DIOCESAN POVERTY RELIEF FUND

GRANT APPLICATION

TABLE OF CONTENTS

Catholic Charities
DIOCESE OF GREENSBURG

Catholic Charities of the Diocese of Greensburg PA
711 E Pittsburgh Street
Greensburg PA 15601-2636
Phone: 724·837·1840   ~   Fax: 724·837·4077   ~   www.ccharitiegreensburg.org

DIOCESAN POVERTY RELIEF FUND

INTERESTS AND GRANT CRITERIA

The Diocesan Poverty Relief Fund was established by Bishop Lawrence E. Brandt, JCD, PhD, in December 2009 to enable the diocese to support better the efforts of local organizations in the Diocese of Greensburg that completely accept and promote the mission of the Catholic Church in their care for the poor and needy. Bishop Brandt's promulgation document designated the Board of Trustees of Catholic Charities of the Diocese of Greensburg to be responsible for oversight of the Diocesan Poverty Relief Fund and the distribution of funds.

Grant proposals will be reviewed once each year in January. Requests for funding are accepted at any time during the year, but must be received by the close of business (5:00 p.m.) on November 2 for funding. Organizations may apply annually.

When submitting a request, be specific regarding the nature of the request and the amount requested. Please note the committee does not approve multiple year funding or general operating grants. The amount being requested should not exceed $5,000 and be at least $750.00.

Upon the receipt of a grant proposal, the Diocesan Poverty Relief Fund Grant Committee will review the grant for adherence to the enclosed guidelines and format, as well as the criteria for the organization (as listed below). Qualified grant applications will be reviewed and award decisions made according to the date of the application. The committee will not review a list of projects and select one that is appealing. Each grant proposal should address only one project.

CRITERIA

Must NOT be a Federal, State or Local governmental entity, agency, organization, or authority.

Must be a 501(c) (3) organization and must be registered with the PA Bureau of Charitable Organizations, if applicable—**or**

Must be a parish organization (with approval of the pastor), a diocesan Catholic school (with the approval of Chairman of the Board of Trust Administrators [pastors] and the Trust Administrator [Superintendent]), or a national Catholic organization functioning within the diocese (with the approval of the diocesan moderator)

Must be geographically located in the Diocese of Greensburg

Must address (one or all of the following conditions)

- •Long or short term conditions that contribute to poverty and suffering
- •Help for those who endeavor to help themselves
- •Alleviation of poverty
- •The provision of human services that address any of the above conditions

Must be consistent with the ethical, religious, moral beliefs, tenets, and teachings of the Catholic Church

Must not promote, in any way, activities that violate the dignity of the human person

If a grant is awarded to this Organization, the proceeds of that grant will not be distributed to or used to benefit any other program or organization other than the applicant.

Questions should be directed to: Heather Rady (724-837-1840 ext. 1504)

SUBMIT PROPOSALS TO:

THE DIOCESAN POVERTY RELIEF FUND COMMITTEE

c/o CATHOLIC CHARITIES OF THE DIOCESE OF GREENSBURG PA

711 E PITTSBURGH STREET

GREENSBURG PA 15601-2636

Before you begin, please read this entire document.

Know your purpose. Clarify your organization's priorities and purpose in seeking funds.

GRANT APPLICATION FORMAT OUTLINE

ENSURE YOU SUBMIT A COMPLETE APPLICATION
A complete application should include the following items in the order indicated:

- A. Cover Letter
- B. Grant Application Cover Sheet (pg. 5)
- C. Executive Summary (pg. 6)
- D. Narrative
- E. Attachments

Further explanation of each item is provided below and on the following pages.

A.   WRITE A COVER LETTER

Write a one page cover letter that includes the following:

Name of the Program
Purpose of the Program
A strategic reason for the funder to consider the program
Amount requested
Time period of the program or project
Name of the contact person and contact information

The letter should be signed by the pastor or regional moderator (if regional application), board president or chairperson and the executive director. If the proposal is a collaborative request, signatures of the participating organizations' representatives must be provided.

B. COMPLETE THE GRANT APPLICATION COVER SHEET

C. WRITE AN EXECUTIVE SUMMARY OF THE PROJECT OR PROGRAM

The executive summary should include:
Brief description of the project
Outcomes you plan to achieve
The timeframe involved for achieving these outcomes
Who the project serves and why it is important
Why your organization should receive the funds to implement the project and how the funds will be spent

D. WRITE A NARRATIVE

Write a narrative that follows the outline on the next page, using the headings and subheadings provided. As long as the narrative flows in the designated order feel free to include information that you believe is important to make your case. The questions reflect the general interest of the Diocesan Poverty Relief fund, but are not intended to be all inclusive. If a question is not applicable, explain. If a problem exists that might detract from the credibility of your organization or project, address it briefly; do not avoid or dismiss it.

Avoid including the same information in different sections of the narrative. Be thorough yet strive for brevity. More is not necessarily better.

1. ORGANIZATIONAL INFORMATION.
Provide background on your organization. If you are an affiliate of another organization, please describe.
State your mission
Summarize your organization's history

Outline current programs and activities

Highlight accomplishments

2. Purpose of Grant

Problem and Need. Identify the problem to be addressed and the needs to be met by the project. What unique service(s) would the community be deprived of if you do not undertake this project? Provide supporting data.

Program/Project Goal. Describe the goals and overall impact of the project or program.

Program/Project Design. Describe your program objectives, activities, strategies, staffing, partners, timelines and explain how the design will enable you to address the problem or need. Identify the project as a new or continuing program.

Sustainability. Specify your plans for financing the project at the termination of the grant. List other financing sources or strategies that you are developing.

3. Evaluation.

Final evaluation and expenditure reports will be required for every grant awarded. It is important that you design your evaluation process at the outset and begin to collect data from the beginning of the project or program.

Outcomes. Describe the proposed program or project outcomes, with reference to long-range plans of the organization. What outcomes do you want to produce by the end of the first year, second year, etc.? If your program is continuing, what intended outcomes have been achieved thus far?

Measurement. Outline your plan to document progress and results. How will you measure expected outcomes and the effectiveness of your activities? What will be your criteria for success? What tools will you use to evaluate your program and organization (records, surveys, interviews, pre-and post-tests, community feedback, etc.)?

E. ATTACHMENTS.

Include the following attachments in the order indicated:

1.   Verification of 501(c) (3) tax-exempt status and public charities status.

Copies of the advance or definitive IRS determination letters indicating 501(c) (3) tax-exempt and public charities status.

Copies of the pages of the most recent 990 showing public charities status and public support.

2.   Organizational structure.

List of officers and directors, including occupations, places of employment, diversity spread (age, gender, race), and other relevant affiliations.

List of key staff members, plus resumes and job descriptions of key personnel involved in the project.

3.   Financial Information.

Program/Project Budget (see page 8 for sample format)

Organization's Current Operating Budget. Itemize all expenses and revenues.

Grant Request (Project) Budget. (Depending on the request, this could be the same as the program or operating budget.)

Audited Financial Statements. Include audited financial statements for the most recent year.

4. Letters of Support

If you are collaborating with other organizations or have a need that you want to substantiate, you should include letters of support.

5. Organizational information.

Annual report or strategic business plan for your organization if available.

(Please do not send videos or other unsolicited items.)

Grant Application Cover Sheet

Date of Application: _____

Legal Name of Organization: _____

(Should be the same as on IRS determination letter and as supplied on IRS Form 990)

Year Founded: _____ Current Annual Operating Budget: $_____

Executive Director: _____ Email: _____

Contact Person/Title (if different from Executive Director): _____

Address (principal/administrative office): _____

City: _____ State _____ Zip: _____

Mailing Address, if different from above: _____

Phone: _____ Fax: _____

Website: _____

Project Name: _____

Purpose: _____

Amount Requested:$_____ Total Project Cost: $_____

Project Goals: _____

_____

_____

Beginning and Ending Dates of the Project: _____

Geographic Area to be served: _____

_____

I certify, to the best of my knowledge, that:

1. The tax-exempt status of this organization is still in effect,

2. This Organization does not support or engage in any terrorist activity,

3. This Organization does not act in a manner deemed to be inconsistent with the ethical, religious, or moral beliefs, tenets, or teachings of the Catholic Church.

4. If a grant is awarded to this Organization, the proceeds of that grant will not be distributed to or used to benefit any other program or organization other than the applicant.

Signatures: _____

President, Board of Directors   Date

_____

Executive Director   Date

GRANT APPLICATION EXECUTIVE SUMMARY

EXAMPLE

(Brief Description of the Project)

XYZ Organization has plans to establish a program that will provide cribs for new mothers with infants who meet eligibility requirements established for low income or no income individuals. Eligibility standards as stated in the eligibility requirements will be followed in addition to the maintaining the same level of confidentiality currently applied to all or this organization's clients.

(State how you plan to make this project happen here)…

The organization has negotiated contracts with several suppliers to build and ship _____ number of beds and dressers for a price of $_____ by _____/_____.)

The organization plans to distribute the beds etc etc etc

(Outcomes you plan to achieve)

The Organization plans to provide number of beds to _____ number of families over the next twelve month period. The proposed outcome of this service is to assist low income mothers to maintain self-sufficiency and bring their lives to a more sustainable quality of life. This can be measured through follow up contact, pre– and post-test questionnaires or surveys and a longer term 12-month follow up.

(Who the project serves and why it is important)

This program will address the needs of those residents of one of the poorest counties in our area. Statistics indicate that 45% of single mothers living in this county are living at or below the poverty level while still trying to maintain employment, Of that 45%, 20% have children under the age of 12 mos, often sleeping on the floor or with a parent.

(Why your organization should receive the funds to implement the project and how the funds will be spent)

Our credibility and long-standing collaborative agreements with other helping agencies leads us to believe that our organization can best meet this critical need. The agency has been providing help for low income single mothers for over 20 years. Our staff has an understanding of the needs of this population and works hand-in-hand with the local county Children and Youth services to help women maintain their homes and their families.

Should this grant in the amount of $_____ be received, the negotiated contract will be executed and a down payment in the amount of $_____ will be provided for the number of beds/dressers indicated above. Upon receipt and inspection of all goods, the balance will be forwarded to the supplier.

It is our hope that the Diocesan Poverty Relief Fund Committee will consider our request in the amount of $_____ to assist low income single mothers maintain self-sufficiency and advance their quality of life.

GRANT APPLICATION BUDGET FORMAT

An accurate, detailed budget for proposed projects is a requirement. Your total budget should be broken down into the items specified below. As long as your budget is typewritten and contains the required information, you may submit it in a format convenient for you. A sample format with suggested revenue and expense categories follows.

A. **Budget** **Heading**

Specify the budget period
Specify the requested amount and the total cost of the project.

B. **Revenue**

If the requested amount is different from the total cost of the project, itemize all confirmed and anticipated sources of revenue, and provide a revenue total. Refer to the following example for possible revenue categories. Also, indicate the amount of funds, if any, for this project that will be drawn down from your operating budget and/or reserve fund or endowment.

C. **Expenses**

Itemize your expenses and provide an expense total. Include any additional items relevant to your particular program, project or campaign.

D. **Narrative**

This section should include:
A list of assumptions on which the budget was based.
An explanation of any unusual budget items.
The percentage of overhead applied to the project should precede the itemized listing, if applicable.
In-kind expenses and donations or matching funds should also be described.
If your organization has affiliates and/or subsidiaries, please explain.

See next page for sample project budget format and categories.

REVENUE	COMMITTED FUNDS	PENDING FUNDS
Grants/Contracts/Contributions		
Local Government		
State Government		
Foundations (itemize on separate lines)		
Corporations (itemize on separate lines)		
Individuals		
Other (specify)		
Earned Income		
Events		
Publications and Products		
Membership Income		
In-Kind Support		
Other (specify)		
TOTAL REVENUE		

EXPENSE	AMOUNT REQUESTED IN THIS PROPOSAL	TOTAL PROJECT EXPENSES
Personnel		
Salaries and Wages *see example below		
Payroll Taxes		
Benefits		
Consultants and Professional Fees		
Travel/Professional Development		
Operations		
Rent		
Utilities		
Telecommunications		
Postage/Messenger		
Printing and Copying		
Equipment		
Supplies		
Other		
TOTAL EXPENSE		
*Example Full time personnel Executive director…$xx,xxx Part-time personnel Staff position #1…...$xx,xxx Staff Position #2….$xx,xxx		

SURPLUS (DEFICIT)		
TOTAL REVENUE		
TOTAL EXPENSES		
TOTAL SURPLUS (DEFICIT)		