



COLLABORATION FOR MINISTRY INITIATIVE—
SOUTH CAROLINA

CMI Implementing Grant Application

The CMI Implementation Grant is to provide for the ongoing development of successful strategic planning efforts. Therefore, 2006 planning grant recipients who have submitted an approved final grant report documenting a viable plan for moving forward, may apply for an Implementation Grant in 2007. Implementation Grants are awarded in amounts up to \$15,000.00 for a one year period. Applications are due by 5 p.m. on Friday, June 6.

Organization Information

Organization Name _____

Also Known As _____

Parent or Sponsoring Organization (if different from applying organization) _____

Address _____

City _____ State _____ Postal Code _____

Phone _____ Fax _____ Email Address _____

Does your organization have a current IRS 501(C)(3) not-for-profit status? Yes No *

*If no, please explain _____

Organization's Federal I.D. Number _____

Does the project involve a congregation of women religious? Yes No

Total Organizational Budget for Applicant's Fiscal Year _____

Current Year Revenues (for applicant organization) _____ Current Year Expenses (for applicant organization) _____

Total Budgeted Revenues for Prior Fiscal Year _____ Total Budgeted Expenses for Prior Fiscal Year _____

Total Actual Revenues for Prior Fiscal Year _____ Total Actual Expenses for Prior Fiscal Year _____

Number of Years in Operation (for applicant organization) _____

Mission and Purpose of Applicant Organization _____

Sponsoring Organization (The following questions are regarding the applicant's sponsoring organization. Please leave blank if not applicable.)

Total Organizational Budget for the Sponsoring Organization's Current Fiscal Year (if applicable) _____

Current Year Revenues _____ Current Year Expenses _____

Total Budgeted Revenues for Prior Fiscal Year _____ Total Budgeted Expenses for Prior Fiscal Year _____

Total Actual Revenues for Prior Fiscal Year _____ Total Actual Expenses for Prior Fiscal Year _____



Contact Information

President or Executive Director

Prefix _____ First Name _____ Last Name _____ Suffix _____

Title _____

Office Address _____

City _____ State _____ Postal Code _____

Phone _____ Fax _____ Email _____

Contact Person Regarding the Application

Prefix _____ First Name _____ Last Name _____ Suffix _____

Title _____

Office Address _____

City _____ State _____ Postal Code _____

Phone _____ Fax _____ Email _____

Project Information

Project Title _____

Project Start Date _____ Project End Date _____

- Program Area
- | | | |
|-------------------------------------------|--------------------------------------------------|-----------------------------------|
| <input type="checkbox"/> Arts and Culture | <input type="checkbox"/> Community | <input type="checkbox"/> Economic |
| <input type="checkbox"/> Education | <input type="checkbox"/> Employment and Training | <input type="checkbox"/> Health |
| <input type="checkbox"/> Religious | <input type="checkbox"/> Social Services | <input type="checkbox"/> Other |

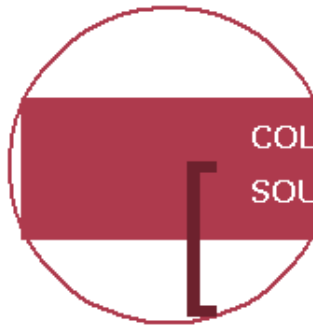
- Nature of Request
- | | | | |
|----------------------------------|--------------------------------------------|----------------------------------|--------------------------------|
| <input type="checkbox"/> Project | <input type="checkbox"/> Operating/General | <input type="checkbox"/> Program | <input type="checkbox"/> Other |
|----------------------------------|--------------------------------------------|----------------------------------|--------------------------------|

Request Amount *(not to exceed \$15,000)* _____

Geographic Area Served by the Project _____

Number of Participants Targeted for the Program _____

Project Description *Please give a one paragraph summary describing the project for which funds are requested.* _____



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Other Funding *Please list the other organizations from which funds have been requested for this project and the status of the requests (pending, declined, etc.)*

Organization

Status

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Nature of Request? _____

Goals and Outcomes *What are the specific goals and outcomes for the project? Are they consistent with your recently developed strategic plan?* _____

Other Partners *Are there other partners involved in this effort? If so, please provide details regarding their role and responsibility.* _____



Project Budget *What is the total budget amount of the project?* _____

Budget Narrative *Please provide a project budget and narrative giving details for all expenditures listed in the project budget and an explanation how each expenditure contributes to the project. If there is a difference between the amount requested and the total project budget, explain what funds are committed and by whom to make up the difference.* _____

Has the applicant organization completed a CMI Planning Grant? Yes No

Authorization

Executive Director/President *(for applicant organization)*

Appropriate Second Signature

Documentation

Please provide the following documentation:

Proof of tax-exempt status. This may be a copy of your IRS 501(c)3 determination letter, or a copy of the page from the Official Catholic Directory containing your organization’s listing.

Letter of support for the project or the organization from an individual knowledgeable about the organization, its activities and history.

Financial statement or audit for the applicant organization’s (and/or sponsoring organization’s) previous fiscal year.

Applicant organization’s (and/or sponsoring organization’s) current year budget and year-to-date expenses.

Applications are due by the first Friday in June (June 6, 2007): online applications are due by 11:59 p.m.; all other applications must reach the Foundation office by 5 p.m. on June 6. (Mailed applications must be received by June 6; not post marked.)

**CMI Planning Grant
Sisters of Charity Foundation of South Carolina
2711 Middleburg Drive, Suite 115
Columbia, SC 29204**

If you have any questions, please contact the Foundation at 803.254.0230 or online at www.sistersofcharitysc.com.