

IICF Northeast Division 2026 Local Grant Application



**Insurance Industry
Charitable Foundation**

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 12, 2026.
- 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 received.**

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.

<u>SPONSOR INFORMATION</u>	This section should be filled out by the insurance entity.
Sponsoring Insurance Entity Name	
Sponsoring Individual Name	
Sponsoring Individual Contact Details (phone and email)	
<u>NONPROFIT APPLICANT INFORMATION</u>	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	
Organization Website/Social Media	
Nonprofit Primary Contact Details (direct <u>phone</u> <u>number and email</u>)	
Mission of the Organization	
Description of Proposed Program/Project	
What is the number of people this program or project impacts and how does it benefit the community?	

<p>Does your proposed project require more than \$2,500 of funding?</p> <p>If so, please specify the amount and how the funds will greater impact your organization.</p>	
<p>Financial Summary from most recent 990*</p> <p>*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.</p>	<p>Total revenue:</p> <p>Total expenses:</p> <p>Total program expenses: ** from 990 Statement of Functional Expenses</p> <p>Ratio of program expenses to total expenses:</p> <p>Do you receive government funding? If yes, what percentage of your revenue is government funding?</p> <p>How does the current revenue compare to the previous year (up/down by \$?)</p>