

**Church of the Beatitudes
555 W. Glendale Avenue
Phoenix, AZ 85021**

2007 Proposal Guidelines

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. We invite applications from start-ups and established organizations, take usual and customary practices of similar organizations in this area into account, and evaluate proposals on the following main criteria:

- The fit between your proposed program and the church's stated funding priorities.
- 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.

We especially appreciate sustainable projects and those designed to empower a specific part 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.

Narrative Guidelines

Your narrative should not exceed three (3) pages in length, single-spaced, using 12-point font and one-inch margins. This excludes the following provided forms that you must also complete and return: the executive summary, the organization budget form, the project budget form, the Affidavit of Fiscal Accountability, and the Human Resources Practices Affirmation. Please see the checklist of all required materials.

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. **Church of Beatitudes Funding Priorities.** We include our current priorities in our cover letter. Explain specifically how your proposal fits with one or more of them.

2. **Background:** Briefly describe your organization's history. Define your target population. State your mission in measurable terms. Show evidence to support your organization's accomplishments.
3. **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.
4. **Community Context:** Substantiate the need for your proposed program. Identify any similar programs in your service area. How does your plan build on or differ from them? How and with which other organizations will you be cooperating?
5. **Staff and Evaluation Plan:** Provide a brief qualifications statement for each key staff member. Say clearly and specifically how you will measure success. Who will evaluate this project? How will you use the results of this evaluation?
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. What cost-efficiency and cost-cutting measures will you apply? Who outside the organization can attest to your sustainability and operating efficiency? If applicable, how will the project become self-sustaining and how long will that take? Describe any in-kind support you will receive and from what source.
7. **Fiscal Accountability and Governance:** Attach all documents requested in the application form. Briefly describe the procedures you use to ensure fiscal accountability. How often does your board meet? Identify your board members by name, employer, area of expertise, and relation to staff. Identify which board members for the audit review committee. What amount has the board as a whole contributed to the organization in each of the last three years? *Who will be responsible for providing us with quarterly progress reports (include name, title, phone number)?*

Financials, Executive Summary Form, Affidavit, Affirmation, and Attachments

In addition to your proposal narrative, please submit the following documents (these are not counted in the Narrative page limit). Cross off any categories that are not applicable to your specific proposal. **These forms must be completed and submitted as part of your application. Failure to provide all the requested financial information may disqualify your proposal.**

Please include **TWO COPIES** of each of the following:

- Proposal Narrative
- Executive Summary (form provided)
- Organization budget (form provided)
- Project budget (form provided)
- Affidavit of Fiscal Accountability, Notarized (form provided)
- Human Resources Practices Affirmation (form provided)
- The minutes of your last two board meetings
- Names, occupations, employers of your board members, and the amount each contributed financially in the last two years to your organization. List separately the percentage of your board that supports your organization financially.
- Summary of the professional qualifications of each of the key staff members relevant to this funding request
- The organization's most recent (preferably audited) financial statement
- Its most recent federal tax return
- Its most recent Form 990, if applicable
- The IRS determination letter indicating your organization's tax status

Please mail or bring these materials to:

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

**Church of the Beatitudes
555 W. Glendale Avenue
Phoenix, AZ 85021**

**Executive Summary
(Please use only the space provided for your response.)**

ARIZONA COMMON GRANT APPLICATION

Date application submitted:	
Grantmaker this application is submitted to:	
Total giving to your organization from this grantmaker in the past three years (list purpose, amount and year for all grants):	
Name of applicant organization:	
Street Address	
City, State, zip:	
Mailing address:	
City, state, zip:	
Website address	

Executive director's name:	
Phone:	Email: _____ Fax: _____
Contact person's name & title:	
Phone:	Email: _____ Fax: _____
Board President's name	Phone: _____
Has board president been made 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 (check if applicable):	Public School _____ Municipality _____ Indian Tribe _____
If your organization is none of the above, check with each grantmaker for details on using fiscal agents, and list name and address of fiscal agent and Employer Identification Number.	

Project name:	
Type of funding request (check one):	General operating _____ Endowment _____ Start-up _____ Technical assistance _____ Project/program _____ Capital _____ Other _____
Applicant's annual budget:	\$ _____ For which fiscal year?
Total project budget:	\$ _____
Amount of this proposal request:	\$ _____
Time period this funding will cover:	Date funds are needed: _____
Target population for this proposal and number of people served:	
PROPOSAL SUMMARY In 100 words or less, summarize the purpose of this request. What will you do? Where? With whom? When? And why is it important?	

Organization Budget (the budget for your agency)
Fiscal Year _____**

***Some funders wish to see the current year or the last completed fiscal year. Be sure to clarify which one is required.*

INCOME

Source	Amount
Government Contracts and Grants	\$
Foundations	\$
Corporations	\$
United Way or other Federated Campaigns	\$
Individual Contributions	\$
Board Members' Contributions	\$
Fundraising Events	\$
Membership Income	\$
Investment Income	\$
Endowed Income	\$
Earned Income	\$
Inkind Income	\$
Other (Specify)	\$
	\$
<u>Total Income</u>	\$

EXPENSES

Item	Amount
Salaries and Wages	\$
ERE's (Employee Related Expenses)	\$
Consultants and Professional Fees	\$
Subcontractors	\$
Employee Education and Training	\$
Travel/Transportation	\$
Equipment	\$
Supplies	\$
Printing and Copying	\$
Telephone and Fax	\$
Postage and Delivery	\$
Rent and Utilities	\$
Insurance	\$
Depreciation	\$
Inkind	\$
Other (Specify)	\$
	\$
<u>Total Expense</u>	\$
Difference (Income less Expense)	\$

Project Budget (the budget needed to complete this project)

Funding Year _____

PROJECTED SOURCES OF SUPPORT

Source	Amount
Government Contracts and Grants	\$
Foundations	\$
Corporations	\$
United Way or other Federated Campaigns	\$
Individual Contributions	\$
Board Members' Contributions	\$
Fundraising Events	\$
Membership Income	\$
Investment Income	\$
Endowed Income	\$
Earned Income	\$
Inkind Income	\$
Other (Specify)	\$
	\$
<u>Total Income</u>	\$

PROJECTED EXPENSES

Item	Amount
Salaries and Wages	\$
ERE's (Employee Related Expenses)	\$
Consultants and Professional Fees	\$
Subcontractors	\$
Employee Education and Training	\$
Travel/Transportation	\$
Equipment	\$
Supplies	\$
Printing and Copying	\$
Telephone and Fax	\$
Postage and Delivery	\$
Rent and Utilities	\$
Insurance	\$
Depreciation	\$
Inkind	\$
Other (Specify)	\$
	\$
<u>Total Expense</u>	\$
Difference (Income less Expense)	\$

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

Name _____ Title _____ Date _____

Budget Narrative (Optional Paragraph):

Human Resources Practices Affirmation

Complete, sign, date, have notarized, and return two originals of this Human Resources Practices Affirmation. Initial each statement that applies to your organization. Cross out any statement that does not apply. *If you cannot affirm any applicable statement, please attach a brief explanation.*

Your Organization's Name _____

1. 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
2. The organization affirms that it:
 - Pays at least the minimum if not a living wage _____Yes _____No
 - Provides health insurance as a benefit to all qualifying employees _____Yes _____No
 - Provides disability insurance as a benefit to all qualifying employees _____Yes _____No
 - Provides a retirement benefit to all qualifying employees _____Yes _____No
3. If the organization utilizes volunteers, it keeps records on volunteer participation, e.g., by hours, names, dates, and program area(s).
4. The organization affirms that its volunteers are considered fairly for paid employment when such opportunities arise.

Name _____

Title _____

Date _____