**Saint Michael and All Angels Episcopal Church**

**Mission and Outreach Ministries 2019 Grant Application**

*To be considered for funding, the grant application package must be* ***postmarked or hand-delivered by 4:00 p.m. on Wednesday, September 9, 2020****. Electronic submissions or incomplete applications will not be accepted or considered. Please return 12 copies of the application with required attachments to:*

Mission and Outreach Committee

Saint Michael and All Angels Episcopal Church

8011 Douglas Ave, Dallas, TX 75225

**COMMITTEE REVIEW CRITERIA**

The Mission and Outreach Committee will review applications and award grants, depending on the funds available, based on the following criteria:

* Local, national or international mission or outreach effort in which a group of SMAA parishioners actively participates
* Transformational experience for beneficiaries or volunteers
* Clearly defined project duration and means of measuring the outcomes of the project
* If applicable to the use, experienced leadership and/or enough staff capable of providing good communication and substantial oversight of the expenditure of grant monies
* Adequate budget

**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) |  |
| $ Amount Requested |  |

**Section 1. General Information (continued)**

|  |  |
| --- | --- |
| Total Annual Budget  for Project ($) |  |
| How will funds be spent  (10 words or less) |  |
| 2016, 2017, 2018 SMAA $ Amount of funds received, if applicable\* |  |

\*Including from prior Grant requests, the Easter Plate, the Christmas Plate, Heart of Giving, the Women of Saint Michael or any other committee or group affiliated with SMAA

**Section 2. Organization Overview**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Mission Statement |  | | | |
| Brief History, including date founded and  any significant organization  or name changes |  | | | |
| Brief Overview of  Current Programs |  | | | |
| Paid Staff  (in numbers) | Full-time |  | Part-Time |  |
| Explanation of Pending Litigation, if any |  | | | |

**Section 3. Project Summary**

1. Briefly describe the mission or outreach effort for which funds are requested (the “project”)
2. Briefly describe the project’s goals
3. Describe the extent of the project’s organization and operations to date; *e.g.*, is it an existing, new or expansion project?
4. Describe how funds will be used for the project
5. List any other sources of funding obtained or being sought to support the project

**Section 4. Committee Review Criteria Coverage**

1. Explain how the project addresses SMAA’s mission and outreach ministries purpose of enabling its parishioners to fulfill their baptismal covenant to serve others
2. Describe the nature and extent of SMAA parishioner involvement in the project
3. Briefly describe how the project will transform either the project beneficiaries or volunteers; describe or list who will principally benefit from the project
4. Briefly describe the duration and means of measuring the outcomes of the project
5. Briefly describe the organization’s depth and breadth of managerial oversight of the expenditure of any grant monies received
6. The Committee can consider an Emergency Grant Application at any time during a year. If an Emergency Grant Application, write “Emergency” in the following blank: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section 5. Organization Financial Information**

|  |  |
| --- | --- |
| What is the organization’s fiscal year end?  (*e.g.*, December 31) |  |
| What is the organization’s  budgeted operating revenue for  the current fiscal year? |  |
| What is the ratio of the  total annual budget for the project to the  total annual revenues of the organization  for its last full fiscal year? |  |
| What percentage of the board makes a financial contribution to the organization? |  |
| What is the estimated annual budget of the organization for the current fiscal year? Include any available financial analyses  of expected expenditures |  |
| Are there any specific economic or fundraising factors that have adversely impacted your organization’s ability to deliver its programs or services? If so, please briefly describe. |  |

**Section 6. Required Attachments, Checklist** (1 copy each) No attachments needed for copies

* Most recent IRS Form 990 Return for Organizations Exempt from Federal Income Tax
* IRS tax determination letter, if applicable
* Most recent audited financial statements, if available
* Current fiscal year financial statements (current income statement, balance sheet)
* List of the organization’s board of directors with board title/office (or functionally-equivalent positions)
* Most recent annual report, if applicable

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**Grant application organization signature**

**Proposed request endorsed by the following duly authorized officer, agent or representative (or functionally-equivalent position) of the organization:**

Authorized Signatory (Type Name): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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