

**GRANT APPLICATION**  
**For the LICF Competitive Grants Program**

NOTE: This form is PDF fillable. You must download and save on your computer.

**I. ORGANIZATION OVERVIEW**

Legal Name of Organization \_\_\_\_\_

Other name organization may be known as: \_\_\_\_\_

Year Organized or Incorporated \_\_\_\_\_ EIN (Employer Identification Number) \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Fax \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Website \_\_\_\_\_

**If the address for receiving charitable donations differs from the address at which services are provided, indicate where and to whom checks are to be sent:**

\_\_\_\_\_

Paid Staff Head \_\_\_\_\_ Title \_\_\_\_\_  
(Executive Director, CEO, President, or comparable)

Paid Staff Head Direct Phone \_\_\_\_\_ Email \_\_\_\_\_

Board Chair \_\_\_\_\_ Email \_\_\_\_\_

**Contact Person for this Proposal (if other than Paid Staff Head)**

Name \_\_\_\_\_ Title \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**IRS CLASSIFICATION** (as indicated on your IRS Letter of Designation)

(501c3)    (501c4)    (501c9)    Other \_\_\_\_\_    Not Applicable\*

Covered under Group Exemption \_\_\_\_\_

EIN #

Name of Organization

\*If Not Applicable, are you a Public Agency/Government Unit?       YES    NO

\*If Not Applicable, do you have a fiscal sponsor agreement with a 501c3 nonprofit?       YES    NO

If yes, name of organization \_\_\_\_\_

**NOTE: If you are using a Fiscal Sponsor, please obtain the following documents and submit with this application:**

- (a) A letter signed by Executive Director of the fiscal sponsor organization stating their agreement to administer funds for the applicant; explanation of relationship to the applicant; and disclosure of any fees charged (if applicable).
- (b) Current Board List with officers and professional affiliations.
- (c) Most recent audited financials (**do not send Form 990 unless requested**)

**GOVERNANCE**

**Attach a list of current board members and officers, and their professional affiliation.**

- (a) Are there two or more paid staff members on the board?  YES  NO
- (b) Are any of the organization’s officers, board members, or highly compensated employees related to each other?  YES  NO

*If you answered YES to any of the above, please provide an explanation:*

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- (c) Do you have a written conflict of interest policy in compliance with the New York Nonprofit Revitalization Act?  YES  NO

Click here to review: <http://www.licf.org/GrantSeekers/GrantseekerResources.aspx>

*If you answered NO, please explain and indicate what steps are being taken to be in compliance.*

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**Organizational Demographics**

	Number of Professional Staff	Number of Support Staff	Number of Board Members	Number of Volunteers (if available)	Percent of Population Served
Asian/Asian-American					
Black/African-American					
Hispanic/Latino					
Native American					
White, Non-Hispanic					
Female					
Male					

**ELECTORAL DATA**

What is the U.S. Congressional District of your agency’s primary location? **(CHOOSE ONE)**

To review map, click here <http://www.latfor.state.ny.us/maps/2012c/c-LongIsland.pdf>

- District 1     District 2     District 3     District 4     District 5

**II. PREVIOUS GRANT HISTORY**

If you received a grant from LICF and/or LIUU within the last two years, please complete:

LICF or LIUU	Award Date (month/yr)	Award Amount	Final Report Due Date	Date Submitted	To Be Submitted

**NOTE:** Current grantees are not eligible to submit a new funding request until their program has been completed, funds have been fully expended, and a final report has been submitted.

**III. GRANT REQUEST OVERVIEW**

Project/Program Title (if applicable): \_\_\_\_\_

To answer questions 1 & 2, please click here <http://licf.org/GrantSeekers/GrantmakingatLICF.aspx> to review LICF’s priority issue areas and program goals.

1. Which priority issue area does your project fall under (check ONE):  Arts  Community Development  Community Response  Environmental  Education  Hunger  Health  Mental Health  Technical Assistance  Youth Development

2. How does your proposed work fit within the program goals specified in the issue area selected?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Provide a brief and concise “Statement of Purpose” for grant and how funds will be utilized.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Grant Request: \$ \_\_\_\_\_ Total Program/Project Cost \$ \_\_\_\_\_ Program/Project Start/End \_\_\_\_\_

5. Total Annual Operating Budget for Current Year \$ \_\_\_\_\_ Dates Covered By This Budget \_\_\_\_\_

6. Title and salary paid to your top (5) key personnel for **the program/project**:

	TITLE	SALARY
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____

7. Will any part of requested funds be used for lobbying?  YES  NO

If yes, please indicate dollar amount: Direct Lobbying \$\_\_\_\_\_ Grassroots Lobbying \$\_\_\_\_\_

(For information on lobbying, click here: <http://www.ncladvocacy.org/tklegally.html>)

**PLEASE ANSWER THE FOLLOWING AS IT PERTAINS TO THE SPECIFIC PROGRAM/PROJECT:**

8. Which U.S. Congressional District(s) will be served by this program/project? **(CHOOSE MULTIPLE IF APPLICABLE)**

District 1  District 2  District 3  District 4  District 5

9. Which TOP (3) communities **(by ZIP CODE)** will be served by this program/project?

(1) \_\_\_\_\_ (2) \_\_\_\_\_ 3) \_\_\_\_\_

**If more than (3), please select from the following:**

NASSAU COUNTY \_\_\_\_\_ SUFFOLK COUNTY \_\_\_\_\_ EAST END \_\_\_\_\_ ISLANDWIDE \_\_\_\_\_

10. Which populations will be served by this program/project?

**AGE:**  General Population **OR if age group represents more than 51% choose ONE:**

- Children (0-11)     Youth (12-24)     Children & Youth (0-24)     Adults (25-65)
- Elderly (65+)     Families     Intergenerational     Youth & Adult (12-65)

**GENDER:**  General Population **OR if gender represents more than 75% choose ONE:**

- Male     Female     Transgender/Gender Non-Conforming

**ETHNICITY/RACE:**  General Population **OR if ethnicity/race represents more than 51% choose ONE:**

- Asian-Asian/American     Black/ African-American     Hispanic/Latino
- Native American     White, Non-Hispanic     Mixed, Non--White     Other

**AUTHORIZATION**

**The undersigned, an authorized officer of the organization, does hereby certify that the information set forth in this grant application is true and correct:**

\_\_\_\_\_  
Signature of Paid Staff Head or Board Officer Title

\_\_\_\_\_  
PRINT NAME Date