



**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:***

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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

***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)**

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:

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1. How does your proposed work fit within LIUU's program goals? **To answer question, please click here:** <https://licf.org/giving/long-island-unitarian-universalist-fund/>

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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).

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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