

San Damiano Outreach

APPLICATION

**ALL APPLICATIONS MUST BE SUBMITTED
ON THIS FORM TO BE CONSIDERED**

HOSPITAL SISTERS OF ST. FRANCIS - SPRINGFIELD, IL

Please type or print clearly to complete this form.

1. NAME and ADDRESS of ORGANIZATION SUBMITTING PROPOSAL 	2. AMOUNT REQUESTED Grant Range \$1,000-\$10,000 \$ _____								
3. PROJECT TITLE (If Any) 	4. CONTACT PERSON NAME _____ PHONE (____) _____								
5. FUNDING DEADLINE: <table style="margin: auto; border: none;"> <tr> <td style="padding: 0 10px;">Application due</td> <td style="padding: 0 10px;">-</td> <td style="padding: 0 10px;">February 1</td> <td style="padding: 0 10px;">August 1</td> </tr> <tr> <td style="padding: 0 10px;">For Funding</td> <td style="padding: 0 10px;">-</td> <td style="padding: 0 10px;">April 15</td> <td style="padding: 0 10px;">October 15</td> </tr> </table>		Application due	-	February 1	August 1	For Funding	-	April 15	October 15
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For Funding	-	April 15	October 15						
GENERAL INSTRUCTIONS: Please attach a separate document answering each of the following questions (#6 – 12) and fill in Sections 13 (separate budget page) and 14 as indicated.									
6. INFORMATION REQUIRED WITH THIS APPLICATION: A. History and general purpose of the organization, including a description of current programs, including how long the organization/program has been in existence. B. Previous year's income/expense statement, and current budget. C. Itemized list of this project's principal cost elements including individual cost of each item and total cost of the project. D. Evidence of tax-exempt status. E. List of Board of Directors and affiliations, if applicable.									
7. PROJECT TIME PERIOD. IF PROJECT WILL BE ON-GOING, INDICATE FUTURE FINANCIAL INCOME AND FINANCIAL STABILITY.									
8. DESCRIPTION OF PROJECT: A. BRIEFLY DESCRIBE THE PROJECT – WHAT IS THE CURRENT PROBLEM? WHAT ARE YOU TRYING TO CORRECT BY THIS PROJECT? B. WHO WILL BENEFIT FROM THIS PROJECT? C. HOW WILL THE PROJECT BE CARRIED OUT? D. WHAT NEED DOES THE PROJECT ADDRESS?									

9. HOW WILL YOUR PROJECT MEET THE PURPOSE OF THE SAN DAMIANO OUTREACH PROGRAM?

10. HOW DOES THE PROJECT INVOLVE THOSE BEING SERVED IN THE DECISION-MAKING PROCESS?

11. EVALUATION OF PROJECT SUCCESS

A. STANDARDS FOR EVALUATING SUCCESS

B. EVALUATION PROCEDURE

12. HAS YOUR ORGANIZATION REQUESTED FUNDING FROM THE SAN DAMIANO OUTREACH FUND BEFORE? IF YES, WHEN, WHAT AMOUNT WAS REQUESTED AND WHAT AMOUNT, IF ANY, WAS RECEIVED.

13. BUDGET FORM - ATTACHED

14. IF FUNDING IS APPROVED, CHECK TO BE MADE PAYABLE TO:

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

MAIL THIS GRANT REQUEST APPLICATION INFORMATION AND MATERIAL TO:

San Damiano Outreach Committee

4849 LaVerna Road

Springfield, IL 62707

217-522-3387

San Damiano Outreach Fund Budget 20____

Item	Total Budget for Project / Program	Income Secured	Requested of San Damiano Fund	Requested of Other Sources
I. Personnel				
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
II. Non-Personnel				
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
III Other				
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
Total	\$ _____	\$ _____	\$ _____	\$ _____
Percentages	100%	_____%	_____%	_____%

Budget Explanation:

List funds that have been requested from other sources (Column 4). State whether these funds are pending or have been received.

Other Sources	Received	Pending

Dated: _____

Applicant's Signature: _____