

# ST. MARGARET MARY CAPITAL CAMPAIGN OUTREACH FUND GUIDELINES

## Mission of St. Margaret Mary Capital Campaign Outreach Fund

Enhance the dignity and quality of life of people in need.

## Funding Limits Per Application (limit of one application per organization/person)

|         |         |
|---------|---------|
| Minimum | \$ 500  |
| Maximum | \$5,000 |

## Eligibility

Nonprofit organizations and individuals

## Geographic Location

Central Florida will receive 75% of all funds

No geographic restrictions apply to remaining 25% (of this total, proposed program cannot be duplicative to programs already offered within Central Florida)

## Application Deadline

- September 1 and March 1 each year for a total of \$20,000 is available each cycle
- In completing this application, some of the questions may not be answerable or pertinent. Please fill out application to the best of your ability. Type your answers in the table boxes.

## Submission Requirements

- Application (**NO MORE THAN THREE PAGES**)
- Budget (**ONE FOR ORGANIZATION AND ONE FOR PROJECT/PROGRAM**)
- Support letters or letters of reference (three maximum)
- Copy of 501c3 letter
- Brochure, if available, describing organization/mission
- Submit one (1) original set and eight (8) complete copies of everything listed above. Clip or staple the application, budgets, letters, etc. together. Do not place in folders or bind.

## Contact

Scott Lindeman  
St. Margaret Mary Church  
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Winter Park, FL 32789  
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## Disclaimer

St. Margaret Mary Church reserves the right to approve or deny any or all applications received for funding.

## ST. MARGARET MARY CAPITAL CAMPAIGN OUTREACH FUND APPLICATION

Project/Program Name: \_\_\_\_\_  
 Applicant Name: \_\_\_\_\_  
 Applicant Address: \_\_\_\_\_  
 Applicant Phone/Fax: \_\_\_\_\_ Applicant Contact: \_\_\_\_\_

Amount Requested: \$ \_\_\_\_\_

1. Please use the following chart to explain your experience at providing social services of a similar nature (if your organization is a registered nonprofit corporation, enclose copy of tax exempt letter).

| Item                    | Information on Entire Organization | Information on <b>only Program/Project</b> in which SMM Funds are Requested |
|-------------------------|------------------------------------|---|
| Years in operation      |                                    |   |
| Staff size              |                                    |   |
| Annual operating budget |                                    |   |
| People Served           |                                    |   |

2. Is this a new or existing program? \_\_\_\_\_

3. Provide the following information on the project/program of which funds are being sought:  
 a) Briefly describe project; b) specify how the funds will be used; c) who is targeted for assistance; d) what is geographic location of project/program, and e) projected outcomes? (Use only space allotted.)

a) Description: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

b) How Funds Will Be Used: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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c) Target Audience: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

d) Geographic Location of Impact: \_\_\_\_\_  
 \_\_\_\_\_

e) Projected Outcomes: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

4. What other funds will be used in conjunction with SMMF?

| Type of Contribution | Amount | Source |
|----------------------|--------|--------|
| Cash                 |        |        |
| Volunteer (a)        |        |        |
| In-kind              |        |        |
| Other                |        |        |
| Total                |        |        |

(a) Calculate this by multiplying total projected volunteer hours by \$8 per hour

5. Does the project/program involve SMM parishioner? If so, describe their role(s) such as volunteer, financial supporter, staff member, etc.

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6. How and with whom does your program partner with other persons or agencies?

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7. Describe how the project/program will continue after SMM funds are spent?

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8. What other funding for the project/program have you applied for?

| Source | Status | Amount Requested |
|--------|--------|------------------|
|        |        |                  |
|        |        |                  |
|        |        |                  |
|        |        |                  |
|        |        |                  |
|        |        |                  |
| Total  |        |                  |

9. Describe how you will monitor the use of the funds?

a) Measuring Intended Outcome:

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b) Accounting for the Funding Expenditures:

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\_\_\_\_\_  
 Authorized signature (print name and title)

\_\_\_\_\_  
 Date

Disclaimer: This application must be signed by an individual authorized to sign on behalf of the organization, or in the case of an individual, the actual applicant. The individual signing this application warrants that all information is accurate and true. Should information found to be untrue, St. Margaret Mary Church reserves the right to withhold funding or withdraw previous commitments.