

---

*Sisters of Charity Foundation of Canton*

---

**ORGANIZATION INFORMATION**

---

**Executive Director\***

Executive Director of the organization. Include 1) name, 2) mailing address, 3) email address, and 4) phone number:

*Character Limit: 250*

**Executive Director Title\***

*Character Limit: 250*

**Primary Contact Name\***

Primary contact person for this request. Include 1) name, 2) mailing address, 3) email address, and 4) phone number:

*Character Limit: 250*

**Primary Contact Title\***

*Character Limit: 250*

**Board Chair/Board President\***

Current Board Chair of the organization. Include 1) name, 2) mailing address, 3) email address, and 4) phone number.

*Character Limit: 250*

**Mission and Purpose\***

Please provide the organization's mission and purpose as adopted by the Board of Directors.

*Character Limit: 2500*

**List of the organization's current Board of Directors**

Please list your board members. Include names and place of employment, if applicable.

*Character Limit: 2500*

**1. Does your organization's Board have term limits?\***

**Choices**

Yes

No

**2. If yes, please explain terms.**

*Character Limit: 250*

**3. Are current Board members related to any staff of the organization?**

**Choices**

Yes

No

**4. Please list the dates the board met during the last twelve months.\***

*Character Limit: 250*

***PROGRAM INFORMATION***

---

**Program Name\***

*Character Limit: 100*

**Program Begin Date\***

*Character Limit: 10*

**Program End Date\***

*Character Limit: 10*

**Total Program Budget\***

*Character Limit: 20*

**Amount requesting from the Sisters of Charity Foundation of Canton\***

*Character Limit: 20*

**Organization's Operating Income\***

*Character Limit: 20*

**Geographic Area\***

**Choices**

- Carroll County
- Holmes County
- Ohio
- Stark County
- Tuscarawas County
- Wayne County
- Whole Service Area

***PROPOSAL NARRATIVE***

---

**1. Program Description\***

*Please detail how this program delivers services.*

*Character Limit: 10000*

**2. Who is your target population?\***

*Who will receive your services?*

*Character Limit: 10000*

**3. Approximate number to be served (unduplicated).\***

*Character Limit: 100*

**4. What is the specific problem, challenge, or need that you plan to address?\***

*Character Limit: 10000*

**5. Are there other organizations in the community that address this same need?\***

*If so, how do you collaborate, and/or how does your program complement others?*

*Character Limit: 10000 | File Size Limit: 2 MB*

**6. What immediate or short-term effects did the COVID-19 pandemic have on your organization?\***

*What was your response? Please address both programs and organizational operations, especially the specific effort for which you are requesting support.*

*Character Limit: 10000*

**7. What specific long-term effects will the COVID-19 pandemic continue to have on your organization?\***

*How will you adapt? Please address both programs and organizational operations, especially the specific effort for which you are requesting support.*

*Character Limit: 10000*

**8. How is your organization insuring that it remains:\***

Given that so much has changed due to the impact of the COVID-19 pandemic on our community and economy, how is your organization ensuring that it remains:

**8a. Responsive to current community needs?**

**8b. Financially sustainable?**

*Character Limit: 10000*

**9. What other information do we need to know?\***

*Character Limit: 10000*

## ***EVALUATION***

---

**1. Define success for this program\***

*Please list as many points as necessary, and be as broad and/or specific as needed. If you have an evaluation plan, include it here.*

*Character Limit: 10000*

## 2. How do you monitor and measure progress for this program?\*

*Character Limit: 10000*

## FINANCIAL INFORMATION

---

### 1. How will the program be sustained after foundation funding ends?

*Character Limit: 5000*

### 2. What other funding have you applied for and/or do you hope to apply for?\*

*Please use funding status form and include federal, state, and local funding sources, the amount, and status.*

*File Size Limit: 2 MB*

### 3. Program Budget\*

*You may upload your own program budget or use the Foundation's program budget form Note: if using the Foundation's form section A is for the income sources and section B is for the expenses. The amount requested from the Foundation in the last column should reflect the portion of each expense that you wish to include in your grant request. The total amount in this column should be the same amount that is requested and shown at the beginning of this form.*

*File Size Limit: 2 MB*

### 4. Budget Narrative\*

*Please complete the budget narrative form and include details and computation for each of the expense categories included in your program budget. When completing this form, complete all line items. If a particular item is not applicable to your budget, please mark the item N/A.*

*File Size Limit: 2 MB*

### 5. Current year budget for the whole organization\*

*File Size Limit: 1 MB*

### 6. Most recent audited financials or year-end financials, including balance sheet (if not audited)\*

*File Size Limit: 1 MB*

### 7. Current year-to-date financial report (include income and expenses)\*

*File Size Limit: 1 MB*

## ADDITIONAL INFORMATION

---

### Additional information that is relevant to this proposal

*Character Limit: 5000*

**Additional information that is relevant to this proposal**

*File Size Limit: 7 MB*

*Character Limit: 5000*

**Additional information that is relevant to this proposal**

*File Size Limit: 2 MB*