

Grant Inquiry Form

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

The York County Community Foundation requires all applicants to complete a Grant Inquiry Form as a first step in our grant application process. Please provide the information requested below on the project or program that you seek to support with a grant. Upon completion, please submit your form to Jason Andrews at jandrews@yccf.org. Once our team reviews your submission, a staff member from the Grants & Community Engagement team will contact you with information regarding the next steps in the application process. Additionally, we ask that you visit our website to view YCCF's [eligibility requirements](#) to ensure your organization is eligible to apply for a grant. We also recommend each applicant reviews our recorded [Grantee Information Session](#) and the [applicant resources](#) on our website. These materials provide information about our grant application process and introduce any annual updates that may have been made to our applications and policies.

Organization Name:

Contact Name:

Contact Email Address:

Project Title:

Project Summary: (Must 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:

Requested funding amount:

Which quarter are you applying for:

- Q1
- Q2
- Q3
- Q4

List any organizations or collaborators you will partner with on this project:

Have you received funding from YCCF within the past two years? Do you currently have any open grants?

While most of our grants are single payment, YCCF does offer multi-year grant opportunities. If this is a multi-year request, please indicate the duration of the request (number of years) and the dollar amount you would like to receive each year:

Does your organization have a board approved Anti-Discrimination and a Diversity, Equity, and Inclusion (DEI) Policy? (Both are required to apply)

Yes

No

Any additional Information you would like to provide: