



### 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 [UCBDonations@bankucb1.com](mailto:UCBDonations@bankucb1.com) 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 [UCBDonations@bankucb1.com](mailto:UCBDonations@bankucb1.com).



## Request Cover Sheet

501(c)3 Organization Name \_\_\_\_\_

If operating under a different name \_\_\_\_\_

Organization Address \_\_\_\_\_

Organization Phone Number/website/email address \_\_\_\_\_

Organization Contact Name \_\_\_\_\_

Cell # for Contact \_\_\_\_\_

Email for contact \_\_\_\_\_

Amount requested \_\_\_\_\_

Please indicate your preferred method of contact.

Event Date, if applicable \_\_\_\_\_

Logo Needed  YES  NO

Ad Needed:  YES  NO

If ad is needed, please list dimensions \_\_\_\_\_ B/W or Color

Deadline for receipt of ad \_\_\_\_\_

The following items should be included within this packet:

- Formal written request
- Organization IRS Determination Letter
- Organization's most recent 990

Please submit completed packet via email [UCBDonations@bankucb1.com](mailto:UCBDonations@bankucb1.com) or via mail to UCB Charitable Foundation, P.O. Box 4070, Lawrenceburg, IN 47025.

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*For internal use only:*

Date Received: \_\_\_\_\_

Date Reviewed: \_\_\_\_\_

Approved/Denied: \_\_\_\_\_

Amount approved: \_\_\_\_\_

Notes: \_\_\_\_\_