



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

1. 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)
2. Funds administrator’s current Board List with officers and professional affiliations
3. 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? YES NO

**GOVERNANCE**

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

(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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**Select the Unitarian Universalist principle that most strongly aligns with your project/program:**

*A belief in the inherent worth and dignity of every person*

*Justice, equality, and compassion in human relations*

*Acceptance of one another and encouragement of spiritual growth*

*A free and responsible search for truth and meaning*

*The right of conscience and the use of the democratic process*

*The goal of community with peace, liberty, and justice for all*

*Respect for the interdependent web of all existence of which we are a part*

## 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/give/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    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