

Unitarian Universalist Funding Program

Fund for UU Social Responsibility - CBCO

CONGREGATION BASED COMMUNITY ORGANIZING GRANTS

Application Cover Sheet

Date: _____

Matching Grant for: _____ Membership _____ Training (check one)
CBCO NETWORK (check one): _____ DART; _____ Gamaliel; _____ IAF;
_____ InterValley Project; _____ PICO; _____ Other (Please identify) _____

Congregation Submitting Proposal: _____

Address: _____

City, State/Province, Zip/Postal Code: _____

Contact Person: (Ms./Mr./Rev./Dr.) _____

(Please note that we may call the contact person to discuss the proposal.)

Day Phone: _____ Evening Phone: _____

Email address/website: _____

Fiscal sponsor (must be a 501(c)3 or a UU organization): _____

Start Date: _____

Challenge Grant Requested: \$ _____

Projected Income from Other Sources: \$ _____ Total Project Budget: \$ _____

Total Organizational, Church or Sponsoring Organization Budget: \$ _____

Number of Certified Members in this congregation: _____

Proposal Checklist The following materials must be enclosed:

- _____ A. Application Cover Sheet (this page)
- _____ B. Narrative Description (Answer Questions)
- _____ C. Project Budget (using our form)
- _____ D. Annual Organization Budget (one page preferred)
- _____ E. A letter from your board and your minister supporting the proposal, and affirming that the people involved have demonstrated leadership and the capacity to raise the matching funds.
- _____ F. A letter from the CBCO network (membership), or flyer, invitation or notice (training)

Reporting: We will expect you to report your progress and expenses within 6 months of your receiving a grant.

Please send two copies of your application to: UU Funding Program, PO Box 301149, Jamaica Plain, MA 02130. Please don't staple (clips are fine).

For Office Use Only

_____ Application Complete

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CBCO PROJECT BUDGET Budget Dates:(From/To)_____

Congregation Name:_____ Application Date_____

A. Cash Expenses:

Expense Items (e.g. Salaries, Copying, Postage, etc.)	Line Item Total	Requested from UU Funding
Totals	\$	\$

B. Cash Income

Income Source (e.g. Individual Donors, Events, etc.)	Source Total \$	\$ Raised to Date
Requested From UU Funding Program:	\$	-----
Totals:	\$	\$

For All Applicants: Use this format for your Project Budget. You may create it in your own word processing program and add additional lines, if necessary.