

Unitarian Universalist Congregation of the South Fork  
High Impact Community Outreach (HICO)  
Grant Application



**Applicant Overview:**

Name of Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Website: \_\_\_\_\_

Year Started: \_\_\_\_\_

Employer ID #: \_\_\_\_\_

Legal Status: \_\_\_\_\_

Fiscal Sponsor: \_\_\_\_\_

Annual Budget: \$ \_\_\_\_\_

Key Funding: \_\_\_\_\_

Senior Staff: \_\_\_\_\_

Title: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Board Members: \_\_\_\_\_

Affiliations: \_\_\_\_\_

\_\_\_\_\_

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Board: \_\_\_\_\_

Affiliations: \_\_\_\_\_

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Comment on Diversity of Staff/Board: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Organization Narrative:**

Mission and Vision: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

BackgroundHistory: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Project Narrative:

Take up to 3 pages to cover:

- **Challenge:** What needs, concerns or issues is your project trying to address?
- **Description:** What is the nature of the project? What actions will be taken? What are the overall goals and objectives?
- **Target Audience:** Who will your project serve?
- **Project Timeline:** Key milestones?
- **Expectations:** What will success look like for the project?
- **Evaluation:** What is the best way to evaluate results?

## Alignment with HICO's Mission:

East End Towns Project will Service:

Riverhead \_\_\_\_\_ Southampton \_\_\_\_\_ East Hampton \_\_\_\_\_

Shelter Island \_\_\_\_\_ Southold \_\_\_\_\_ Shinecock Nation \_\_\_\_\_

Highlight how at least one UU principle applies to the project: \_\_\_\_\_

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**Grant Request and Sustainability:**

Grant Requested (minimum \$5,000) \$ \_\_\_\_\_

How will funds be allocated/spent?

Expenses	\$ Amount	Expenses	\$ Amount

What will happen if this application is not approved? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List current/past grants from UU institutions: Veatch, Long Island UU Fund, UUCSF (Helping Hands or HICO)\*

Organization	\$ Amount	Year

\*For Informational purposes only

**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: \_\_\_\_\_ Title: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_