

# ST. MARGARET MARY CAPITAL CAMPAIGN OUTREACH FUND GUIDELINES

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

To enhance the dignity and quality of life for groups of people in need.

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

Minimum: \$ 500

Maximum: \$5000

## Eligibility

Nonprofit organizations and sustainable programs that enhance the dignity and quality of life for groups of people in need.

## Geographic Location

- Central Florida will receive 75% of all funds
- No geographic restrictions apply to the remaining 25%

## Application Deadline

- September 1 and March 1 each year for a total of \$20,000 available each cycle.
- Type your answers in each field.
- Please try and complete each question. Unanswered questions may impact the scoring of your grant application.

## Submission Requirements

- Do not add additional pages to application.
- Budget (**ONE FOR ORGANIZATION AND ONE FOR PROJECT/PROGRAM**)
- Supportive letters or 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 BINDERS** (substance is more important than form)
- This document is a writeable PDF for ease of entering your application information. Please do not submit an electronic copy. You will need to print 9 copies of the completed application and collate them with any other support materials you are submitting.**

## Contact

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## Disclaimer

St. Margaret Mary Church reserves the right to approve or deny any or all applications received for funding. Grant award/non-award notifications are sent to applicants approximately 30 days after the grant deadline.

# ST. MARGARET MARY CAPITAL CAMPAIGN OUTREACH FUND GUIDELINES

Project/Program Name: \_\_\_\_\_

Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone/Fax: \_\_\_\_\_ Applicant Contact \_\_\_\_\_

Name, title and affiliation of person completing form:  
\_\_\_\_\_

Amount Requested: \$ \_\_\_\_\_ Total Project Cost: \$ \_\_\_\_\_

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 a copy of the tax-exempt letter).

Item	Information on Entire Organization	Information on <b>only the program/ project</b> in which SMM funds are requested
Years in operation		
Staff size		
Annual operation budget		
People served		

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

a) Description:

b) How Funds Will Be Used:

c) Target Audience

d) Geographic Location of Impact:

e) Projected Outcomes

3. How will you monitor the performance outcome of the project/program versus your projected outcome?

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

5. What other funds will be used in conjunction for this project/program with SMM funds?

Type of Contribution	Amount	Source
Cash		
Volunteer*		
In-kind		
Other		
Total		

\*Calculate this by multiplying total projected volunteer hours by \$ per hour

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

Source	Status	Amount Requested
Total		

7. How and with whom does your project/program partner with other persons or agencies?

8. Describe how the project/program will sustain financially after the SMM funds are spent?

9. Describe how you will monitor the use of the funds including the accounting for expenditures:

\_\_\_\_\_  
Authorized signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print name and title

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.