

**Sister Simone Courtade Grant Program
PROGRAM GUIDELINES
2019-20**

The Sister Simone Courtade Grant Program was created by the Sisters of Mercy to support, strengthen and sustain our organizational Mission in the community. The specific intent of the fund is to help poor and underserved residents achieve a better quality of life by improving their health and overall well-being through investment in community programs that address community health needs.

Like all such programs, the demand for these funds exceeds availability. For this reason, we have developed specific guidelines for funding that are intended to ensure that each request is judged fairly and that all applicants adhere to the traditional mission and spiritual intent of the program. This process is to be an inclusive process with opportunity for submission open to all nonprofit community entities.

FUNDING STRUCTURE

There are two tiers for awarded grants: **Tier I over \$3,000 up to \$10,000**; and **Tier II less than or equal to \$3,000**.

All applicants are required to submit a **Letter of Intent on the form provided to be considered for funding.**

TIER I - \$3,001 TO \$10,000

- **All programs must address an area of priority need identified in the *2016 Community Health Needs Assessment*** <http://www.mercyhealthmuskegon.com/chna>
- The program may represent an unmet need in Muskegon, Oceana or Newaygo County.
- The program may be in an area of inadequate funding to meet the need, and /or that the need is not being met by other organizations.
- Monthly reporting will be required.

TIER II: \$3,000 OR LESS

- Mini-grants designed for start-ups or capacity building of small organizations.
- May be used for health-related community events or other activities designed to increase awareness of health issues, improve health literacy and promote health education.

Continuation Funding – Tier I and Tier II

Generally, the Sr. Simone Courtade Grant program's preference is to fund new ideas, new community organizations and developing programs that demonstrate success in leveraging Sr. Simone funding. However, funding beyond three years will be considered, conditional upon the individual applicant's circumstances, including the following criteria:

1. The applicant is in good standing in terms of past performance of grant services, consistent reporting and fiscal responsibility;
2. The program addresses a critical need that no other organization is addressing in its service area;
3. The program is expanding a needed service(s) to a new target population or geographic area;
4. The applicant provides evidence that the program has had measurable impact on the community, has actively sought support from other sources, but has been unsuccessful or has not yet acquired sufficient new funding sources to be sustainable.

GUIDELINES FOR TIER I AWARDS (\$3,001 to \$10,000)

All applicants are required to submit a LETTER OF INTENT on the form provided to be considered for funding.

- Requests must address the mission of Mercy Health Muskegon and specifically focus on the poor and underserved.
- **Funding will target a health or human service need in the community identified in the *2016 Community Health Needs Assessment (CHNA)*** for any of the three Mercy Campuses. For the full report, visit <http://www.mercyhealthmuskegon.com/chna>
- Organizations must demonstrate management capacity and other evidence of accountability.
- Programs must have clear goals, quantified objectives, performance outcomes, and corresponding measures to track outcomes.
- Programs must list key strategies and activities that are designed to achieve the listed objectives.
- Implementation timelines must be realistic.
- The program should have a simple and clearly defined evaluation process.
- Applications should highlight existing and/or potential collaborations with community partners, especially those partners who will be providing material support to the program.
- The application must contain a detailed budget and budget narrative.

Applications must be submitted as Microsoft Word documents or PDF's attached to an email; Google Docs may not be used. Submit to:
missionservicesgrants@mercyhealth.com

GUIDELINES FOR TIER II AWARDS (\$3,000 or Less)

All applicants are required to submit a LETTER OF INTENT on the form provided to be considered for funding.

- Requests must address the mission of Mercy Health Muskegon and specifically focus on the poor and underserved.
- Funds may be used for seed money, start-up programs, upgrading organizational infrastructure, increasing organizational capacity or resources, or enhancing a community event or activity.
- Applications for Tier II funding must include a budget (a budget narrative is not required).
- Monthly reporting will be required.

Applications must be submitted as Microsoft Word documents or PDF's attached to an email; Google Docs may not be used. Submit to:
missionservicesgrants@mercyhealth.com

TIMELINE

RFP RELEASED	On or About Friday, February 15, 2019
<u>Received By</u> Friday, March 1, 2019 at 5:00 pm	<u>REQUIRED</u> Letter of Intent due. Email or mail it to Helen Sherman (contact information below).
Monday, March 5, 2019	Attendance is <u>REQUIRED</u> for all applicants at one of the following Guidance Sessions, although previous grantees may be excused <u>with prior approval</u>. <u>Pre-Application Guidance Session (Option 1)</u> <ul style="list-style-type: none"> • Location: Hackley Campus, Conference Room 1503 1700 Clinton St., Muskegon, MI 49442 • Time: 9:00 am – 10:30 am <p style="text-align: center;">OR</p>
Monday, March 5, 2019	Attendance is <u>REQUIRED</u> for all applicants at one of the following Guidance Sessions, although previous grantees may be excused <u>with prior approval</u>. <u>Pre-Application Education Session (Option 2)</u> <ul style="list-style-type: none"> • Location: Hackley Campus, Conference Room 1503 1700 Clinton St., Muskegon, MI 49442 • Time: 11:00 p.m. – 12:30 p.m. •
<u>Received by</u> Monday, April 23, 2019 at 5:00 pm	Applications Due All application materials may be submitted electronically <u>by email or by regular mail with 2 paper copies</u> . Direct questions and submit completed application to Helen Sherman (contact information below).
June 30, 2019	Award Letters Mailed
<p>Attn: Helen Sherman Health Project 565 W. Western Avenue Muskegon, MI 49440</p> <p>Email: missionservicesgrants@mercyhealth.com</p>	

**Sister Simone Courtade Grant Program
GRANT LETTER OF INTENT
2019-20**

**Letter of Intent Deadline: Must be received by 5:00 pm, Friday, March 1, 2019
ALL FIELDS ARE REQUIRED**

Grantee Organization: [Click here to enter text.]	
IRS Tax Exempt ID Number or other evidence of Nonprofit Status: [Click here to enter text.]	
Project Name: [Click here to enter text.]	
Project Description (1-2 sentences): [Click here to enter text.]	
Estimated Request (check one): <input type="checkbox"/> Tier I (up to \$10,000) <input type="checkbox"/> Tier II (up to \$3,000)	
Contact Person: [Click here to enter text.]	
Email: [Click here to enter text.]	Phone #: [Click here to enter text.]
Mailing Address: [Click here to enter text.]	
City: [Click here to enter text.]	Zip Code: [Click here to enter text.]
<p>Attendance is <u>REQUIRED</u> for all applicants at one of the following Guidance Sessions; however, previous grantees may be excused with prior approval. The meetings are intended to aid prospective applicants in understanding the required rules and regulations that apply to the Sister Simone Courtade Grant Program and to explain application requirements for submission. Our goal in this process is to make the application process as efficient and understandable as possible. Please remember that applications are scored on a point basis. Thus, it's to the applicant's advantage to understand what reviewers will be looking for in each section.</p> <p>Please check which Pre-Application Education Session you will be attending: <u>Monday, March 5, 2019</u></p> <input type="checkbox"/> Option 1: 9:00 am -10:30 am , Hackley Campus, Conference Room 1503 1700 Clinton Street, Muskegon <input type="checkbox"/> Option 2: 11:00 pm - 12:30 pm , Hackley Campus, Conference Room 1503 1700 Clinton Street, Muskegon	
Submit to: Attn. Helen Sherman, Email: missionservicesgrants@mercyhealth.com	



**Sister Simone Courtade Grant Program
GRANT APPLICATION
2019-20**

**Application Deadline: Must be received by 5:00 pm Monday, April 23, 2019
ALL FIELDS ARE REQUIRED**

Please provide information using the following format. All headings, subheadings and limitations on length should be adhered to.

Grantee Organization: [Click here to enter text.]

Project Name: [Click here to enter text.]

Estimated Request (check one):

Tier I (\$3,001 to \$10,000)

Tier II (up to \$3,000)

Contact Person: [Click here to enter text.]

Email: [Click here to enter text.]

Phone #: [Click here to enter text.]

Mailing Address: [Click here to enter text.]

City: [Click here to enter text.]

Zip Code: [Click here to enter text.]

**All application materials must be submitted electronically.
Direct questions and submit completed application to:**

Attn: Helen Sherman

Email: missionservicesgrants@mercyhealth.com

NARRATIVE
BE CLEAR, CONCISE AND REALISTIC

1. EXECUTIVE SUMMARY – 5 POINTS (150 words max.)

The Executive Summary should not exceed a half-page in length. Briefly introduce your agency:

- the purpose of grant,
- the amount requested,
- what part of the community you are targeting,
- how many individuals you intend to serve,
- the strategy you intend to employ
- anticipated key outcome(s) should funding be awarded.

**2. PROJECT DESCRIPTION - 20 POINTS (Tier I: 600 words max;
Tier II: 400 words max.)**

You must use the following format for your application. The expectations of what needs to be included in each of these narrative sections will be explained at the Pre-Application Meetings.

- **Organizational History**
Briefly describe your organization's history, mission and goals.
- **Statement of Need**
 - Use the *2016 Community Health Needs Assessment* Rankings section, pp. 34-35 to cite the issue(s) you intend to address and why the issue is a priority for your organization.
 - Indicate the population(s) being targeted.
 - How will the population benefit if funding is received?
 - Identify whether this is a new program, an expansion of an existing effort, or program that needs support for other reasons. In the latter case, please provide details.
- **Partnerships**
 - List current collaborative partners.
 - List prospective collaborative partners you will approach for this project.
- **Sustainability**
How do you anticipate sustaining the program once funding ceases? Are there supports we (Mercy Health Muskegon) can help you with to reach sustainability?

3. WORK PLAN AND REPORTING MATRIX –40 POINTS

You must include a completed Work Plan and Reporting Matrix template (attached) with your grant application. This will be used to report your outcome numbers, based on the proposed measures. This template will be used throughout the year as the monthly reporting tool. From your program narrative, fill out the Reporting Matrix as follows:

- In Column 1 "**Project Objectives**," insert the key specific project objectives and the anticipated target number(s) or other defined result for each objective.

- In Column 2 "**Strategies/Activities,**" insert the **key** strategies and activities you have proposed to accomplish each objective.
- In Column 3 "**Timeline,**" insert the timeframe(s) in which you expect to complete each of the objectives.
- In Column 4 "**Outcome Measures,**" insert the performance outcome measures you will be reporting for each of your objectives. Where possible, include quantitative and qualitative measures you will use to evaluate the impact of your project; such as, number of clients served, number of classes or presentations given, pre- and post-tests, client/participant satisfaction surveys, etc.
- In Column 5 "**Outcome Progress,**" leave this column blank for reporting your achievements on a monthly basis, using the performance outcome measures in Column 4.

NOTE: The Work Plan and Reporting Matrix will be covered in detail at the Pre-Application Sessions

4. EVALUATING SUCCESS – 15 POINTS (Tier I: 400 words max; Tier II: 200 words max.)

Please discuss how you will gauge your success. Refer to quantitative and qualitative Outcome Measures you listed in Column 4 of the Reporting Matrix as the basis for evaluating your project. Using the outcome measures you listed with each of your project objectives, you may be asked to report the overall successes, failures and lessons learned in the course of your project period.

A final report will be required following the grant period to describe successes, failures, lessons learned, corrective actions taken, and significant events and stories that demonstrate impact. Your quantitative outcomes will be compiled from your monthly reports. A final report template will be provided to all grantees.

5. PROJECT BUDGET AND BUDGET NARRATIVE –20 POINTS

Use the Excel Project Budget Template, which is attached as a separate document. It is programmed to calculate totals for you. **TIER I applicants must also prepare a Budget Narrative** on a separate sheet to provide a brief explanation of the budget items and the method used to derive the costs.

Follow the same order as the Project Budget Template. Budget must detail expenses and revenue sources, showing how Sister Simone funds will be spent. Be sure the figures on the Project Budget Format are consistent with the figures in the Budget Narrative. **Sister Simone Funds are to be used for direct services only. Administrative and indirect costs will not be allowed.**

6. ATTACHMENTS

Only letters of commitment/support will be accepted and are not included in the page count. If the project includes key contributors and/or partners in the project, letters of commitment from them should be included.



**Sister Simone Courtade Grant Program
WORK PLAN AND REPORTING MATRIX
2019-20**

FILL IN ONLY COLUMNS 1 - 4

Project Name: <input type="text" value="Click here to enter text."/>			Report Month: _____	
Request (check one): <input type="checkbox"/> Tier I (\$3,001 to \$10,000) <input type="checkbox"/> Tier II (up to \$3,000)				
Project Objectives	Strategies/Activities	Timeline	Outcome Performance Measures	Performance Outcome This Period (Completed Monthly)
Column - 1	Column - 2	Column - 3	Column - 4	Column - 5
<input type="text" value="Click here to enter text."/>	<input type="text" value="Click here to enter text."/>	<input type="text" value="Click here to enter text."/>	<input type="text" value="Click here to enter text."/>	<input type="text" value="Click here to enter text."/>
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**Sister Simone Courtade Grant Program
APPLICATION CHECKLIST
2019-20**

Use this checklist to help guide you through the process of applying for the Sister Simone Grant Program. *This checklist should be submitted along with the application packet, placing it after the Grant Application Cover Page.*

Letter of Intent Form submitted on or before **March 1, 2019** on template provided.

Registered to Attend Pre-Application Guidance Session on **March 5, 2019** on registration form provided; or,

___ Excused from Attendance at Pre-Application Guidance Session

Grant Application Cover Page completed on template provided

Narrative:

Executive Summary

Project Description:

Organizational History

Statement of Need

Community Health Needs Assessment (TIER I Only)

Partnerships

Sustainability

Work Plan and Reporting Matrix

Evaluating Success

Project Budget and

[] Budget Narrative (required for Tier I only)

Attachments (Letters of Support only)

Submit application on or before **April 23, 2019**. All application materials must be submitted as Microsoft Word/Excel documents or PDF's as email attachments. **Google Docs will not be accepted.**

Completed Letters of Intent and Applications should be sent to:

missionservicesgrants@mercyhealth.com

Your application should be assembled in the following order, using templates provided:

- 1. Cover Page**
- 2. Application Checklist (this page)**
- 3. Narrative**
- 4. Work Plan and Reporting Matrix**
- 5. Budget**
- 6. Budget Narrative (for Tier I only)**