

Grey Nuns Community Fund Application

Organization

Organization Information	
Organization Name	
Legal Name	
Tax ID or EIN #:	
Address	
City	State - Select One -
Postal Code	
Telephone	
Fax	
Briefly summarize the mission of the organization.	

Key Contacts

Executive Director/ Leader	
Prefix - Select One -	First Name
Last Name	
Title	
Telephone	
E-mail	

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 Download the required format template for submission here
Project Start Date
Project End Date
Proposal Title
Application Focus Area Check all that apply
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?

Attestation: Should funding be awarded, a final report will be required upon expenditure of funds or one year from the date of receipt, whichever occurs first.

-Select One-

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 required format [budget template](#) and complete.

Annual Report

Annual report, if available. If no annual report is available, newsletters or copies of marketing materials will be accepted.

Click here for Final Budget Template

Download the [final budget template](#) and complete.

Click here for Final Report Template

Download the [final report template](#) and complete.