

**Lancaster County Juvenile Justice Prevention Fund**  
**Application Form (2017-2018)**

I. ORGANIZATIONAL INFORMATION:

**Provide the following information in two pages using this format.**

A. Organization Name: \_\_\_\_\_  
(List fiscal agent for collaborations)

B. Address: \_\_\_\_\_  
City, State Zip: \_\_\_\_\_

C. Website: \_\_\_\_\_

D. Chief Executive Officer: \_\_\_\_\_

1. Telephone Number: \_\_\_\_\_ 2. Fax: \_\_\_\_\_

3. Email Address: \_\_\_\_\_

E. Contact Person and Title: \_\_\_\_\_  
(If other than the Chief Executive)

1. Telephone Number: \_\_\_\_\_ 2. Fax: \_\_\_\_\_

3. Email Address: \_\_\_\_\_

F. Purpose of Request:

A brief summary of the amount requested and its purpose. Limit it to this space.

\_\_\_\_\_  
(Signature of Chairperson of the Board)

\_\_\_\_\_  
(Signature of the Chief Executive Officer)



4. What priority does your program address in our Comprehensive Juvenile Justice Services Plan?
5. Is this a new program? If no, please explain in detail how the program was previously funded and why this funding is needed, number of youth served by the program during the last 3 years, and referral source(s) for youth in the program.
6. How will the funding requested impact Lancaster County?
7. Please mark the following:
- |    |   |     |    |
|----|---|-----|----|
| A. | Current 501(c)3 status on file:                   | Yes | No |
| B. | Completed 2015 audit or financial review on file: | Yes | No |

## WORK PLAN

Agency: \_\_\_\_\_

Best Practice Program:      Yes      No

Program: \_\_\_\_\_

Goal of Project: \_\_\_\_\_

Objective	Activities	Responsible Party	Documentation / Outputs	Impact on Goal

BUDGET WORKSHEET						DATE:	
Agency Name:							
Program Name:							
Type of Grant: Juvenile Justice Prevention Funds							
<b>A. PERSONNEL (name, position)</b>			<i>Hours</i>	<i>Rate/hr</i>	<i>Annual Salary</i>	<i>Effort %</i>	<i>Total</i>
1							
2							
3							
TOTAL PERSONNEL							
<b>B. BENEFITS (name, position)</b>		Y/N	<i>FICA (7.65%)</i>	<i>Health Ins/Year</i>	<i>Other/Year</i>	<i>Effort %</i>	<i>Total</i>
1							
2							
3							
TOTAL BENEFITS							
<b>C. TRAVEL (who/what/where/why/when)</b>			<i># of Days</i>	<i>Rate</i>	<i># of people</i>		<i>Total</i>
Hotel							
Meals							
Parking							
Other							
Mileage							
TOTAL TRAVEL							
<b>D. EQUIPMENT</b>			<i>Qty</i>	<i>Cost per unit</i>			<i>Total</i>
TOTAL EQUIPMENT							
<b>E. SUPPLIES/OPERATING EXPENSE</b>			<i>Qty/Mo</i>	<i>Cost/Mo</i>	<i># of Months</i>		<i>Total</i>



### Budget Narrative

For each budget category (items A – F), please describe in detail all items requested in your budget. Your explanation should include how each item relates to the program being requested with this funding. Match may be shown in the Budget Narrative, but needs to be separated from the overall request.

A. Personnel

B. Benefits

C. Travel

D. Equipment

E. Supplies

F. Consultants/Contracts

8. **Add Attachment (not to exceed 1 page) to email after hitting “Submit”:**  
A. Board of Directors

*Applications are due May 1, 2017 by 5:00pm!*