

# ***UNICO Foundation, Inc.***

*271 U.S. Highway 46 West, Suite F-103  
Fairfield, NJ 07004*

## **GRANT APPLICATION FORM**

### **Instructions**

- **Please type using typeface no smaller than 10 points and single space all grant requests.**
- **Please answer all of the questions in the order listed.**
- **Please use headings as provided.**
- **Please submit only one copy.**
- **Please do not include any materials other than those specifically requested at this time.**
- **Please do not send videotapes.**

**Applications are accepted for consideration 60 days prior to Board of Trustee meetings held in March and July/August each year.**

**Incomplete applications will not be considered.**

# ***UNICO Foundation, Inc.***

*271 U.S. Highway 46 West, Suite F-103*

*Fairfield, NJ 07004*

## **I. Cover Sheet**

**Date of application:**

\_\_\_\_\_

**Legal name of organization to which grant would be paid.**

\_\_\_\_\_

**Purpose of grant:**

\_\_\_\_\_

\_\_\_\_\_

**Address of organization:**

\_\_\_\_\_

\_\_\_\_\_

**Telephone number:** ( ) \_\_\_\_\_ **Fax:** ( ) \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Contact Person:**

\_\_\_\_\_

**Is your organization an IRS 501(c)(3) not-for-profit? (yes/no):** \_\_\_\_\_

**If no, you are ineligible for a grant from UNICO Foundation, Inc.**

**Grant request: \$** \_\_\_\_\_

**Check one:**

**General support** \_\_\_\_\_

**Program support** \_\_\_\_\_

**Name of program:** \_\_\_\_\_

**Total organizational budget (current year): \$** \_\_\_\_\_

**Total project budget \$** \_\_\_\_\_

**Certified to Completeness:** \_\_\_\_\_

**Executive Administrator**

**(973) 808-0035, Fax: (973) 808-0043, E-mail: [uniconational@unico.org](mailto:uniconational@unico.org)**

# ***UNICO Foundation, Inc.***

*271 U.S. Highway 46 West, Suite F-103  
Fairfield, NJ 07004*

## **II. Narrative – 5 pages maximum**

### **A. Introduction and Background of Organization**

- 1. Brief description of history and mission**
- 2. Describe your current programs and activities**
- 3. Who is your constituency. How they are actively involved in your work and how do they benefit from this program and/or your organization?**
- 4. Number of paid full-time staff; number of paid part-time staff; number of volunteers involved with this program.**
- 5. Other organizations you work with that meet the same needs or provide similar services. How are you different?**

### **B. Funding Request – Please describe the program**

- 1. If applying for general support, briefly describe how this grant would be used.**
- 2. If your request is for a specific program please include the following:**
  - **Primary purpose**
  - **What are the goals, objective and activities/strategies involved in this request?**
  - **The population that you plan to serve and how they will benefit from this program.**
  - **Strategies you will employ to implement your program.**
  - **Who will be involved in carrying out the plans outlined in this request? Include a brief paragraph summarizing the qualifications of the key individuals.**
  - **Anticipated length of program.**

### **C. Evaluation – Describe your plan for evaluating the success of your program.**

- 1. What questions will be addressed?**
- 2. Who will be involved in evaluating this work – staff, board, population, others?**
- 3. How will the evaluation results be used?**

## **III. Attachments**

### **A. Financial Information**

- 1. Most recent financial statement, audited if available.**
- 2. Operating expense budget.**
- 3. A list of foundation and corporate supporters with amounts received for your current and most recent fiscal year.**

# ***UNICO Foundation, Inc.***

*271 U.S. Highway 46 West, Suite F-103  
Fairfield, NJ 07004*

- 4. List of foundation, corporations, and others that you are soliciting for funding of this program.**
- 5. Budget for this program.**

## **B. Other**

- 1. A copy of your most recent IRS letter indicating your agency's tax exempt status.**
- 2. A list of your Board of Directors, with their affiliations.**