

York County Veterans Outreach Grant Application

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. Applications will be evaluated on need, uniqueness of the program, and a clear and convincing case for how the proposed grant initiative will positively impact veterans and their families.

Submitting Application: This application and all supporting documents must be submitted via email 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 or call 717-978-3049

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

A.) Entity and Applicant Details

1. Today's Date: _____

2.) Dollar Amount Requested: _____

3.) Name of Entity: _____

4.) Name of Applicant: _____

5.) What is the specific program to which you intend to direct this funding?:

6.) Address: _____

Street

City

State

Zip

7.) Phone: _____

8.) Email: _____

9.) Federal Tax EIN _____

10.) Is your entity a non-profit? **Circle:** Yes No

In Process of Becoming a Non-Profit Other: _____

11.) List of Board of Directors: _____

12.) Entity's Website URL and Social Media Handles: _____

13.) From where else do you receive funding to support your program and how much do you receive from your other funding sources?

B.) Requirements and Restrictions for Program

This grant program is not intended to be a sustaining source of funding for the applicant or the proposed project. **Important:** All items listed below must be emailed or provided by mail.

- All grantees must be a registered 501c(3) organization and must provide a copy of the organization's PA Department of State Bureau of Charitable Organizations certificate.
- Must provide most recent year-end financial statements, including a balance sheet.
- Must provide proposed project budget (if specific to unique project).
- Proof of insurance for organization or event (if specific event).

14.) Program Start Date: _____

15.) Program End Date: _____

16.) When will you begin to utilize the funds? _____

17.) Who is the project/program leader in-regards-to this grant? _____

18.) Will this grant support programming and/or services for anyone who is not a York County veteran and/or their family? **Place a Check in your answer below:**

Yes, we will serve individuals who are not York County veterans or their family members.

No, this program only supports York County veterans and/or their family.

19.) Can you ensure through tracking and/or measurable data that 100% of this grant funding will be used solely for York County veterans and/or their families?

Place a Check in your answer below:

Yes, we can track how our funds are used for each individual veteran.

No, this cannot be tracked and/or segregated among our clients.

20.) If you answered, "No" to questions 18 or 19, please elaborate how you feel this funding, or the majority of this funding, will be in alignment with our mission of supporting York County veterans and their families?

21.) Do you commit to reporting back on how these funds were utilized within 6 months of receipt? Failure to report back will eliminate the possibility of future grant funding from the YCVO. [Click Here](#) (or copy and paste the link below) to review our **Reporting Back Form required of all Grant Recipients** before answering this question.

<https://forms.gle/SiBSRZX8sQgB4PV97>

Circle: Yes No

C.) Short Answer

The following questions will help the YCVO Board to understand the nature of the applicant's project and how the applicant intends to move the project forward. Applicant responses should be written simply and clearly and should be limited to a few sentences.

22.) Simply stated, what are the goals/objectives of your organization?

23.) What impact to York County veterans and/or their families do you intend to achieve by undertaking this project?

24.) What indicators will you use to assess the success of your project?

25.) Do you intend to have partners or collaborators work with you on this project?

Circle: Yes No

25.a) If "Yes," please identify the collaborator(s), describe their role(s) and tell us if they have already agreed to work with you.

26.) What will be the 2 or 3 specific steps your organization will undertake to begin work on the proposed project?

27.) How do York County veterans and/or their families learn about your services?

28.) Is part of your intake plan to verify the credentials of York County veterans with York County's Department of Veterans Affairs?

Circle: Yes No

29.) Please explain your plan to sustainably fund this program outside of future YCVO Grants. _____

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

31.) **Privacy**: Submission of grant materials will not be considered confidential in nature. If information within the application needs to be kept private, please indicate these items below.

D.) Previous Applicants Only

This section of the application is only for those organizations who have previously applied for a grant from the YCVO. If this is your first time applying for a grant, skip ahead to **Section E**.

32.) List all previous grant application dates and funding received from the York County Veterans Outreach.

33.) Have you completed your Report Back form on your most recent YCVO Grant Funding?

Circle: Yes No

33a.) If you answered, "No" [Click Here](#) to complete your required report on funding. Or Copy and Paste: <https://forms.gle/1uyKVuBB2Ls5VZgGA>

34.) Is this grant application for a new program or a continuation of a previous program?
Place a Check in your answer below:

New Program

Continuation of Previous Program

35.) Will this funding reach new (to your entity) York County veterans and/or their family members or will you be continuing to serve previous clients? *Place a Check in your answer below:*

Yes, it will reach new York County veterans to our program.

No, we will only continue to serve previous clients.

36.) Please explain any efforts or plans for additional outreach.

E.) The YCVO Board's Selection Criteria

Keep a Copy of this Applications for Your Records

- Does the grant application fit with the Mission Statement of the York County Veterans Outreach? ***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.***
- The degree to which the proposed project will directly impact York County veterans and their families.
- Overall coherence of the proposal; do all the sections, taken together, describe a sound rationale, logical plan, include sufficient resources, and build confidence in successful execution of the proposed work?
- The applicant's capacity to successfully execute the proposed project and achieve intended impact.
- A sound methodology for measuring results.
- Assessment of the durability of the project's impact.

Important: Applicants must complete all sections of the grant application and submit all required supportive documents to be considered for funding via email cstorm.ycvo@gmail.com or mail to:

**York County Veterans Outreach
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PO BOX 3627
York, PA 17402**

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For all requests for assistance funds, we must retain:

1. Copy of the request (ex. email or letter)
2. Copy of the approval (ex. YCVO email or meeting minutes)
3. Copy of invoice or bill, even if we are doing only partial payment.