



Union County Savings Bank

Charitable Foundation

Organization Information

Organization Legal Name

Organization Tax ID (EIN)

Organization Address

Address (Line 2)

City

State

Zip

County

Website (If applicable)



Contact Information

Application Prepared by

First Name

Last Name

Title

Email

Phone

Executive Director

Executive Director Email

Organization Background

Please provide a brief history of your organization.

Mission Statement

Do you have a relationship with Union County Savings Bank or Union County Savings Bank Charitable Foundation? Please explain



Please list funding received from Union County Savings Bank Charitable Foundation.

Request Details

Project Name

Please provide a brief summary of your request

Amount of Request

Please detail how the requested funds will be used. Include the need for and benefits of this project or request and the significance this project will have on the recipient and total community.

Using Statistical Data: Please include results expected from the proposed grant and anticipated number of individuals served.

What evaluation procedure will measure the success of this program or project?

What organizations or corporations have committed funding for this program or project?

Please list the top funders for your organization.

What are the goals and objectives for the program or project?

Describe the characteristics of the low and moderate-income population served by the proposed grant. Include a list of schools served, if applicable

Is the population served by your organization more than 50% Low and Moderate Income (LMI)?



Will the proposed project serve more than 50% LMI?

How do you plan to recognize the Union County Saving Bank Charitable Foundation for its contribution to the program?

Organizational Documents (please attach documents with completed Application)

IRS 501 (C)(3) Letter of Determination

Most Recent Audited Financials

Form 990

List of Board of Directors and their affiliations

Organizational and Program Budgets

Organizational Budget

Program Budget

Descriptive Materials

Please send completed application and attachments to:

Lucy Amicucci lucy@unioncountysavings.com