

**WOMEN OF SAINT MICHAEL 2019 GRANT APPLICATION**

**To be considered for funding, the grant application package must be postmarked or hand-delivered by 4:00 p.m. on Monday, November 12, 2018. Electronic submissions will not be accepted, nor will incomplete applications. Please return complete 10 copies of the application with required attachments to:**

The Women of Saint Michael (WOSM) Gifts Committee

Saint Michael and All Angels Episcopal Church

8011 Douglas, Dallas, TX 75225

**Section 1: General Information**

|  |  |
| --- | --- |
| Name of Organization |  |
| Mailing Address, City, Zip |  |
| Physical Address, City, Zip |  |
| CEO/Executive Director |  |
| * Phone Number |  |
| * Email Address |  |
| Additional Contact Person |  |
| * Phone Number |  |
| * Email Address |  |
| Website Address |  |

|  |  |
| --- | --- |
| Name of Project (for which funds are requested) |  |
| How will funds be spent (10 words or less) |  |
| Total Annual Project Budget |  |
| $ Amount Requested |  |
| 2016, 2017, 2018 WOSM funds received (if applicable) |  |

**Section 2: Organization Overview**

1. Mission statement (limit, 50 words)
2. Brief history, including date founded and any significant organizational or name changes (limit, 100 words)
3. Brief overview of current programs (limit, 100 words)
4. Staff #s: \_\_\_\_\_\_ full-time; \_\_\_\_\_\_ part-time
5. Factors that make the organization and programs unique (limit, 50 words)
6. Involvement of Saint Michael volunteers at agency, if applicable (limit, 50 words)
7. Explanation of pending litigation, if any (limit, 100 words)

**Section 3: Project Summary (i.e., project for which funds are requested)**

1. Type of grant requesting **(check only one of the three types of grants; see instruction sheet for full descriptions and criteria)**

\_\_\_\_ **Impact Grant – For agencies that generated operating revenue of $3 million or less in the most recent fiscal year; must address at least one of the following (please check):**

**\_\_\_\_\_ Crisis Needs** of individuals and families living in poverty; specifically, shelter, hunger and/or clothing

\_\_\_\_\_ Equipping low income families to achieve **Financial Stability;** specifically, throughjob skills training for the unemployed or underemployed, financial education and/or asset building

\_\_\_\_ **Legacy Grant – For agencies that generated operating revenue of more than $3 million in the most recent fiscal year and have been a WOSM beneficiary for at least three of the last four years; must address at least one of the following (please check):**

**\_\_\_\_\_ Crisis Needs** of individuals and families living in poverty; specifically, shelter, hunger and/or clothing

\_\_\_\_\_ Equipping low income families to achieve **Financial Stability;** specifically, throughjob skills training for the unemployed or underemployed, financial education and/or asset building

\_\_\_\_ **Episcopal Grant – Must have at least one of the following (please check):**

\_\_\_\_\_ Saint Michael and All Angels parishioner **group** involvement (please describe; limit, 50 words). Please refer to Instruction sheet for further definition.

\_\_\_\_\_ Current initiatives of our parish, diocese and/or Anglican Communion (please describe; limit, 50 words)

1. Problem(s) to be addressed by the project (limit, 100 words)
2. Description of project and project goals (limit, 100 words)
3. Existing, new or expansion project? (Explanation; limit, 50 words)
4. Explanation of how the project addresses Women of Saint Michael funding priorities (limit, 100 words)
5. Profile of current client population served by project:

• # of unduplicated clients served, annually \_\_\_\_\_\_\_\_

• Ethnicity, age and gender \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

• Percentage who live at or below the federal poverty line: \_\_\_\_%

• Percentage who live in Dallas County: \_\_\_\_%

1. Total budget for requested project (add additional lines if needed):

|  |  |  |
| --- | --- | --- |
| **PROJECT BUDGET LINE ITEMS** | **TOTAL $$$** | **$ REQUESTED FROM WOSM** |
|  |  |  |
|  |  |  |
|  |  |  |
| **Totals** |  |  |

**Section 4: Agency Financial Information**

a. What is the agency’s fiscal year end? (Ex: December 31) \_\_\_\_\_\_\_\_\_\_\_\_\_\_

b. What percentage of the organization’s revenue came from the following sources during your

last fiscal year (if applicable)?

|  |  |
| --- | --- |
| Government (grants & fee for service contracts) |  |
| Corporations |  |
| Foundations |  |
| United Way |  |
| Individuals |  |
| Special Events |  |
| Earned Revenue/Client Fees |  |
| Other (specify) |  |
| **TOTAL** | **100%** |

c. What percentage of the organization’s expenses was attributable to the following during your

last fiscal year?

|  |  |
| --- | --- |
| Program | % |
| Administration | % |
| Fundraising | % |

d. Current operating reserves on hand: $\_\_\_\_\_\_\_ ($ amount); \_\_\_\_\_\_ (number of months)

e. Please explain or describe any funded debt liabilities on your balance sheet. (Limit, 50 words)

f. What percentage of the board makes a financial contribution to the agency? \_\_\_\_\_\_\_%

g. Are there specific economic or fundraising factors that have impacted your agency’s ability to deliver its programs and services? If so, please describe. (Limit, 50 words.)

h. Agency Overall Budget, Snapshot (please complete the chart, below):

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Last FY, Actual**  **(FY End Date: \_\_\_\_\_\_\_ )** | **Current FY, Budget**  **(FY Start Date: \_\_\_\_\_\_\_ )** | **Current FY, Actual**  **(To Date, as of: \_\_\_\_\_\_\_\_\_\_)** |
| Revenue |  |  |  |
| Expense |  |  |  |
| Net Income Gain or <Loss> |  |  |  |
|  |  |  |  |
| Total Assets |  |  |  |
| Total Liabilities |  |  |  |

**Section 5: Evaluation, Controls**

1. Plans for measuring the effectiveness and results of requested project, including who will conduct the evaluation. (Limit, 100 words)
2. Evaluation results, to date, if existing/on-going project. (Limit, 50 words)

**Section 6: Sustainability**

1. What plans do you have for sustaining/funding this project beyond the requested grant period? (Limit, 50 words)

**Section 7: Required Attachments, Checklist (1 copy each) No attachments needed for copies**

□ Most recent IRS Form 990 Return for Organizations Exempt From Income Tax

□ IRS tax determination letter

□ List of the organization’s board of directors with board title/office

□ Most recent annual report, if available; if not, please provide a brochure or fact sheet

□ Two (2) copies of the Final Grant reporting form for funds from previous year, if currently funded by WOSM and funds have been expended. (found at www.saintmichael.org)

**GRANT APPLICATION AGENCY SIGNATURE PAGE**

**Proposed request endorsed by (both signatures required):**

Chief Executive Officer/Executive Director (Type Name): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Date of Signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

President or Chairman of the Board: (Type Name): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Date of Signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_