboration.

File Size Limit: 2 MB

Designs, Drawings, Blueprints, etc.
If applicable

File Size Limit: 2 MB

Annual Report
File Size Limit: 3 MB

Additional File Upload
Optional; you may use this file upload to upload any additional documents relevant to your program.

File Size Limit: 3 MB