

**Church of the Beatitudes**  
United Church of Christ  
555 West Glendale Avenue  
Phoenix, AZ 85021  
(602) 264-1221

**2010 Ministry of Service Community Grant Application  
(Requests for Funding - \$10,000 Maximum)**

Please read through these materials carefully before you begin to write your grant application.

**Introduction**

Our goal is to ensure that the church's resources go to fiscally sound, responsible organizations offering programs that have a high probability of success. Taking into account usual and customary practices of similar organizations that award community grants, we evaluate proposals primarily on the following criteria:

- The fit between your proposed program and the Ministry of Service's mission outreach focus areas (as outlined in the grant invitation letter).
- The feasibility of your proposed program, including clear and measurable objectives, staff and volunteer positions and qualifications, and funding plans.
- Evidence that you meet or are taking specific steps to meet best practice standards in fiscal accountability and governance.
- Affirmation of good-faith, non-discriminatory personnel practices.

If you have any questions about the grant program or the application forms and documents, please feel to contact Mark Day at (602) 791-4003 or markdday@cox.net.

We especially appreciate sustainable projects and those designed to empower a specific segment of the community. As you would expect, some of our criteria are given greater weight than others. Therefore, a weakness in any one area is not necessarily a disqualifier. Instead, we may ask for further information, offer to assist you in remedying any weakness, or defer funding until it is remedied.

**Instructions**

The application consists of required forms that are provided for you to complete and additional documentation that you will be required to submit along with your application.

**Completed applications and related materials are due on or before January 15, 2010.** Please mail or bring these materials to:

Chair, Ministry of Service  
Church of the Beatitudes  
555 W. Glendale Ave.  
Phoenix, AZ 85021

Please note that the actual amount awarded to recipients may be less than the amount requested by the grant applicant. Completion and submission of the grant application does not guarantee funding of a specific request.

NOTE: As a condition of receiving a grant, all grant award recipients will be required to submit a progress report upon completion of their project.

## GRANT PROPOSAL CHECKLIST

All applicants must provide the following documentation as part of their grant proposal:

- ✓ Completed Application Form (form provided below)
- ✓ Proposal Narrative (up to 3 pages, instructions listed below)
- ✓ Project budget (form provided below)
- ✓ Organizational budget (form provided below)
- ✓ Non-discriminatory Personnel Practices Affirmation (form provided below)
- ✓ Copy of IRS determination letter of 501 (c)(3) status (or that of fiscal agent)
- ✓ List of Board members
- ✓ Brief biographies of staff, including qualifications relevant to this request

**Church of the Beatitudes**  
**2010 COMMUNITY GRANT APPLICATION**  
(Please use only the space provided for your response)

**APPLICANT INFORMATION**

Date application submitted:

Total giving to your organization from Church of the Beatitudes in the past three years (list purpose, amount and year for all grants):

Name of applicant organization:

Street address:

City:

State:

ZIP Code:

Mailing address:

City:

State:

ZIP Code:

Website address:

Executive Director:

Phone:

Email:

FAX:

Contact person's name & title:

Phone:

Email:

FAX:

Board president's name:

Phone:

Has board president been made of aware of and approved this request?    Yes    No

Is the applicant an IRS 501c3 nonprofit?    Yes    No

If yes, year incorporated:

If no, is your organization a:    Public School    Municipality    Other    Not Applicable

*If your organization is none of the above, check with Church of the Beatitudes for details on using fiscal agents, and list name and address of fiscal agent and Employer Identification Number.*

**PROJECT INFORMATION**

Project name:

**Amount of request** (not to exceed \$10,000): \$ \_\_\_\_\_

Type of funding request (check one):     General operating     Endowment     Start-up  
 Technical assistance     Capital Project/Program  
 Other (describe below):

Applicant's annual budget: \$ \_\_\_\_\_

For which fiscal year? \_\_\_\_\_

Total project budget: \$ \_\_\_\_\_

Time period this funding will cover: \_\_\_\_\_    Date funds are needed: \_\_\_\_\_

Target population for this proposal and number of people served: \_\_\_\_\_

## PROPOSAL NARRATIVE

Your narrative should not exceed three (3) pages in length, single-spaced, using 12-point font and one-inch margins.

We look for specific, measurable outcomes and specific steps to achieve them. For instance, rather than claiming “major success in leadership development, give evidence: tell us how many have been trained, the training program’s content, and objective outcomes by which you measured success.

We also look for evidence of sustainability. For instance, provide data or other evidence to show how your program has expanded or enhanced its services and/or cut its costs over time, or objective measurements that show that your program is sustainable.

Please address the following:

1. **Executive Summary:** Summarize the purpose of this request. (What will you do? Where? With whom? When? And why is it important.)
2. **Church of Beatitudes Funding Priorities.** Explain specifically how your proposal addresses creative, cost-effective approaches to providing critical help to people most in need in the Phoenix community.
3. **Background:** Briefly describe your organization’s history. Define your target population. State your mission.
4. **Purpose of Proposal:** State specific goals for the program, project, or purpose for which funding is sought. Identify its target audience and the size of the population it will serve. State its geographical service area. Detail how you will achieve its goals (budget, staff, volunteer power, methods, tools, steps, and techniques, etc.) If applicable, state in measurable specifics how it will empower its target community.
5. **Community Context:** Substantiate the need for your proposed program. How and with which other organizations will you be cooperating?
6. **Sustainability:** How do you define sustainability? What additional resources are needed to complete this effort? Name all sources being solicited for funding. Show the amount and the status of each request. If applicable, how will the project become self sustaining and how long will that take?
7. **Fiscal Accountability and Governance:** Briefly describe the procedures you use to ensure fiscal accountability. How often does your board meet? Identify your board members by name and title.

Note: Additional fiscal documentation may be required prior to the awarding of a grant, including, but not limited to your most recent IRS Form 990.

PROJECTED BUDGET - 2010

PROJECTED SOURCES OF SUPPORT

Source	Amount
Government Contracts & Grants	
Foundations	
Corporations	
United Way or other Federated Campaigns	
Individual Contributions	
Fundraising Events	
Membership Income	
Investment Income	
Endowed Income	
Earned Income	
Other (Specify)	
<b>Total Income</b>	

PROJECTED EXPENSES

Item	Amount
Salaries & Wages	
Employee Related Expenses	
Consultants & Professional Fees	
Subcontractors	
Employee Education & Training	
Travel/Transportation	
Equipment	
Supplies	
Printing/Copying	
Telephone/Fax	
Postage & Delivery	
Rent & Utilities	
Insurance	
Depreciation	
Other (Specify)	
<b>Total Expenses</b>	

**Difference (Income less Expenses)**

I certify that the above information is true to the best of my knowledge.

Name \_\_\_\_\_

Date \_\_\_\_\_

**ORGANIZATIONAL BUDGET**

Please complete for either calendar year 2010 or for a fiscal year ending in 2010 (e.g. Oct 2009 to Sep 2010).

NOTE: Applicants may attach financial statements, Form 990 or other documents that contain the information requested below rather than completing this form.

**Fiscal Year/Calendar Year** \_\_\_\_\_

<b>INCOME</b>	
<b>Source</b>	<b>Amount</b>
Government Contracts & Grants	
Foundations	
Corporations	
United Way or other Federated Campaigns	
Individual Contributions	
Board Member Contributions	
Fundraising Events	
Membership Income	
Investment Income	
Endowed Income	
Earned Income	
In-kind Income	
Other (Specify)	
<b>Total Income</b>	

<b>EXPENSES</b>	
<b>Item</b>	<b>Amount</b>
Salaries & Wages	
Employee Related Expenses	
Consultants & Professional Fees	
Subcontractors	
Employee Education & Training	
Travel/Transportation	
Equipment	
Supplies	
Printing/Copying	
Telephone/Fax	
Postage & Delivery	
Rent & Utilities	
Insurance	
Depreciation	
In-kind	
Other (Specify)	
<b>Total Expenses</b>	

**Difference (Income less Expenses)**

**I certify that the above information is true to the best of my knowledge.**

Name \_\_\_\_\_

Date \_\_\_\_\_

**Non-Discriminatory Personnel Practices Affirmation**

***Church of the Beatitudes is proud to be a community that welcomes all people – an open and affirming congregation.***

Complete, sign, date, and return this form. If you cannot affirm this pledge, please attach a brief explanation.

Your Organization's Name \_\_\_\_\_

The organization affirms that it endorses and follows equal opportunity hiring practices and does not discriminate against any person on the basis of race, ethnicity, gender, sexual orientation, religion, nationality, marital status, or disability. \_\_\_\_\_ Yes \_\_\_\_\_ No

**I certify that the above information is true to the best of my knowledge.**

Name \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_