

Eligibility Questions

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

No answer

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

No answer

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

No answer

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

Please note that Salaries/Benefits will not be funded.

No answer

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

No answer

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

No answer

If Yes, your organization has previously received a grant from Grey Nuns Community * Foundation, has it been less than 24 months since your organization received the grant?

If less than 24 months since the award then you are not currently eligible to apply.

No answer

Organization

Organization Name*

No answer

Legal Name

No answer

Tax ID or EIN #:

No answer

Address*

No answer

Telephone*

No answer

Fax

No answer

Briefly summarize the mission of the organization.*

No answer

Key Contacts

Prefix

Records: 0

Check here if same as Executive Director/ Leader

Records: 0

Proposal

Request Amount*

No answer

Total Project Budget*

Download the required format template for submission [here](#)

No answer

I have used the required budget template for this application.*

No answer

Project Start Date*

No answer

Project End Date*

No answer

Proposal Title

No answer

Application Focus Area*

Check all that apply

No answer

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

250 words or less

No answer

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

250 words or less

No answer

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

No answer

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

250 words or less

No answer

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

No answer

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

250 words or less

No answer

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

250 words or less

No answer

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

No answer

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

No answer

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

No answer

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

No answer

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

No answer

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. *

No answer

Attachments

IRS 501(c)(3) Letter*

IRS Letter of Determination confirming tax-exempt status of 501(c)(3).

No file uploaded

Board Member Listing*

List of Board Members with title and affiliation.

No file uploaded

Audit or Balance Sheets*

Most recent audit, or if no audit is available, most recent board approved balance sheets and financial statements.

No file uploaded

Annual Agency Budget*

No file uploaded

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.

No file uploaded

Annual Report

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

No file uploaded