



UFCU Grant Partner Application

1. About your organization

Please respond to the following questions about your organization and how to reach you.

* 1. Organization Name

* 2. Organization Contact Information

Address

Address 2

City/Town

State/Province

ZIP/Postal Code

Phone Number

* 3. Organization Tax ID Number

* 4. Person to Contact

Name	<input type="text"/>
Organization, if different	<input type="text"/>
Email Address	<input type="text"/>
Phone Number	<input type="text"/>

* 5. Executive Leader/CEO/President

Name	<input type="text"/>
Email Address	<input type="text"/>
Phone Number	<input type="text"/>

* 6. Number of paid, full-time employees

* 7. Annual operating budget, choose one

- ☐ Less than \$50,000
- ☐ \$50,000 to \$100,000
- ☐ \$100,001 to \$500,000
- ☐ \$500,001 to \$1,000,000
- ☐ More than \$1,000,000

8. Does a different organization serve as your fiscal agent? If so, please enter the name and contact information of your fiscal agent.

Contact person	<input type="text"/>
Fiscal agent	<input type="text"/>
Address	<input type="text"/>
City/Town	<input type="text"/>
State/Province	<input type="text"/>
ZIP/Postal Code	<input type="text"/>
Email Address	<input type="text"/>
Phone Number	<input type="text"/>

9. Organization website

10. Please provide the handle for any/all active social media accounts for your organization.

Facebook	<input type="text"/>
Twitter	<input type="text"/>
LinkedIn	<input type="text"/>
TikTok	<input type="text"/>
Instagram	<input type="text"/>
YouTube	<input type="text"/>
Other	<input type="text"/>
Other	<input type="text"/>

* 11. Please provide a brief summary of your organization: history, mission statement, goals, programs provided, communities served, impact. Just an overview for those who might not be familiar with you. (Max 1,500 characters)

* 12. Please provide information on the number of people on your BOARD OF DIRECTORS who identify in the following race/ethnicity categories.

Asian	<input type="text"/>
Black or African-American	<input type="text"/>
Hispanic or Latino	<input type="text"/>
Indigenous, Native American, American Indian or Native Alaskan	<input type="text"/>
Middle Eastern, Arab or North African	<input type="text"/>
Native Hawaiian or other Pacific Islander	<input type="text"/>
White, Non-Hispanic	<input type="text"/>
Multi racial	<input type="text"/>
Other Under-represented	<input type="text"/>
None of the Above	<input type="text"/>

* 13. Please provide information on the number of people on your BOARD OF DIRECTORS who identify in the following gender categories.

Identifies as Male	<input type="text"/>
Identifies as Female	<input type="text"/>
Identifies as Other	<input type="text"/>

* 14. Please provide information on the number of people on your professional LEADERSHIP TEAM who identify in the following race/ethnicity categories.

Asian	<input type="text"/>
Black or African-American	<input type="text"/>
Hispanic or Latino	<input type="text"/>
Indigenous, Native American, American Indian or Native Alaskan	<input type="text"/>
Middle Eastern, Arab or North African	<input type="text"/>
Native Hawaiian or other Pacific Islander	<input type="text"/>
White, Non-Hispanic	<input type="text"/>
Multi racial	<input type="text"/>
Other Under-represented	<input type="text"/>
None of the Above	<input type="text"/>

* 15. Please provide information on the number of people on your professional LEADERSHIP TEAM who identify in the following gender categories.

Identifies as Male	<input type="text"/>
Identifies as Female	<input type="text"/>
Identifies as Other	<input type="text"/>



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2. About your project

Please respond to questions about your project. You will be given instructions on how to attach documents at the end of this application.

* 16. What is the total amount you are requesting for this project?

* 17. With which UFCU impact area does your project align? (Choose any that apply.)

- ☐ Education (Higher education access and degree attainment)
- ☐ Employment (Vocational degrees, entrepreneurship)
- ☐ Housing (Supportive housing, affordable housing, housing retainment)
- ☐ Financial Health (Programs that provide information, education, or support to help individuals and families pursue financial health and stability)
- ☐ Community Support (Programs that support the community in general)
- ☐ Other (please specify)

* 18. Please explain how the project aligns with our vision of a financially healthy community and why you chose the category(ies) above.

(limit 200 words)

* 19. Please provide a short summary of your project -- think of a one- to two-sentence summary you might include in a press release.

(limit 50 words)

* 20. Describe your project, including most importantly the impact as well as who will be served, the need, why it is important, why now, and the basic deliverables.

(limit 400 words)

* 21. Please share how many individuals or households you anticipate serving with this project, approximately.

* 22. Please provide information on the people you anticipate serving who would identify in the following race/ethnicity categories. Use percentages to make your best estimates.

Asian

Black of African-American

Hispanic or Latino

Indigenous, Native American, American Indian or Native Alaskan

Middle Eastern, Arab or North African

Native Hawaiian or other Pacific Islander

White, Non-Hispanic

Multi racial

Other Under-represented

None of the Above

23. Please feel free to provide a comment on how this project addresses equity and inclusion issues. (limit 200 words)

* 24. Please describe a project timeline, indicating start date, milestone dates, and completion date, if possible. Feel free to list dates with major milestones.

* 25. Please explain the expected outcomes/results of this project and what metrics, milestones, or other markers you'll use to measure its success. (limit 400 words)

* 26. Please describe any opportunities for UFCU employees to volunteer or work pro bono on this project to support its success. (limit 200 words)

* 27. Please summarize your project budget into the following fields. You may also send a more detailed budget following this application.

Personnel expenses
(full-time, part-time,
contractor, any)

Supplies (materials,
printing, etc)

Facilities or rentals
(space, equipment,
services, etc.)

Other

TOTAL

* 28. Please list any funding partners or grants you currently have for this project, during the time you've requested. (If none, please write "none".)



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3. Thank you!

Thank you for submitting your application. We review all applications weekly, and will let you know that we've received yours. After that, a member of the UFCU Social Impact team may reach out to you to request more information.

Your next steps: Please send your most recent 990 report, a more detailed budget if you have one, and any other supporting documents to Monica Williams, Social Impact, mwilliams@ufcu.org.