



St. Mary's Legacy Foundation
of East Tennessee

Grant Application

Date of Application	
Applicant Organization	
Official Catholic Directory page # that identifies your Organization/Parent Org.	
Name/position of primary contact person	
Name/position of person responsible for success of program execution	
Mailing Address	
Phone	
Email	
Project Title	
Project Beginning Date	
Project End Date	
Grant Amount Requested	\$
Endorsing / Head of Organization Signature	

Please read included instructions before completing this application.

I. Abstract / Required Background Information:

Provide an abstract summarizing the objectives of your organization's request. We encourage you to address at a minimum the following areas (250 word limit):

- 1) The mission of your organization
- 2) The objectives of your project and how it serves a need in the community
- 3) The impact of your project, how many people will be served or will benefit
- 4) The amount that you are requesting and the total cost of the project

II. Project Description: Please answer each of the following questions (200 word limit per response)

1. Describe the project for which you are requesting financial support.
2. **Specific Activities:** Describe exactly what activities will take place, who will participate, when and where it will happen, how long it is expected to continue, and what the expected outcome will be.
3. **Description of Need:** Explain the issue that this request addresses, why it is important, and who will benefit.
4. **Goals and objectives of this request:** Describe how this grant will help our community, strengthen the organization, address the issue, make improvements or achieve success.
5. Describe the experience your organization has had in carrying out similar projects and why the organization is capable of success.
6. St. Mary's Legacy Foundation of East Tennessee, Inc. may provide seed money for worthwhile new projects. Describe how you will continue to support this project after the initial grant.
7. If the grant requested is only a portion of the total funds required for the successful execution of the project, please provide a comprehensive plan outlining additional sources of funding and how those will be secured.
8. **Evaluation:** Describe the anticipated outcomes and how will you know if you are successful. What metrics will you use to measure success?
9. Describe the ways you will recognize contributors to the project.
10. **Other:** Use this space to provide any additional information you feel is relevant to the request that has not been covered above.

II. Budget: Provide budget with detailed breakdown for the requested program, a copy of the organization's most recent year-end financial statement and a list of the organization's leadership (e.g. Board of Directors and officers)

III. Agreement to Terms of Grant: As a condition of being awarded a grant, the grantee agrees to the following terms:

- To provide within 30 days of the end date of the project a comprehensive summary of how the grant was utilized and the degree to which the objectives and budget stipulations as outlined in the grant were fulfilled.
- That the project will at all times comply with and respect the teachings of the Catholic Church regarding faith and morals, and as specified within the *Ethical Religious Directives for Catholic Health Care Services (Fifth Edition)* and Magisterial documents related to bioethics.
- I understand that the St. Mary's Legacy Foundation of East Tennessee, Inc. reserves the right to award grants at its sole discretion. I further understand that the Foundation reserves the discretionary right to deny grant monies for reimbursement of expenses claimed that are different than those the grant was awarded to fund.

SIGNATURE / DATE _____