



# **UNICO FOUNDATION**

Italian American Culture & Heritage ~ Educational ~ Charitable  
“Service Above Self”

## **GRANT APPLICATION FORM**

### **RALPH TORRACO FOOD BANK/SHELTERS FUND**

The Ralph Torraco Food Bank/Shelters Fund is administered by the UNICO Foundation. Funds are available to community established programs that provide food and shelter to those in need.

All Food Pantries, Soup Kitchens and Shelters that are registered non-profit organizations and are domiciled in one of the following states with UNICO Chapters: **California, Connecticut, Delaware, Florida, Illinois, Massachusetts, Minnesota, Missouri, New Jersey, New York, Pennsylvania, Tennessee, Virginia, or Wisconsin** are eligible to apply.

Additional qualifications for eligibility include, but are not limited to, the following:

1. 100% of grant funds are to be used for direct services (food, shelter, basic needs, etc.). Funds may not be used for salaries or general operating expenses.
2. The requesting organizations should be registered to do business in their state and shall meet all local and state health department regulations.
3. Program operations should not be located in a private home.
4. The requesting organization and the program must provide services in the United States.
5. Applicants should display a proven record of providing services to the most vulnerable population (low-income, elderly, disabled, etc.)

#### **Instructions**

- Please complete the Organization Information and answer all Questions. You may either print neatly or type using no less than a 10-point font size. Please do not include any materials other than those specifically requested at this time.
- Mail ONE copy to: **Torraco Food/Shelter  
UNICO Foundation  
271 US Hwy 46 West  
Suite F-103, Fairfield, NJ 07004**

**Applications are accepted for consideration up to 14 days prior to the Board of Trustee meetings which are held in March and July of each year.**

***Incomplete Applications will not be considered - THANK YOU***

**REVISED: November 2024**

**UNICO National Foundation**  
271 US Hwy 46 West Suite F-103, Fairfield, NJ 07004  
(973) 808-0035, Fax: (973) 808-0043 [www.unico.org](http://www.unico.org)

**GRANT APPLICATION FORM**

**RALPH TORRACO**

**FOOD BANK/SHELTERS FUND**

**REQUIRED ORGANIZATION INFORMATION**

Date of application: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

*Legal name of organization to which grant would be paid:* \_\_\_\_\_

Full Address of organization: \_\_\_\_\_

Telephone number: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Is your organization domiciled in one of the following states with UNICO Chapters:  
California, Connecticut, Delaware, Florida, Illinois, Massachusetts, Minnesota, Missouri,  
New Jersey, New York, Pennsylvania, Tennessee, Virginia, or Wisconsin? YES\_\_\_ NO: \_\_\_\_\_  
*If no, you are ineligible for a grant from UNICO Foundation, Inc.*

Is your organization an IRS 501(c)(3) not-for-profit? (yes/no): \_\_\_\_\_

Or affiliated herewith (yes/no): \_\_\_\_\_ *If no, you are ineligible for a grant from UNICO Foundation*

Name of Affiliated 501(c)(3) Organization (for example; name of Diocese, Church or National affiliate). \_\_\_\_\_

Check  one: First Time Applicant: \_\_\_\_\_ Prior Applicant: \_\_\_\_\_

UNICO Chapter and/or Chapter member affiliation (if applicable): \_\_\_\_\_

Name of Program: \_\_\_\_\_

Grant request: \$ \_\_\_\_\_ (amount available is from \$500 to \$2,500)

Check  one: Food support: \_\_\_\_\_ Shelter support: \_\_\_\_\_

Purpose of Grant: \_\_\_\_\_

Total organizational budget (current year): \$ \_\_\_\_\_

Total project budget \$ \_\_\_\_\_

UNICO Foundation use only:  
Certified to Completeness: \_\_\_\_\_  
Signature of UNICO National Administrator



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**NARRATIVE** – You’re most welcome to include a description on your organization and program:  
(One-page maximum)

A. Introduction and Background of Organization

1. Brief description of history and mission
2. Describe your current programs and activities
3. Please describe the geographic area that you serve.
4. Please list other organizations serving the same area.
5. Number of paid full-time staff; number of paid part-time staff; number of volunteers involved in your program.

**Attachments**

- Budget for this program
- A list of other foundation, organizations and corporate supporters with amounts received for your current and most recent fiscal year.
- List of foundation, corporations, and others that you are soliciting for funding of this program.
- A copy of your most recent IRS letter indicating your agency’s tax exempt status or if you don’t have one, provide the name of the organization that you are affiliated with  
(for example; name of Diocese, Church or National affiliate).
- A list of your Board of Directors.

**Certification/Permission to Release Information**

By submitting this application, I hereby certify that all information submitted on this application is true and accurate to the best of my knowledge. \*

Please Initial \_\_\_\_\_ Yes, I certify that all information is true and accurate.