

## **VNA FOUNDATION OF LEBANON COUNTY**

### **AGENCY GRANT CRITERIA:**

- The agency must be based in Lebanon County and serve the citizens of Lebanon County.
- The agency must be a 501c3 non-profit registered with the Commonwealth of PA.
- The request must address healthcare or health-related issues.
- The VNA Foundation does not fund ongoing general operating expenses or administrative salaries.
- The VNA Foundation funds medical equipment, services and programs that are client-related.
- The VNA Foundation funds one-time grants on a yearly basis with no obligation for renewal.
- The VNA Foundation Agency Grant Request form must be completed with additional support, substantiation and bid information (as appropriate) attached.
- The agency's financial information and a substantiation of the need must be included with the grant application.
- Funding decisions are ultimately at the discretion of the VNA Foundation Board, based on the availability of funds and funding priorities.

**VNA FOUNDATION OF LEBANON COUNTY**  
**Agency Grant Request**

**Date:** \_\_\_\_\_

**1. Name of agency:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_

**E-Mail Contact:** \_\_\_\_\_

**2. Program/Item for which funding is requested:** \_\_\_\_\_

\_\_\_\_\_

**3. Reason for Request: (Attach verification of need for program/item.)** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**4. Beneficiaries of program/item:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**5. Funding amount requested: (Attach itemized list of cost for each program/item.)** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**6. Three primary agency funding sources and amounts received from each:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**7. Percentage of agency's budget this request amount represents: (Attach 2 copies of your agency's most recent Financial Statement.)** \_\_\_\_\_

**Return Address:**

**VNA Foundation**  
**P.O. Box 1203**  
**Lebanon, PA 17042-1203**

8. **Date, description and amount of agency's last grant request to the VNA Foundation:**

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**Amount received:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Submit 14 copies of Request Form and attachments by March 31st to:**

**VNA Foundation  
P.O. Box 1203  
Lebanon, PA 17042-1203**

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