



UKRAINIAN COMMUNITY FOUNDATION OF PHILADELPHIA

2024/2025 General Support Grant Application

Name of Grant Applicant Organization:

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 Address:

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 the Grant Activities Report for all prior grants? Yes No

This year, the Foundation is accepting and approving grant application on a rolling basis as applications are received. We urge you to submit your application as soon as practicable.

A. LEGAL STRUCTURE OF APPLICANT

- Please check appropriate item:

Corporation Unincorporated Association Other (please describe below)

- In which state and in what year was Applicant organization incorporated:

- Is the Applicant organization in good standing in your state of incorporation:

Yes No

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

President: _____

Secretary: _____

Treasurer: _____

Other: _____

- 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:

- 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 your organization's most recent IRS return.

B. FINANCIAL OPERATION

- Does the Applicant organization establish an annual budget: Yes No
(If yes, please provide a copy of the most recent budget)

- 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 and the information on which the report was based)
- Please provide a copy of the Applicant Organization's most recent Statement of Operations (P/L).
- Please provide a copy of the most recent bank statement for all depository and checking accounts.
- Please list all other assets held by the Applicant organization including current market value:

- Identify the primary sources of funds for the Applicant organization and how much money has been raised from each source in the organization's preceding fiscal year:

Donations:	\$ _____
Fund raising activities:	\$ _____
Grants (specify below)	\$ _____
Program revenues:	\$ _____
In-kind contributions by volunteers:	\$ _____
Other (please identify):	\$ _____
Total:	\$ _____

- Does the Applicant organization carry insurance? ____Yes ____No

(If yes, please specify types of insurance, coverage limits and issuer:)

- Please describe the amount and purpose of any grant funding received by Applicant organization to support activities undertaken during the organization's preceding fiscal year.

C. GRANT REQUEST

• Amount of grant funding requested: _____

• Is the Applicant organization seeking a grant to support acquisition of a capital asset or to support the programs and activities?

____ Capital Asset (**proceed to section D**)

____ Programs and Activities (**proceed to Section E**)

• Is the Applicant seeking grant support from any third party to support the programs or activities that are the subject of this application? _____ Yes
(If yes, please describe.) _____ No

• Please address how this Grant is responsive to the Grant Evaluation Criteria identified on the UCFP website: www.ukrcfp.org.

D. CAPITAL ASSET GRANT REQUEST

• Describe asset to be acquired with grant: _____

• What is the expected cost of the asset: _____

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

• How was expected cost determined: _____

• Provide copies of any estimates, or price quotes on which Applicant is relying.

• Briefly describe how this asset will enhance Applicant's ability to perform its mission:

• Provide an estimate of annual operating and maintenance costs for this asset:

• How will the Applicant secure funds needed for operations and maintenance:

E. PROGRAMS AND ACTIVITIES GRANT REQUEST

- Describe programs/ activities that would be supported by the grant:

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

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

- How was the expected operating cost determined:

- Provide copies of any estimates, or price quotes on which you are relying.

- Briefly describe how this program reflects the Applicant's mission:

- Will the programs/activities to be funded by the grant require the hiring of any new staff or specialized training of existing staff? Please explain your response in detail:

F. INSTITUTIONAL INTEGRITY

- Has Applicant even been the subject of an investigation or other inquiry by any governmental authority? Yes ___No

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.

- Has Applicant ever been cited by any taxing authority for failure to file required returns or other documents? ___Yes ___No

Please attach a detailed description of all situations which warranted a positive response, type of filing, date and year of the event and disposition.

- 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

Please attach a detailed description of all situations that warranted a positive response.

- Has the Applicant been a party to a lawsuit in the last 5 years?
Yes No

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