

Our Mission

The UCB Charitable Foundation was established to provide funding in support of charitable causes within the Bank's market areas and its neighboring communities. This support, funded through the UCB Charitable Foundation is consistent with the Bank's commitment to community service. This support includes, but is not limited to, providing grants to support community development, housing assistance, local education programs, not-for-profit medical facilities, not-for-profit community groups, cultural organizations and other similar types of organizations or civic-minded projects that contribute to the quality of life in the Bank's local community. The Board will fund those projects or organizations which can demonstrate an ability to cost effectively deliver services and benefits which meet the needs of the Bank's community and are consistent with the Foundation's philosophy and mission.

Who may apply?

Your organization must be a 501(c)3 organization in order to submit a request.

Grant Requests

Requests **must** include the following:

- 1. Formal written request
- 2. Most recent 990
- 3. IRS Determination Letter
- 4. UCB Charitable Foundation Request cover sheet (attached)

Grant request packets may be emailed to <u>UCBCharitableFoundation@bankucb1.com</u> or mailed to UCB Charitable Foundation, P.O. Box 4070, Lawrenceburg, IN 47025. Please allow 3-4 weeks for review.

What you can expect

Upon submission of your grant request, please allow 3-4 weeks for review. The UCB Charitable Foundation will contact you via your preferred method with approval or denial.

Have a question?

If you have a question regarding the submission of a grant request or one that is pending, you may email <a href="https://docs.ncbi.nlm.neg.grant-request-or-neg.grant-request-or



Request Cover Sheet

| 501(c)3 Organization I If operating under a di | Name fferent name | | | | |
|--|---|---------------|---------|---|-----------------------------|
| Organization Address | | | | | |
| Organization Phone N | umber/website/em | ail address | | | |
| Organization Contact | Name | | | | |
| Cell # for Contact | | | | | |
| Email for contact | | | | | |
| Amount requested | | | | | |
| Please indicate your pr | referred method of | contact. | | | |
| Event Date, if applicat | ole | | | - | |
| Logo Needed | YES | | NO | | |
| Ad Needed: | YES | | NO | | |
| If ad is needed, please list dimensionsB/W or Color Deadline for receipt of ad | | | | | Color |
| The following items sl | hould be included | within this p | packet: | | |
| Organiz | written request zation IRS Determ zation's most recen | | er | | |
| Please submit complet Charitable Foundation | • | | | | <u>n</u> or via mail to UCB |
| For internal use only: Date Received: Date Reviewed: Approved/Denied: Amount approved: | | | | | |