

2022 Partnership Program

Eligibility Questions

NEW GRANTMAKING POLICIES

In February 2022, The Lancaster County Community Foundation’s Board of Directors approved two new policies to help ensure all grantmaking programs support community projects that welcome and value everybody—particularly individuals from historically marginalized, federally-protected classes. We believe our community is strongest when every individual feels valued and supported by our county’s community benefit/nonprofit sector, and these policies will help us direct our grant dollars to organizations and projects also committed to inclusive practices.

Anti-hate policy. The Community Foundation will not knowingly make grants that we believe, in our sole discretion, intend to support or engage in hateful activities.

Non-discrimination policy. Grant partners must have, and will be required to submit, a non-discrimination policy. It must demonstrate compliance with federal laws--based on your type of organization—related to protected classes of people.

We will review all information provided in this application. We also reserve the right to request additional information as part of our due diligence process. For further information, check out these frequently asked questions.

NON-DISCRIMINATION POLICY*

Please upload your organization's current non-discrimination policy.

File Size Limit: 2 MB

FEDERALLY PROTECTED CLASSES*

Does your organizational policy allow discrimination in serving any of the following federally-protected classes of people?

Choices

Race

Color

Religion or creed

National origin or ancestry

Sex (including gender, pregnancy, sexual orientation, and gender identity)

Age

Physical or Mental Disability

Veteran status

For any of the boxes checked in the previous question, please explain why and if/how your organization is actively seeking to make policy changes.*

Character Limit: 1000

CERTIFICATION*

I certify that if awarded this grant, no grant dollars will be used to support discriminatory activities against any federally-protected classes of people.

Choices

Yes

Is your organization categorized as 501(c)(3) by the IRS, or is it a government institution?*

Choices

Yes

No

Does your organization serve residents of Lancaster County, PA without discrimination??*

Choices

Yes

No

Is your organization registered with the PA Bureau of Charitable Organizations (or exempt)?*

Choices

Yes

No

Exempt

Does your organization complete IRS Form 990 on an annual basis?*

Choices

Yes

No

Exempt

Has your organization completed an independent audit or financial review within the last 12 months?*

Choices

Yes

No

Is your organization current on paying its payroll taxes?*

Choices

Yes

No

Is your organization in good standing with the Community Foundation?***Choices**

Yes

No

If you answered "No" to any of the questions above, please stop here because your organization does not meet the eligibility requirements. You can find resources to help you meet eligibility at <https://www.lancfound.org/eligibility-requirements/>. Otherwise, continue to the next section. If you have any questions, please contact the Program team at 397-1629.

Organizational Profile**Mission Statement***

Character Limit: 500

Mission Focus***Choices**

Adult community/elder care

Animal related

Arts/culture/humanities

Church/synagogue/mosque

Education

Environment

Financial stability/quality of life

Food/agriculture/nutrition

Health care

Housing

Human services

Scholarship

Youth Development

Foundation/funder

Other / N/A

PA Bureau of Charitable Organizations Registration Number

Character Limit: 6

Expiration Date

Character Limit: 10

Reason for exemption or non-registration

Character Limit: 100

Does your organization have a conflict of interest policy?***Choices**

Yes

No

Project Information

Grant Program*

Choices

Partnership Program

Grant Request (Dollars)*

Character Limit: 20

Project Name*

Character Limit: 100

Summary of Project*

Character Limit: 500

Application Questions

NON-DISCRIMINATION- Grant Making

LCCF is committed to non-discrimination in its grantmaking. It is the policy of LCCF not to discriminate against any grantee partner or grant applicant on the basis of sex, gender; gender identity; gender expression; race; color; national origin; religion; creed; age; disability; citizenship; marital or domestic partnership status; sexual orientation; genetic predisposition; military or veteran status; or any other characteristic protected by federal, state or local law, rule or regulation.

PARTNERS*

Who are the partners and what are their missions?

Character Limit: 1500

EQUITY & INCLUSION*

What are your organizational aspirations and current challenges regarding racial equity and inclusion, and/or social justice? Does this work relate to your project? If so, please describe.

Character Limit: 2500

GOALS

What are the goals of the partnership?

Character Limit: 1500

STATUS*

Where are you currently in the process?

Character Limit: 1500

IMPLEMENTATION*

What are the implementation steps and timeline to put the partnership in place?

Character Limit: 2000

SPENDING*

How will the grant dollars be utilized?

Character Limit: 1500

Please provide any additional information or comments:

Character Limit: 750

Attachments

Completed applications include the following attachments. Please note that if you do not have access to a scanner, you can use the "Fax to File" tool on the left menu. This tool will convert a fax to a PDF document.

Board of directors roster (for applying organization only)*

Upload a current fiscal year board roster that contains minimally the name and occupation of each member.

File Size Limit: 3 MB

Audited or Reviewed Financial Statement (for applying organization only)*

Upload your entire **audited or reviewed financial statement** that was completed within 12 months of this application's due date by an independent CPA firm. Please note that a compilation or an IRS Form 990 does not satisfy this requirement.

File Size Limit: 17 MB

Memorandum of Understanding*

Upload an MOU or another document that demonstrates your organizations' intent to merge.

File Size Limit: 2 MB

Electronic Signature

CERTIFICATION*

I certify that if awarded this grant, no grant dollars will be used to support discriminatory activities against any federally-protected classes of people.

Choices

Yes

No

Signature*

Character Limit: 100

Job Title*

Character Limit: 75

Date*

Character Limit: 10