



Harbor Unitarian Universalist Congregation

Endowment Fund Grant Application

Applicant Information

Full Name _____ Date _____

Street Address _____ City _____ State _____ Zip _____

Phone _____ Email _____

Request Type: Individual/Self Group/Organization _____

Organization Name _____

Have you previously applied to this Endowment Fund? Yes No If yes, what year? _____

Proposal Information

Project Title: _____

Detailed Description of Proposal: _____ *attach additional items if needed*

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

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)*

Budget

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

Item	Cost	Description/Comment

Total Project Costs: _____ **HUUC Funds Requested:** _____

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

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.

Signature: _____ **Date:** _____

Print Name: _____