

Pro-Life Fund Grants

**Family Life Office
Archdiocese of Cincinnati
100 East 8th Street
Cincinnati, Ohio 45202**

Description

In 1973, on the recommendation of the Archdiocesan Pastoral Council, an annual collection was established to provide financial support to over 100 life giving and life sustaining organizations located within 19 counties of the Archdiocese of Cincinnati. The collection is held in October in our Catholic parishes. All monies collected are forwarded to the Chancery Office and designated for the Pro-Life Collection. A portion of these funds assist in sustaining the Respect Life programs of the archdiocese the balance is designated for Pro-Life Grants. Applications are evaluated by the Pro-Life Committee, facilitated by the Director of the Family Life Office. Recommendations are provided to the Archbishop for his final approval. Funds are disbursed in January.

Application Availability

Application forms are available beginning October 1, 2009, in a PDF file on the Family Life Office webpage: www.catholiccincinnati.org/familylife . In order to receive a copy by email or through the U.S. postal system, please contact the Family Life Office at (513) 421-3131.

General Guidelines

Organizations must meet the following criteria: non-profit, Pro-Life, not anti-Catholic and located within the 19 counties served by the Archdiocese of Cincinnati.

Pro-Life funds are available for application by meeting one of the following conditions:

- 1) To provide seed money for new projects and/or programs.
- 2) To support programs that will have a significant effect in the formation of pro-life attitudes.
- 3) To support programs which provide positive assistance in helping individuals make pro-life decisions.

Specific Guidelines

- 1) Only one application per organization will be accepted for consideration.
- 2) The Pro-Life Fund has been established to provide financial support for specific Pro-Life Programs and not to simply provide support for an organization. Therefore, applications may not be submitted for ordinary administrative expense (i.e. salaries, rent, etc).
- 3) Funds may not be used for political purposes.
- 4) Organizations which received funding within the previous year must compete and submit Form B with their application.
- 5) Incomplete and applications post marked after the designated submission date will not be considered.
- 6) Grants are to be used only for the designated program/project. If the program/project fails to materialize within the designated year, funds granted must be returned to the Family Life Office.

Directions for Submission

- 1) Deadline for submission is Friday, November 6, 2009, by the close of business at 4:00 P.M.
- 2) Applications which are incomplete or arrive after November 6 will not be considered and will be returned.
- 3) If the organization received Pro-Life Funding in 2008, **Form B** must be completed and submitted with current application.
- 4) Only one (1) application per organization may be submitted.
- 5) Submit ONE (1) Original and FOUR (4) copies. (Hard copies only).
- 6) All materials are to be typewritten and single-spaced.
- 7) A cover letter is to accompany the application.
- 8) A letter of support from the organization's director or board chair must accompany this application.
- 9) Complete explanations should be given, but in as concise form as possible. If any questions are not applicable to your program, merely mark **N/A** and skip the question. All questions applicable to your program and this application **MUST** be answered.
- 10) If you wish to include pertinent attachments (a news article regarding your group, letters of endorsement, etc.) these should not exceed **THREE (3)** pages.

Please direct any questions about the application and/or process to the Family Life Office at 513-421-3131.

Please return this application to:

Archdiocese of Cincinnati

Family Life Office

100 East Eighth Street

Cincinnati, OH 45202

FORM A

TITLE PAGE

Application for Pro-Life Funding – 2009

Organization: _____

Address: _____

City/State/Zip: _____

Contact Person _____

name & title: _____

Phone: _____

Fax: _____

e-mail: _____

1. In what year did this organization begin providing services? _____
2. What is the organization's tax status? Exempt (attach a copy of the IRS determination letter)
Other _____
3. The organization's fiscal year ends: June 30 December 31 Other _____
4. Did this organization receive Pro-Life Funding in 2008? No Yes.
If yes, Form B must also be submitted.
5. Did this organization receive Pro-Life Funding prior to 2008? No Yes.
If yes, what years? _____

6. Title of the project/program for which funds are being requested:

7. Total amount of funds being requested in this application

\$ _____

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ABSTRACT of PROPOSAL (no more than 50 words)

Briefly describe the project/program for which the applicant is requesting funds. Include the following: (1) primary purpose of the project/program educational pastoral public policy other (explain); (2) is a new project/program OR a continuation of an existing project/program.

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INTRODUCTION

1. Summary of qualifications of person applying:

2. Provide information about the organization by completing the following:

a) The Mission of _____ is to:
(name of organization requesting funds)

b) The organization has a Board of Directors/Trustees or _____
Members include: (a list may be attached if available).
Chair: _____
Vice-Chair: _____
Secretary: _____
Treasurer: _____
Other members:

c) What is the organization's "Statement of Faith," if any?

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3. This project/program will specifically target:

- the target population is _____
- the target population is located in _____
- the number of people to be affected is _____

NEED/PROBLEM STATEMENT

1. Identify the problem

2. This project/program will contribute to fulfilling the organization's mission because:

3. We _____ believe that the
(name of organization)
Archdiocesan Pro-Life Fund should support this specific project/program because:

4. Cite literature to support your proposal:

5. How will the targeted population specifically benefit?

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OBJECTIVES & METHODS

1. What will happen as a result of this grant proposal being accepted and implemented? (Use specific/measurable outcomes.) Using a step by step description, summarize how each objective will be met.

2. If this application is not funded, will the project program/be initiated or continued?

yes no

If no, please describe why the project/program will not be initiated or continued.

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EVALUATION

The success of this project/program will be measured and/or evaluated as follows (the evaluation criteria must be specific, measurable, and time-related):

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BUDGET

1. Explain in a brief paragraph, the anticipated budget for this project/program.

2. This is a new project/program or a continuation of an existing project/program.
 If this is a new project/program, the organization will fund this project/program in the future by:

3. What is the total cost of this project/program? _____
 What part of this total cost does this application for funds cover? _____%

Please list in the table below total sources of income and total expenses for this project/program.

Income		Expenses (must agree with #7 on page 1)	
Items	Amounts	Items*	Amounts
Pro-Life Funding	\$	Medical Supplies	\$
Donations-individuals		Office supplies	
Donations-companies		Transportation	
Donations-churches		Publications	
Fund raising		Speakers	
Other		Rent	
Other		Utilities	
Other		Equipment	
Other		Other	
Other		Other	
Total	\$		\$

* Please provide details for each item—additional expenses may be listed on another page.

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4. Please identify support this organization receives from Catholic parishes: materials, amounts contributed. (For example: Sts. Margaret & Paul – Baby Shower; St. Dennis & James - \$1000.)

Parish	Item/Amount

5. If the funding requested in this Application does not cover 100% of the project/program cost, how will the funding from this grant be used?

Item	Cost

6. If this application is not funded, how the funds will be obtained.

7. If funding is granted, how will project/program funding be sustained in the future?

Application for Pro-Life Funding – 2009

Please provide the following information about the organization’s financial statements. In addition to completing these tables, please attach a copy of the organization’s financial statement for the most recently completed fiscal year.

Item	Last Year’s Budget	Last Year’s Actual	This Year’s Budget
Year Ending Date	/ /	/ /	/ /
Income			
Fees for services			
Donations			
Pro-Life Fund			
Government grants			
Other			
Other			
Total income*			
Expenses			
Salaries			
Payroll Taxes			
Benefits			
Rent			
Utilities			
Cleaning			
Office supplies			
Consultants			
Accounting			
Transportation			
Dues/subscriptions			
Seminars/workshops			
Maintenance			
Interest			
Equipment/Furniture			
Other			
Other			
Other			
Total *			
Income less expenses*			

* Should agree with attached financial statements

Item	Amount	As of Date
Cash in bank		/ /
Accounts receivable		/ /
Buildings and land		/ /
Equipment and furniture		/ /
Accounts payable		/ /

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APPENDIX, RESOURCES, SUPPLEMENTARY MATERIALS, LETTER OF SUPPORT FROM ORGANIZATION'S DIRECTOR (if not applicant) or BOARD CHAIR (if applicant is organization's director).

Application for Pro-Life Funding – 2009

*Report on Funds Received from the
Archdiocesan Pro-Life Fund during 2008*

(This form must be completed and submitted with the current application if a Pro-Life grant was awarded last year. Applications that do not contain a required Form B will not be considered.)

Applicant: _____
 Contact Person: _____
 Phone: _____ Fax: _____
 e-mail: _____
 Name of Project _____
 Amount of grant: _____

1. The primary purpose of this educational pastoral public policy other project/program was to:
2. This project/program was a new project/program OR a continuation of an existing project/program.
3. This project/program affected: (please give specific numbers and target population)
4. We evaluated the effectiveness or success of this program with the following criteria:
5. Please list in the table below total sources of income and total expenses for this project/program last year.

Income		Expenses	
Items	Amounts	Items	Amounts
Pro-Life Funding	\$	Medical Supplies	\$
Donations-individuals		Office supplies	
Donations-companies		Transportation	
Donations-churches		Publications	
Fund raising		Speakers	
Other		Educational Materials	
Other		Equipment	
Other		Other	
Other		Other	
Other		Other	
Total	\$		\$

6. What would you change in this project/program or what did you already change in this project/program as a result of your experience/evaluation of last year? (attach page)