Insurance Industry Charitable Foundation

Helping communities and enriching lives, together.

Northeast Division
2024 Local Grant Application

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 June 7, 2024.**
- **Please send all documents electronically: IRS Letter, Application, Part B/Additional Pages.**
- **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, IICF-IRSletter, etc.).**
- **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: Rachel Boulton, Associate Director, Insurance Industry Charitable Foundation, Northeast Division: **Email: rboulton@iicf.org Phone: 732-693-0889. *NOTE: If you do not receive an answer from Rachel Boulton, please make sure to follow up on the initial email to ensure it was delivered to her inbox.**

_____

The IICF Northeast Division Local Grants Committee takes their responsibilities seriously and has a rigorous review process for their grant selection. Submission of this application does not, in any way, guarantee that an applicant will receive funding.

_____

SPONSOR INFORMATION	This section should be filled out by the insurance entity.
Sponsoring Insurance Entity Name	
Sponsoring Individual Name	

Sponsoring Individual Contact Details (phone and email)	
NONPROFIT APPLICANT INFORMATION	This section should be filled out by the nonprofit organization seeking funding from IICF.
Applicant/Nonprofit Name	
Nonprofit FEIN	
Nonprofit Primary Contact (name and title)	
Nonprofit Address	
Nonprofit Primary Contact Details (direct phone number and email)	
Mission of the Organization	
Description of Proposed Program/Project	
What is the number of people this program/project impacts and how does it benefit the community?	

Does your proposed project require more than $2,500 of funding? If so, please specify the amount and how the funds will greater impact your organization.	
If Awarded, How Will the Grant be Acknowledged and Recognized?	
Financial Summary from most recent 990* *Please use line 4e in part three: total program service expenses and in part one, line 18: total expenses for the current year to complete this section.	**Total revenue: _____** **Total expenses: _____** **Total program expenses:_____** from 990 Statement of Functional Expenses** **Ratio of program expenses to total expenses:____%** **Do you receive government funding? If yes, what percentage of your revenue is government funding? _____%** **How does the current revenue compare to the previous year (up/down by $?)**

The IICF Northeast Division will award a variety of grants in the New York Tri-State in 2024 of at least $2,500. State and regional companies, local insurance organizations, agents, and brokers are encouraged to sponsor their favorite charities for these grants.

Guidelines for applying:

- An insurance industry sponsor is required for each applicant

- All charities must be 501(c)(3) public charities, and their public charity status must be confirmed by their IRS determination letter

- Grants cannot be given to religious or political organizations or scholarships specific to the insurance industry

- All charities must serve in New York, New Jersey, or Connecticut

- All grant prospects must complete the 2024 application and submit all documentation by June 7, 2024

- Grant funding will be awarded in Q3 2024

- Priority will be given to applicants that are not heavily dependent on government funding

- Grant recipients may apply for and receive grants for a maximum of three consecutive years. After receiving three consecutive grants, the grantee will be ineligible to apply for a grant for one year.