

## Please Sign In

- If you have an account, please log in using your E-mail Address and Password.
- First time applicants, please use the "New Applicant" link found below.

E-mail

Password

[New Applicant?](#)

[Forgot Password?](#)

### Screening questions

Is your organization religious or charitable based and tax exempt under IRS 501c(3) requirements?

-Select One-

### Screening questions

Do the mission or programs of your organization conflict in any way with Catholic doctrine?

-Select One-

### Screening questions

Does your organization address the needs of children, families, or the elderly, especially those living in poverty in northwest Ohio or southeast Michigan?

-Select One-

### Screening questions

Is your request for a specific project or program, rather than for general operating support?

-Select One-

### Screening questions

The Grey Nuns Community Fund generally awards single year grants in amounts between \$5,000-\$50,000. Does your proposal fit into those parameters?

-Select One-

### Screening questions

Has your organization previously received a grant from the Grey Nuns Community Fund?

-Select One-

Grey Nuns Community Fund Application

Organization

Organization Information	
Organization Name	
<p style="padding-left: 40px;">Legal Name</p>	
Tax ID or EIN #:	
Address	
City	State - Select One -
<p style="padding-left: 40px;">Postal Code</p>	
Telephone	
<p style="padding-left: 40px;">Fax</p>	
Briefly summarize the mission of the organization.	

Key Contacts

Executive Director/ Leader	
Prefix - Select One -	First Name
<p style="padding-left: 40px;">Last Name</p>	
Title	
Telephone	



E-mail
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Contact Person for Proposal
No Check here if same as Executive Director/ Leader
Prefix                      First Name
- Select One -
Last Name
Title
Telephone
E-mail

Proposal

Proposal Information
Request Amount
Total Project Budget
Project Start Date
Project End Date
Proposal Title
Application Focus Area
<a href="#">Check all that apply</a>

1. Briefly describe your agency, including its mission, purpose, and core programs.

250 words or less

2. Briefly describe the program or project for which you are seeking funding.

250 words or less

3. What are the specific objectives or goals for the proposed program or project in the next twelve months? Please use the SMART approach to describe objectives that are specific, measurable, assignable, relevant and time-framed.

250 words or less

4. How was the need for this program or project determined?

250 words or less

5. Who is the intended audience or beneficiaries of the proposed program or project? Please address any eligibility restrictions the program will have.

250 words or less

6. What other agencies serve the intended population? How do the proposed services enhance rather than duplicate efforts?

250 words or less

7. Briefly describe how your organization uses innovative approaches to partner with other agencies or diversify support for your organization.

250 words or less

8. Explain how you evaluate your agency's effectiveness in delivering the services it currently provides and how you plan to evaluate the effectiveness of the proposed program or project. Describe what a successful program or project would look like.

250 words or less

9. Briefly describe your organization's sources of public and private income and any limitations you face in accessing available funds.

250 words or less

10. Describe the specific purchases that will be made with the requested funding and the timeline for those purchases. A budget form will be uploaded as an attachment.

250 words or less

11. What are the ongoing costs related to the proposed program/ project? How will this program/project be supported in the future?

[250 words or less](#)

Does your organization have a relationship with Mercy Health or the Mercy Health Foundation?

## Attachments

### Upload Attachments

Please upload the required documents below. To upload documents:

- Click the "Choose File" button
- Browse to the document on your computer
- Select the document, then click OK
- You will return to this page
- Click "Upload" to complete.

IRS 501(c)(3) Letter

[IRS Letter of Determination confirming tax-exempt status of 501\(c\)\(3\).](#)

Board Member Listing

[List of Board Members with title and affiliation.](#)

Audit or Balance Sheets

[Most recent audit, or if no audit is available, most recent board approved balance sheets and financial statements.](#)

Annual Agency Budget

Project or Program Budget

[Project or program budget that shows both requested amount as well as other sources of income, including pending grant applications and requests. Download the budget template ... \\*\\*HERE\\*\\* \[Need Link\]](#)

Annual Report

[Annual report, if available. If no annual report is available, newsletters or copies of marketing materials will be accepted.](#)

Applicant: \_\_\_\_\_

Project Title: \_\_\_\_\_

Grant Start Date: \_\_\_\_\_

Grant End Date: \_\_\_\_\_

**Budget Items**

A. SALARIES & WAGES						
Position/ Title	Annual Salary	Percent Effort on Project	Requested from Grey Nuns Community Fund	Other Funds 1	Other Funds 2	Total Project Cost
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
<b>Total Salaries and Wages:</b>	\$ -		\$ -	\$ -	\$ -	\$ -

B. FRINGE BENEFITS						
Position/ Title	Annual Fringes (\$)	Percent Effort on Project	Requested from Grey Nuns Community Fund	Other Funds 1	Other Funds 2	Total Project Cost
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
<b>Total Fringe:</b>	\$ -		\$ -	\$ -	\$ -	\$ -

C. CONSULTANT COSTS						
Consultant/Contractor	Role on Project	Percent Effort on Project	Requested from Grey Nuns Community Fund	Other Funds 1	Other Funds 2	Total Project Cost
						\$ -
						\$ -
<b>Total Consultant Costs:</b>			\$ -	\$ -	\$ -	\$ -

Other Direct Costs (please modify as needed to fit your project needs)						
Item	Per Item Cost and Number Requested	Percent Effort on Project	Requested from Grey Nuns Community Fund	Other Funds 1	Other Funds 2	Total Project Cost
Supplies and materials						\$ -
Printing, publications, copying						\$ -
Postage, shipping						\$ -
Computer support, telecommunications						\$ -
Mileage/ Travel						\$ -
Equipment (specify)						\$ -
Other (specify):						\$ -
Other (specify):						\$ -
Other (specify):						\$ -
Other (specify):						\$ -
Other (specify):						\$ -
<b>Total Other Direct Costs:</b>			\$ -	\$ -	\$ -	\$ -

<b>GRAND TOTAL</b>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
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