Harbor Unitarian Universalist Congregation

*Endowment Fund Grant Application*

Applicant Information

|  |  |  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |  |  |
| *Full Name* |  |  |  |  |  |  | *Date* |  |  |
|  |  |  |  |  |  |  |  |  |  |
| *Street Address* |  |  |  |  | *City* |  | *State* |  | *Zip* |
|  |  |  |  |  |  |  |  |  |  |
| *Phone* |  | *Email* |  |  |  |  |  |  |  |

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| --- | --- | --- | --- | --- | --- | --- |
| **Request Type:** | □ Individual/Self | □ Group/Organization |  | | | |
|  |  | | *Organization Name* | | | |
| **Have you previously applied to this Endowment Fund?** | | | □ Yes | □ No | *If yes, what year?* |  |

Proposal Information

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| --- | --- |
| **Project Title:** |  |

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| **Detailed Description of Proposal:** *attach additional items if needed* | | | | | | | | | |
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| ***Implementation Dates (approximate)*** | | | **From:** | |  | **To:** |  | | |
|  | | |  | |  |  |  | | |
| **Timeline Comments:** | |  | | | | | | | |
| *if needed* | |  | | | | | | | |
| **Request Amount:** | | $ | | **Can you accept partial funding to avoid denial?** | | | | □ Yes | □ No |

Relationship to HUUC Endowment Fund Purpose

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| --- | --- |
| ***Select a Category for This Request:*** | |
|  | The physical plant of the Congregation (maintenance of buildings, capital improvements, debt reduction, etc.) |
|  | Educational Opportunities: scholarships or grants to members or friends of the Congregation for the purpose of attending college, theological, or medical school; for Unitarian Universalist related camping or leadership conferences; or other training which enables members or friends of HUUC to grow in faith and service |
|  | Community Outreach: including but not limited to grants to Unitarian Universalist camps, social service agencies to which HUUC relates, or programs for persons who are in spiritual and/or economic need |
|  | For the wider mission of the UUA at home and overseas, including, but not limited to: grants to the UUA for new church development, professional leadership, education ministries, world mission, and capital financing |

**Purpose Comments** *(describe in further detail, if desired, the need and potential benefits of the project)*

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Budget

**Budget Detail** *(attach separately if needed or easier)*

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| --- | --- | --- | --- |
| Item | **Cost** | Description/Comment | |
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|  |  |  | |
| Total Project Costs: | $ | HUUC Funds Requested: | $ |

**Budget Description** *(Describe the itemized costs above and any matching funds. Attach relevant bids, etc., if needed)*

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Disclaimer and Authorization

I am representing myself, or am an authorized representative of the organization listed above. I understand that if my request is funded, a report must be submitted within 30 days of project completion. I agree to return any unspent funds from this grant, for any reason.

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| --- | --- | --- | --- |
| **Signature:** |  | **Date:** |  |
| **Print Name:** |  |  | |