Mission Grant Proposal

Mission & Ministry, Inc.

Project Title*

Character Limit: 100

Amount Requested*

Must be $25,000 or greater.

Character Limit: 20

Project Summary*

Please provide a brief summary of the project including how the project will change the lives of the poor. You must also include the specific use of funds. *(Be brief and direct as possible. The optimal response is under 1000 characters.)*

Character Limit: 4000

Organization Summary*

Please provide a description of the organization. Include the organization's mission statement and how it relates to the primary purpose of Mission and Ministry. *(Be brief and direct as possible. The optimal response is under 1000 characters.)*

Character Limit: 1200

Executive Director/CEO Name*

First and last name of the Executive Director, CEO, President, Principal, etc.

Character Limit: 250

Title*

Character Limit: 100

Endorsing Sister*

Daughter of Charity First Name

Please include middle name if the Sister goes by two names. Do not include "Sr." or "Sister". *(Example: Mary Catherine or Theresa Marie)*

Character Limit: 100

Daughter of Charity Last Name*

Please simply list the Sister's last name. Do not include the "DC" suffix. *(Example: Smith or Williams)*

Character Limit: 25

Organization Information

History

Please use this space to expand on the organization summary listed above, if needed.

Character Limit: 1500

Current Projects*

Character Limit: 1500

Recent Accomplishments*

Character Limit: 1500

Total Number Paid Staff*

Character Limit: 5

Total Number Part-Time Staff*

Character Limit: 5

Total Number of Volunteers*

Character Limit: 5

Population Served*

Primary population served by the organization – including number served and other characteristics.

Character Limit: 1500

Project Description

Problem/Need*

- Describe the project and how it meets a problem/need of the poor
- How was this need determined
- Why is this organization qualified to address this problem/need

Character Limit: 1500

Project Development*

Describe the development of the project and the <u>roles of partners and collaborators</u>.

Character Limit: 1500

Benefits and Population Served*

- What are the projected benefits of the project
- Who will the project serve

Character Limit: 1500

Implementation*

- How will the project be implemented, staffed, managed
- Timetable for implementation

Character Limit: 1500

Similar Services*

- Describe other projects providing similar services
- Describe similarities and differences of similar services

Character Limit: 1500

Alignment with Mission*

How does this project further <u>your</u> organization's mission?

Character Limit: 1500

Goal and Objectives*

Project goals and objectives: use quantitative (change in infant mortality, students reading at grade level, homeless families moved to permanent housing, etc.) as well as qualitative objectives (change in the client, benefit to the agency, etc.)

Character Limit: 1500

Evaluation*

- Describe the method used to evaluate the project
- How will you determine the project's success

Character Limit: 1500

Use of Funds*

Describe how the grant dollars would be used – specifically if the need is for start-up costs, to cover a significant decline in other support and/or an expansion of services.

Character Limit: 1500

Ramifications*

What are the ramifications to the community if this need goes unmet?

Character Limit: 1500

Systemic Change

Systemic Change*

As in alignment with the Daughters of Charity mission, MMI seeks to aid organizations and projects providing Systemic Change. MMI believes Systemic Change among those living in poverty aims beyond providing food, clothing, shelter, and alleviating immediate needs. It

enables people themselves to engage in the identification of the root causes of their poverty and create strategies, including advocacy, to change those structures which keep them in poverty. Systemic Change requires transforming attitudes.

- Explain how the project described above will provide or work toward System Change.

Character Limit: 3700

Collective Impact

Collective Impact*

MMI is studying Collective Impact as an approach to achieving Systemic Change. MMI believes Collective Impact is a clearly defined collaborative approach to complex community problems in which multiple, diverse, cross-sector stakeholders - including those most affected - work together to coordinate efforts and assets to achieve Systemic Change.

- Are there Collective Impact initiatives working in your community?

Choices

Yes - I know of some.
No - Nothing is going on here.
Don't know - I'm not sure if there is anything going on.
What is Collective Impact? I don't know enough about Collective Impact to answer the question.

- If yes, please describe the Collective Impact initiative and explain how your organization is involved.

Character Limit: 200

Financial Information

Organization's Fiscal Year*

List the organization's fiscal year.
(Example: January-December)

Character Limit: 100

Funding Period*

List the time period this request will cover.
(Example: January-December 2016)

Character Limit: 100

Proposed Project Budget*

PLEASE NOTE: MMI is changing grant funding cycles and approvals to align with fiscal years beginning July and January. If at all possible, please align fiscal years with MMI's new approval dates. See the MMI website for more information.

Upload a complete line item budget using the template provided for the project for the fiscal year in which the grant funds are to be used - please identify the fiscal year. Identify all sources of funds for the project - note if the funds are anticipated or received. *Grant requests for 100% of the project cost will not be awarded and requests for construction/renovation are not awarded for more than 40% of the total cost of construction or renovation.*

Click here to view of video tutorial for completing the proposed project budget template.

(If applying for a multi-year project, please contact MMI for a multi-year budget form.)

File Size Limit: 2 MB

Budget Narrative*

Upload a narrative of no more than three pages for the budgeted items. You must describe in the narrative the long-term viability for the project, how the project will be supported after Mission & Ministry funds are distributed, the organization's fundraising strategies, future grant opportunities, etc.

Please use a scanner or the Fax to File tool (to the left of your screen) to combine multiple pages and documents into one file prior to uploading. The uploaded file must be readable ... clear (not blurry), proper orientation (not upside down or sideways), etc.

File Size Limit: 2 MB

Current - Fiscal Year Operating Budget for Full Organization*

Upload the CURRENT operating budget for the full organization.

Please use a scanner or the Fax to File tool (to the left of your screen) to combine multiple pages and documents into one file prior to uploading. The uploaded file must be readable ... clear (not blurry), proper orientation (not upside down or sideways), etc.

File Size Limit: 2 MB

Project Period - Fiscal Year Operating Budget for Full Organization*

Upload the operating budget for the full organization during the project funding period (grant period). This should be the fiscal year operating budget for the full organization when funds will be used. A preliminary budget is acceptable if not formally approved.

Please use a scanner or the Fax to File tool (to the left of your screen) to combine multiple pages and documents into one file prior to uploading. The uploaded file must be readable ... clear (not blurry), proper orientation (not upside down or sideways), etc.

Use the text box to describe any significant changes in the organization's operating budget. *This is a required field, please enter N/A if there are no significant changes.*

Character Limit: 200 | File Size Limit: 2 MB

Financial Reports*

Upload the most recent financial reports (balance sheet and income statement) for the organization.
Please use a scanner or the Fax to File tool (to the left of your screen) to combine multiple pages and documents into one file prior to uploading. The uploaded file must be readable ... clear (not blurry), proper orientation (not upside down or sideways), etc.
File Size Limit: 2 MB

Audit*

Upload a copy of the organization's audit covering the past two years. If not audited, please submit an internally prepared balance sheet and income statement, marked unaudited, covering the past two years.
Please use a scanner or the Fax to File tool (to the left of your screen) to combine multiple pages and documents into one file prior to uploading. The uploaded file must be readable ... clear (not blurry), proper orientation (not upside down or sideways), etc.
File Size Limit: 5 MB

Payment Information*

If awarded, to whose attention should the check be mailed.

Payment Contact Prefix: Please select from the drop-down list.

Choices
Mr.
Mrs.
Ms.
Miss
Dr.
Sister
Father
Brother
Rev.
Other

Payment Contact First Name*
Character Limit: 250

Payment Contact Last Name and Suffix*
Please include the last name and suffix if applicable.

Example: Smith, D.C.

Character Limit: 40

Payment Contact Title*

Example: Executive Director, President, Bookkeeper, etc.

Character Limit: 30

Mailing Address*

Character Limit: 100

City*

Character Limit: 100

State*

Provide two letter abbreviation.

Character Limit: 2

Postal Code*

Character Limit: 10

Proposed Payment Schedule*

A quarterly payment schedule is recommended but not mandatory. Indicate the date the first payment is needed. Please allow at least 120 days from the date of application to first disbursement.

Character Limit: 100

Attachments

Daughter of Charity House Form*

Download the [form](#) as a Word document and provide it to the Daughter of Charity who has agreed to endorse this proposal. Please keep in mind, the Sister needs to have a draft of the application to present to her house for approval prior to the deadline. Speak directly to the endorsing Sister to determine the time needed for her to complete the form. The form must contain original signatures. You may NOT submit the application without a Daughter of Charity House Form. Any Sponsored Work of the Daughters of Charity also needs a letter of support from the Provincial Councillor assigned to the organization (as the liaison to the Provincial Council) acknowledging that they are aware of and support this request.

Please use a scanner or the Fax to File tool (to the left of your screen) to combine multiple pages and documents into <u>one</u> file prior to uploading. The uploaded file must be readable ... clear (not blurry), proper orientation (not upside down or sideways), etc.

File Size Limit: 1 MB

List Organization's Board of Directors/Trustees/Members of Advisory Group and Their Affiliations*

Upload a complete list of the organization's Board of Directors/Trustees/Members of Advisory Council.

Please use a scanner or the Fax to File tool (to the left of your screen) to combine multiple pages and documents into one file prior to uploading. The uploaded file must be readable ... clear (not blurry), proper orientation (not upside down and sideways), etc.

Use the space below to identify officers if not identified on the uploaded list. *This is a required field, please enter N/A if the officers are identified on the uploaded list.*

Character Limit: 1000 | File Size Limit: 2 MB

Statement of Support*

Provide a statement of support for the project from the requesting organization's Board of Directors/Trustees. The letter of support should specifically state the support given to the project by the organization. If the organization is committed to funding the project after Mission & Ministry grant funds, please indicate so in the letter as well as any other information pertinent to the long term success of the project within the organization.

Please use a scanner or the Fax to File tool (to the left of your screen) to combine multiple pages or documents into one file prior to uploading. The uploaded file must be readable ... clear (not blurry), proper orientation (not upside down or sideways), etc.

File Size Limit: 1 MB

Support Letters

Support letters from partners, collaborators, etc. (if applicable).
Please use a scanner or the Fax to File tool (to the left of your screen) to combine multiple pages and documents into one file prior to uploading. The uploaded file must be readable ... clear (not blurry), proper orientation (not upside down or sideways), etc.
File Size Limit: 2 MB

Designation Letter

Provide a copy of the most recent designation letter from the IRS regarding the organization's 501(c)(3) status, if not previously submitted.

Please use a scanner or the Fax to File tool (to the left of your screen) to combine multiple pages or documents into one file prior to uploading. The uploaded file must be readable ... clear (not blurry), proper orientation (not upside down or sideways), etc.

File Size Limit: 2 MB

Listing in the Official Catholic Directory*

Provide the year and page number (if applicable).

Character Limit: 75

Verification

"I certify that the information provided on this grant request is complete and accurate based on currently available information. Any misrepresentation(s) may be cause for revoking any grant monies to be or previously provided."

Executive Director/CEO Signature*

By entering (typing in the space provided below) the name of the Executive Director/CEO, you are certifying that the Executive Director/CEO has read, understands and adopts the intentions of the verification statement above.

Character Limit: 100

Title*

Character Limit: 100

Date*

Character Limit: 10

Daughter of Charity Involvement (internal)

Please select the level of the endorsing Daughter of Charity involvement in this project:

Choices

Sponsored Work
Co-Sponsored Work
Employee
Volunteer
Board Member
Tuition Sponsor
Non-Affiliated
Personal Connection (Emergency)
Information Not Available

Board Meeting Date (internal)

Character Limit: 10

_% of Overall Project Budget being requested (internal)

Character Limit: 5

Internal Recommendation*

Character Limit: 10000

Program Area

Program Area of Request

Choices
Education
Health Care
Human Services
Other

Program Area 2
Choices
After-School
Ascension Health
Child Care
Community Organizing
Job Training
Other
Permanent Housing
Social Work
Spirituality Centers
Temporary Housing
Treatment Centers
K-8 Schools
Middle Schools
High Schools
GED
Dental
Trafficking
Community Development
Vocation/Formation
Prison Ministry
Parish Work
Mental Health
Health Clinic