York County Veterans Outreach

Report on Funding

Required Within 6 Months of Receipt of Funds

This form is to be completed within 6 months or less of receiving grant funding from the York County Veterans Outreach and must be submitted before any additional funding requests.

**Our Mission:**York County Veterans Outreach assists veterans and their families, to identify and access resources, services, and programs to meet their short- and long-term goals.

**Our Grant Program:**is designed to provide financial support to initiatives and organizations deemed capable of generating broad and substantial benefit to York County veterans and their families.

**Submitting Report Back Form:**This form and any supporting documents must be submitted via email [**cstorm.ycvo@gmail.com**](mailto:cstorm.ycvo@gmail.com)or mail to:

**York County Veterans Outreach**

**Attn: Cassandra Storm**

**PO BOX 3627**

**York, PA 17402**

**Questions?  Email** [**cstorm.ycvo@gmail.com**](mailto:cstorm.ycvo@gmail.com) **or call 717-978-3049**

**ALL GRANT FUNDS ARE TO BE UTILIZED FOR YORK COUNTY VETERANS AND/OR THEIR FAMILIES.**

1. Today's Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2.) Name of Entity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3.) Your Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4.) Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5.) Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6.) Dollar Amount Received from YCVO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7.) Date Funding Was Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8.) Has all the funding been utilized?

*Circle:*  Yes No

9.) How long did the funding last? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10.) How many individual York County veterans were served with the YCVO Grant Funding?

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11.) Were any family members of York County veterans served with YCVO Grant Funding?

*Place a Check in your answer below:*

\_\_\_\_\_\_\_\_\_ Yes, we served/also served family members.

\_\_\_\_\_\_\_\_\_ No, we only served veterans.

12.) Were funds from the YCVO Grant used for anyone who is not a York County veteran and/or family member?

*Place a Check in your answer below:*

\_\_\_\_\_\_\_\_\_ Yes.

\_\_\_\_\_\_\_\_\_ No, funds were only used for York County veterans and/or their families.

12a.) If you answered, "Yes", please explain.

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13.) Were all York County veterans served with the YCVO Grant Funding verified with the York County Department of Veterans Affairs?

*Circle:*  Yes No

13a.) If you answered, "No" please elaborate how you confirmed their credentials and any other pertinent information.

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14.) If legally permitted (in-regards-to HIPPA and other Privacy Laws) and requested by the YCVO Board at the time of your Grant Disbursement, please provide a list of the names of York County veterans served with the YCVO Grant Funding.

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15.) Were there any changes to how the YCVO Grant Funding was utilized that differed from the original intention listed in the YCVO Grant Application?

*Place a Check in your answer below:*

\_\_\_\_\_\_\_\_\_ Yes, the programing/situation changed after we received our funds.

\_\_\_\_\_\_\_\_\_ No, everything went as planned.

15a.) If you answered, "Yes" please explain.

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16.) Since receiving the YCVO Grant, has your program become self-sustaining financially?

*Place a Check in your answer below:*

\_\_\_\_\_\_\_\_\_ Yes, we are now capable of funding our own programing.

\_\_\_\_\_\_\_\_\_ No. we are still dependent on grant funding.

16a.) If you answered, "No" do you plan to return to the YCVO with an additional grant funding request?

*Circle:*  Yes No

17.) If you intend to reapply for additional YCVO funding, please detail your needs and future plans for possible grant requests.

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18.) **Privacy:**Submission of grant reporting will not be considered confidential in nature.  If information within the reporting needs to be kept private, please indicate on the application what documents and/or information need to remain private.

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19.) Is there anything else you wish to share with the York County Veterans Outreach Board of Directors?

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**Finalizing Report Back From**

**Keep a Copy of this Form for Your Records**

**Additional**documents, photographs and more can be emailed to [cstorm.ycvo@gmail.com](mailto:cstorm.ycvo@gmail.com) or mailed to:

**York County Veterans Outreach**

**Attn: Cassandra Storm**

**PO BOX 3627**

**York, PA 17402**

Questions?  Email [cstorm.ycvo@gmail.com](mailto:cstorm.ycvo@gmail.com) or Call 717-978-3049