

Insurance Industry Charitable Foundation Northeast Division 2016 - 2017 LOCAL GRANT APPLICATION

| Sponsor Information | |
|---|--|
| Sponsoring Entity from the insurance industry | |
| Sponsoring Entity Contact Name | |
| Sponsor's Phone & Email | |
| Applicant Nonprofit Information | |
| Applicant Nonprofit's Organization Name | |
| Applicant Nonprofit's FEIN | |
| Nonprofit Primary Contact Name and Title | |
| Nonprofit Address | |
| Primary Contact Phone | |
| Primary Contact Email Address | |
| Mission of the organization | |
| | |

| Description of Proposed Project | |
|---|----------------|
| If awarded, how will the grant be acknowledged and recognized? | |
| Financial Summary from most recent 990 **Please Note: Program expenses should be the total of your expenses spent for all programs. Please check your most recent form 990 - Statement of Functional Expenses | Total revenue: |

ALL IICF GRANTEES MUST BE PUBLIC CHARITIES WITH 501(c)(3) STATUS – PLEASE ATTACH YOUR IRS DETERMINATION LETTER TO THE APPLICATION

- Grant proposals are due no later than 5:00PM Friday, April 21, 2017
- Please send all documents electronically.
- Please DO NOT send paper copies.
- Please include your organization's name or acronym in the name of each electronic document that you send (Example: IICF-APPLICATION)
- Please name your documents consistently.
- IF YOU NEED MORE SPACE THAN IS PROVIDED ON THE FORM, YOU MAY SEND AN ADDITIONAL PAGE WITH YOUR APPLICATION. PLEASE LABEL IT: Your organization name or acronym –Part B

Please send application and supporting documentation to: Lauren Pincus, Associate Executive Director, Insurance Industry Charitable Foundation, Northeast Division: Email: lpincus@iicf.com Phone: (973) 879-5497