**Instructions for Submitting a Proposal:** Please hand deliver **19** UNSTAPLED copies of the proposal AND attachments to:

Friends of Mercy Foundation

Attn: Stephanie Weber

P.O. Box 119

Bakersfield, CA 93302

Deadline for submission is **Monday, April 10, 2017 by 4:00 p.m.** No more than six pages maximum. Later proposals will not be accepted for consideration. It is a **requirement** to use this template. Please do not fax or email proposals, or send any videos or other extra materials. You may use the electronic version of attached template or download it at <https://www.supportfriendsofmercy.org/what-we-support/sister-phyllis-hughes-grant-program>.

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| **Applicant Information** |

Name of Organization:

Tax ID:

Mailing Address:

Executive Director:       Phone:

Executive Director’s Email:

Program Coordinator:       Phone:

Program Coordinator’s Email:

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| **Sponsor Information** |

Name of Sponsor:

Mailing address of Sponsor:

Email address of Sponsor:

Sponsor’s scope of volunteer involvement in your organization:

How long has sponsor been actively volunteering for your organization:

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| **Fiscal Agent Information (If Applicable)** |

Name of Fiscal Agent:

Tax ID#:

Contact Person:       Phone:

Title:       Email:

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| **The Organization** |

State your organization’s mission:

Provide a brief history of your organization and year of its establishment:

State your organization’s range of services, targeted populations and service area zip codes:

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| **The Program/Project** |

Project Title:

Project Summary:

How does this program fulfill the mission of your organization?

How does this program meet the mission of Mercy?

Who is your target population?

Which of the five identified areas of community need does your program meet?

How many people will be served?

What will change for the target population? By what date? How will you measure the change? **Example:** By (date) 1200 students will improve their understanding of the importance of physical fitness as measured by pre/post quizzes. 25% of overweight participants will reduce weight to achieve standard as measured by pre/and post weigh-ins.

Number of People served by this project:

Identify any other funding source to which you are submitting a proposal for this same project. If partial funding will be provided by another source, please list this source and exactly what part of the project will be potentially funded by that source:

Please list exactly what the awarded funds would purchase:

Strategy for achieving goal – activities, services, and processes undertaken to lead to the desired change:

Sustainability: Is this a continuing project?       If so, how will it be funded in the future?

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| **Collaboration** |

Describe collaborative efforts to implement the project and identify collaborating organizations:

Discuss any similar services that are currently available in our community:

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| **Financial Information** |

As stated at the top of this template. Please provide 19 copies of each of the following for the applying organization and, if applicable, the fiscal sponsor:

Board of Directors List and Affiliations

Most recent year end income statement (profit and loss statement)

Most recent year end statement of financial position (balance sheet)

List of organization’s paid staff

Project Budget Year:       to

Total Project Budget: $

Amount requested from Sister Phyllis Hughes Endowment:

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| --- |
| **Revenue Sources for this Program/Project (Include potential SPH funding)** |

**Description Amount**

|  |  |
| --- | --- |
|  | **$** |
|  | **$** |
|  | **$** |
|  | **$** |

**TOTAL REVENUE FROM ALL SOURCES FOR THIS PROGRAM/PROJECT $**

**Expenses for this Program/Project**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Amount requested from Sister Phyllis Hughes** | **Amount to be funded by other sources** | **Total budget from all sources** |
| **Personnel Costs** |  |  |  |
| **Total Salaries** | **$** | **$** | **$** |
| **Benefits** | **$** | **$** | **$** |
| **Total Personnel Costs** | **$** | **$** | **$** |
| **Non-Personnel/Other (supplies, materials, rent, equipment, printing, food, etc.)** | **Amount requested from Sister Phyllis Hughes** | **Amount to be funded by other sources** | **Total budget from all sources** |
|  | **$** | **$** | **$** |
|  | **$** | **$** | **$** |
|  | **$** | **$** | **$** |
|  | **$** | **$** | **$** |
|  | **$** | **$** | **$** |
|  | **$** | **$** | **$** |
|  | **$** | **$** | **$** |
| **Total Non-Personnel & Other** | **$** | **$** | **$** |
| **Total Expenses** | **$** | **$** | **$** |

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| **Budget Narrative** |

Please explain how funds in each category listed above will be used:

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| **Signatures** |

**Executive Director: Sponsor:**

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Executive Director’s Signature: Sponsor’s Signature:

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Print Name Print Name

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Date Date