



Ukrainian Community  
Foundation of Philadelphia

## FIRST TIME APPLICANT AND TRANSFORMATIVE GRANT APPLICATION

**Use this application form only if you are: (please check one box).**

Applying for the Transformative Grant Program;

A new applicant who has not previously applied for grant funding from the Foundation.

**Otherwise use the General Support Application.**

**Name of Organization Applying:** \_\_\_\_\_

**Ukrainian Selfreliance Federal Credit Union Member?** Yes: \_\_\_\_\_ No: \_\_\_\_\_

**Name of Applicant Representative:** \_\_\_\_\_

**Applicant Representative Contact Information:**

Telephone number: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Mailing address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Applicant Organization's Business Contact Information:**

Telephone number: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Mailing address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Briefly describe the mission and key programs of your organization:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Has the Applicant organization previously received grant funding from the Ukrainian Community Foundation of Philadelphia?** Yes: \_\_\_\_\_ No: \_\_\_\_\_

**Has the Applicant organization submitted Grant Activities Reports for all prior grants?** Yes: \_\_\_\_\_ No: \_\_\_\_\_

*Please note that all grant applications for the Foundation's current year funding cycle must be submitted no later than October 15th of the current year. Applications received after this deadline will be considered during the following year's funding cycle if applicant requests such consideration.*

**A. LEGAL STRUCTURE OF APPLICANT**

1. Please check appropriate item:

Corporation: \_\_\_\_\_ Unincorporated Association: \_\_\_\_\_ Other (please describe below) \_\_\_\_\_

\_\_\_\_\_

2. In which state was Applicant organization incorporated:

\_\_\_\_\_

3. Names and addresses of key officers (President, Secretary, Treasurer, etc.):

President: \_\_\_\_\_

Secretary: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Other: \_\_\_\_\_

4. Tax Status:

Please provide a copy of the determination letter from the Internal Revenue Service (IRS) recognizing Applicant as a 501(c) (3) or other 501(c) organization. If no such determination has been made, please explain Applicant's current tax status:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Does the Applicant organization file returns with the Federal Internal Revenue Service (IRS):

Yes: \_\_\_\_\_ No: \_\_\_\_\_

Identify type of return filed: \_\_\_\_\_

Please attach a copy of or provide a link to your organization's most recent IRS return.

**B. FINANCIAL DATA**

1. Please provide a copy of the organization’s Balance Sheet and Statement of Operations (profit and loss statement) as of the end of its most recent fiscal year. If no statement is available, please explain.

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2. Are financial records audited by a Certified Public Accountant: Yes:\_\_\_\_\_ No:\_\_\_\_\_ (If yes, please provide a copy of the most recent outside auditor’s report)

3. Please provide a copy of the most recent statement for all banking depository and checking accounts and for any investment accounts.

4. Identify the primary sources of funding for the Applicant organization and how much money has been raised from each source in the organization’s preceding fiscal year:

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Donations: \$ \_\_\_\_\_  
Fund raising activities: \$ \_\_\_\_\_  
Grants (specify below): \$ \_\_\_\_\_  
Program revenues (e.g. tuition or service charges): \$ \_\_\_\_\_  
In-kind contributions by volunteers: \$ \_\_\_\_\_  
Other (please identify): \$ \_\_\_\_\_  
Total: \$ \_\_\_\_\_

5. Does the Applicant organization carry insurance? Yes:\_\_\_\_\_ No:\_\_\_\_\_ (If yes, please provide a copy of the declarations page or if unavailable, specify types of insurance, coverage limits and issuer:)

6. Has the applicant applied for grant funding from another organization during the applicant’s preceding fiscal year? Were you awarded funds? How much and for what purpose?

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## C. GRANT REQUEST

1. Amount of grant funding requested: \_\_\_\_\_
  
2. Is the Applicant organization seeking a grant to support acquisition of a capital asset (for example electronic office equipment, furniture, mechanical equipment and the like) or to support the programs and activities?  
\_\_\_\_\_ Capital Asset (proceed to section D)  
\_\_\_\_\_ Programs and Activities (proceed to Section E)
  
3. Has any other organization provided financial support for the programs or acquisitions that are the subject of this application? (If yes, please describe.) Yes: \_\_\_\_\_ No: \_\_\_\_\_  
\_\_\_\_\_
  
4. Please provide the information below. These materials should be submitted as a supplement to the application on additional sheets as needed.
  - a. Narrative Description. Please describe what this grant is for and how this grant will benefit (i) your organization and (ii) the community that you serve.
  - b. Budget. Submit a budget or the program to be funded under this grant. It will help us if you are able to provide documentation for anticipated expenditures (e.g. price quotes from vendors).
  - c. Implementation Timeline. If this is a new program, explain when you expect to start work, when important milestones will be achieved and when the full benefits of the grant will be realized.
  - d. Advertising and Promotion. Unless clearly inapplicable, include a plan to maximize community engagement with the supported program. Generally, this will take the form of an advertising and promotion plan. Such a plan may include publicizing the program activities via social media, other internet-based advertising, newspaper advertising, hard copy posters or other promotional activities. Your budget should include funding for advertising and promotion.
  - e. Metrics. Include metrics that will be used by the applicant (including in grant activity reports) to assess the success of the initiative.

#### **D. CAPITAL ASSET GRANT REQUEST**

**The questions below can be used as a guide in preparing the narrative portion of your application. If the questions are addressed in your narrative, please refer to the narrative. You do not need to repeat information here.**

1. Describe asset to be acquired with grant: \_\_\_\_\_
2. What is the expected cost of the asset: \_\_\_\_\_
3. What portion of the cost will be paid from sources other than the grant being requested:  
\_\_\_\_\_
4. Provide copies of any estimates, or price quotes on which Applicant is relying.
5. Briefly describe how this asset will enhance Applicant's ability to perform its mission:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. Provide an estimate of annual operating and maintenance costs for this asset if such costs are expected to exceed \$500:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### **E. PROGRAMS AND ACTIVITIES GRANT REQUEST**

**The questions below can be used as a guide in preparing the narrative portion of your application. If the questions are addressed in your narrative, please refer to the narrative. You do not need to repeat information here.**

1. Describe programs/ activities that would be supported by the grant:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

1. What is the anticipated annual cost of operating the programs/activities to be funded by the grant:  

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2. What portion of the cost will be paid from sources other than the grant being requested:  

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3. Provide copies of any estimates, or price quotes on which you are relying.
4. Briefly describe how this program reflects the Applicant's mission:  

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5. Will the programs/activities to be funded by the grant require: hiring of any vendor or consultant; hiring of any staff; specialized training of existing staff? Please explain your response in detail:  

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**F. INSTITUTIONAL INTEGRITY**

1. Has Applicant even been the subject of an investigation or other inquiry by any governmental authority? Yes:\_\_\_\_\_ No:\_\_\_\_\_
2. Please attach a detailed description of all situations which warranted a positive response, including nature of incident, individuals involved, date and year of the incident and disposition.
3. Has Applicant ever been cited by any taxing authority for failure to file required returns or other documents? Yes:\_\_\_\_\_ No:\_\_\_\_\_
4. Please attach a detailed description of all situations which warranted a positive response, type of filing, date and year of the event and disposition.

5. To the undersigned's knowledge, has any individual who is currently an officer or director of the Applicant or who serves in any leadership position with the Applicant ever been convicted of, or plead guilty to, a crime other than a misdemeanor, a minor traffic violation or other matter that was the subject of a summary disposition? Yes: \_\_\_\_\_ No: \_\_\_\_\_
6. Please attach a detailed description of all situations that warranted a positive response.
7. Has the Applicant organization been a party to a lawsuit in the last 5 years?  
Yes: \_\_\_\_\_ No: \_\_\_\_\_
8. Please attach a detailed description of all situations which warranted a positive response, including nature of the lawsuit, individuals involved, date and year of the incident and disposition.

**The undersigned hereby certifies as follows:**

I have been authorized to submit this grant application on behalf of the Applicant entity: I have taken reasonable steps to verify the accuracy of the information contained in this application.

To the best of my knowledge, the statements made herein are true, accurate and complete in all material respects.

Applicant Signature

\_\_\_\_\_  
[Insert name of applicant organization]

\_\_\_\_\_  
Printed name of authorized signatory

\_\_\_\_\_  
Signature of authorized signatory

\_\_\_\_\_  
Date