

## UFCU Grant Partner Application

# 1. About your organization

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

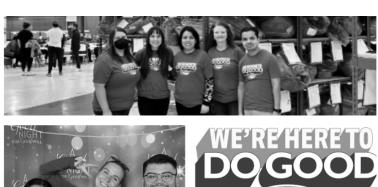
2. Organization	Contact Information
ddress	
Address 2	
City/Town	
State/Province	
ZIP/Postal Code	
Phone Number	

* 4. Person to Conta	ıct		
Name			
Organization, if different			
Email Address			
Phone Number			
* 5. Executive Lead	er/CEO/President		
Name			
Email Address			
Phone Number			
* 6. Number of paid	, full-time employees		_
	ating budget, choose o	one	
Less than \$50,			
\$50,000 to \$10			
\$100,001 to \$5			
\$500,001 to \$1			
More than \$1,0	000,000		
8. Does a different of	organization serve as v	your fiscal a	gent? If so, please enter the name and
	of your fiscal agent.		J 71
Contact person			
Fiscal agent			
Address			
City/Town			
State/Province			
ZIP/Postal Code			
Email Address			
Phone Number			
9. Organization web	osite		

Facebook	
Twitter	
LinkedIn	
TikTok	
Instagram	
YouTube	
Other	
Other	
programs provided	e a brief summary of your organization: history, mission statement, goals, communities served, impact. Just an overview for those who might not be Max 1,500 characters)
	e information on the number of people on your BOARD OF DIRECTORS following race/ethnicity categories.
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	

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

* 13. Please provid	e information on the nur	mber of people on your BOARD OF DIRECTORS
who identify in the following gender categories.		
Identifies as Male		
Identifies as Female		
Identifies as Other		
* 14 Dlagge provid	a information on the nur	nhor of noonle on your professional LEADEDCHID
		mber of people on your professional LEADERSHIP
TEAM who identify	in the following race/et	hnicity categories.
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		
* 15. Please provide information on the number of people on your professional LEADERSHIP TEAM who identify in the following gender categories.		
Identifies as Male		
Identifies as Female		
Identifies as Other		











#### UFCU Grant Partner Application

# 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 HECH impact area does your project clien? (Chance any that apply)
* 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)

<del>-</del>	de a short summary of your project think of a one- to two	)-sentence
summary you migitable (limit 50 words)	tht include in a press release.	
(limit 50 words)		
served, the need, v	ur project, including most importantly the impact as well as why it is important, why now, and the basic deliverables.	s who will be
(limit 400 words)		
* 21. Please share	e how many individuals or households you anticipate servin	g with this
project, approxima	ately.	
* 22. Please provid	de information on the people you anticipate serving who w	ould identify in
	e/ethnicity categories. Use percentages to make your best $\epsilon$	
Asian		
Black of African- American		
Highania on Latina		
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		
winte, Non-Hispanic		
Multi racial		
Other Under-		
represented		
None of the Above		
23. Please feel free	ee to provide a comment on how this project addresses equ	ity and inclusion
issues. (limit 200 v	words)	

	be a project timeline, indicating start date, milestone dates, and f possible. Feel free to list dates with major milestones.
	n the expected outcomes/results of this project and what metrics, er markers you'll use to measure its success. (limit 400 words)
	be any opportunities for UFCU employees to volunteer or work pro bono support its success. (limit 200 words)
	arize your project budget into the following fields. You may also send a get following this application.
Supplies (materials, printing, etc)	
Facilities or rentals (space, equipment, services, etc.)	
Other	
TOTAL	
	y funding partners or grants you currently have for this project, during the sted. (If none, please write "none".)



#### **UFCU Grant Partner Application**

## 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, <a href="mailto:mwilliams@ufcu.org">mwilliams@ufcu.org</a>.