

## **This Little Light Mini-Grant Application**

### **Unitarian Universalist Congregation of Owensboro**

**1221 Cedar St./ Owensboro KY 42301/ 270-683-1462 Home office**

*NB: This is not a 'Click & Type' document. Please print and complete.*

*DO NOT CHANGE PAGINATION. Please keep items on their original pages.*

*Applications (5 pages) and all attachments must be postmarked by February 15, 2017 to be considered.*

*Please mark envelope: THIS LITTLE LIGHT*

#### **#1. Applicant Information:**

Name:

Contact for this application:

Street (for applicant):

City, State, Postal Code:

Country:

Phone:

Phone for contact (if different):

Email:

Fax:

#### **#2. Evidence of Character/Competence of Person Directing the Project:**

Please attach the following to your application:

- Resume
- Three letters of personal and/or professional reference

Each letter should be no more than one page and *may* be sent under separate cover, but we prefer to have them in the packet with the completed forms. An application is complete only if all references are received.

#### **#3. Describe the area of need your project will address in 75 words or less.**

**#4. What are the goals of the project?** (Please list at least one goal that is measurable. For example, "This project will provide at least 50 toddlers with 2 picture books each.")

**#5. Plan for reaching your goals.** It is our hope to fund small projects with a high community impact. We believe your success relies on having a good idea, a good plan, and a good team. We know that some applicants are individuals pursuing a dream and some are members of larger groups. This form seeks information about your action plan and your team to make it happen.

**A) PLAN**

Who will your project serve and how? How will they know about your project?

What steps will you take to get your project from idea to implementation?

(Outline in 5-7 steps.)

Besides money, what resources do you need to execute your plan?

**B) TEAM**

Will others help you execute your plan? If so, please list them and their contribution to the effort.

Who will act as resource people to you? Who will be your supporters and cheerleaders?

**#6. Budget for the grant** This grant is for no more than \$500. We know that some applicants are without institutional or organizational support so this form seeks information about expenditures and plans for management of the money.

**A) Projected Itemization**

How do you plan to spend the money? List categories of expenses, equipment, personnel, or products and projected costs for each.

Do you have a way to manage the funds? How will you do it? (E.g. a dedicated account, an accounting department, etc.)

**B) A Dreaming Question:** All funds must be spent on your project. If you have underestimated your expenses, what category in your budget would you invest the extra dollars in?

**#7. Questions or tools for evaluation.** We are interested in this project having a life beyond this initial investment. If the project is to continue its work, it needs to be carefully evaluated after its initial period. This form is seeking information about how you will know if the project worked.

What must happen for you to consider that the project has been successful? (Or what outcomes would you say indicate the project has worked as intended?)

What tools will you use to evaluate or measure success and outcomes?

Who will help you in the evaluation process?

How and when will you report to us the outcome of your project?

**#8.** We spent a year studying and dreaming together in preparation to become a granting organization. So we understand this as a community effort on our part as well as a community project on your part. This is very exciting and personal for us.

In order to qualify for this grant, you or a representative of your organization must be available to accept the disbursement check at our Sunday service (@ 10:30 a.m.) on the first Sunday of May. We do not have any expectation that you share our religious views and we are not interested in proselytizing, but we want to meet the grantee personally, feature your project at our service, and offer personal encouragement to you. You will be invited to tell us about your project and plan.

Your signature on this application indicates you are willing to attend the disbursement ceremony at 10:30 a.m. on the 4 May 2014.

Signature of Applicant

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## Statement of Assurance

**By signing this application, I certify that the statements herein are true, complete and accurate to the best of my knowledge. I also agree to comply with any resulting terms if I accept an award, including supplying any documentation requested by the Congregation. I am aware that if I am applying for this grant as an individual, any money I receive under this grant may be considered taxable income. If so, I understand that I am solely responsible for any tax liability which results from the receipt of these funds.**

**Signature of Applicant:**

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**Date:**