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ID # _____

GRANT APPLICATION
LONG ISLAND UNITARIAN UNIVERSALIST FUND

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)

501(c)3 501(c)4 501(c)9 Other _____ Not Applicable*

Covered under Group Exemption _____

EIN #

Name of Organization

(a) If Not Applicable, are you a Public Agency/Government Unit? YES NO

(b) If Not Applicable, do you have a fiscal sponsor agreement with a 501(c)3 nonprofit? YES NO

If yes, name of organization _____

NOTE: If using a Funds Administrator, please obtain the following documents and submit with this application:

- A letter signed by Executive Director of the funds administrator’s organization stating their agreement to administer funds for the applicant; explanation of relationship to the applicant; and disclosure of any fees charged (if applicable).
- Funds administrator’s current Board List with officers and professional affiliations
- Funds administrator’s most recent audited financials (must be within past two years)

c) Is your organization currently funded by the UU Veatch Program at Shelter Rock?

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?
- (b) Are any of the organization’s officers, board members, or highly compensated employees related to each other?

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

- (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.

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)**

District 1 District 2 District 3 District 4 District 5

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

II. PREVIOUS GRANT HISTORY

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

LICF or LIUU	Award Date (month/year)	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:

1. How does your proposed work fit within LIUU's program goals? **To answer question, please click here:**
<http://licf.org/GrantSeekers/SocialChangeLIUUFund.aspx>

2. Provide a brief and concise "Statement of Purpose" for the grant and how funds will be utilized (no more than three sentences that can be used in a press release).

3. Grant Request: \$_____ Total Program/Project Cost \$_____ Program Year _____

4. Total Annual Operating Budget for Current Year \$_____ Fiscal Year _____

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

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

6. 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>)

7. 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

8. 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 _____

9. 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