



www.yorit.org

# YorIT Social Venture Fund

## GRANT APPLICATION

### APPLICANT INFORMATION

Organization:		EIN #	
Address:			
City:		State:	ZIP Code:
Phone:	E-mail:		Fax:
Contact Person's Name & Title:			
Date Received 501(c)3 Status:			
Organization's Mission Statement:			
Anticipated Project Timetable (month/year format):		Start Date:	End Date:

### PART II PROJECT INFORMATION

**Project Description:**  
Please attach a preliminary project description on no more than two pages using no smaller than 10 pt. font

**Include:**

**Project Intent**

- How the proposed project will be structured and implemented
- Who the proposed project will benefit in the York Community
- How the proposed project will advance the mission of the organization

**Project Activities**

- Leadership – staff and/or volunteer leadership/oversight/opportunities for YorIt volunteers to help
- Project timeline
- Preliminary costs required and prospects for funding
- Potential delays or threats to the project

**Ongoing Project Plan**

- Impact – to what extent can the proposed project make a significant difference in improving the quality of life in York County
- Sustainability – how will the Project be sustained following start-up?

### SIGNATURES

Staff Officer Signature:	Date:
Printed Name:	
Board Officer Signature:	Date:
Printed Name:	