



2008 RFP for Catholic Education Funding

Application Instructions

General Information

1. Accessing your application

Each applicant attending the Adventures in Lifelong Faith Formation Conference received the web link: www.FRCDB.org/RFP2008 to access an on-line application. Click on the application link for a new application. Remember to input your username (e-mail address) and password at the bottom of the application form. This will allow you to save and return to your on-line application form at a later time.

2. Application due date

On-line application submissions are due no later than **4:00 pm on Thursday, February 21, 2008.**

3. Contact Us

We are happy to assist and answer any questions you may have regarding the process or the on-line application form. If you have any questions, please call Terry Bianchi at 847-5588.

On-line Application Questions

There will be no field size limits to your on-line application responses. **We do request that you keep your answers as concise as possible.** Our board will review all applications. They will appreciate your complete but brief answers. Lengthy responses will not be looked upon favorably.

Please note: **all required fields are in Bold type.**

1. **Parish Name:** Please enter the name of the eligible Parish which is applying for the grant. All applications must be made on behalf of an eligible organization, only one application per organization will be considered.
2. **Address 1:** The street address of the eligible organization. Committee on grants decisions will be mailed to this address.
3. **Address 2:** Optional. If needed for additional street address information.
4. **City, State Zip:** List your organization's mailing address City, State and Zip Code.
5. **Country:** Please input USA

6. **Contact Title:** Click on the appropriate title for the individual submitting this application.
7. **Contact Name:** List the name of the individual submitting the application on behalf of the organization. Very important: You must have permission from your pastor to submit an application. All correspondence will be directed to the pastor and the contact.
8. **Contact Phone:** List a daytime phone number you can be reached at, if we have questions concerning your application.
9. **Contact E-mail:** List your e-mail address.
10. **Contact Position:** Please list the title of the position you hold with your organization.
11. **Faith Formation Program Enrollment:** List the number of parishioners attending your parish-based faith formation program this year.
12. **Amount Requested:** Please list the grant amount you are requesting. Note: Requests are limited to a maximum of \$4,500.
13. **Total Program Cost:** This should be the total cost of your project. It may equal or exceed the amount you are requesting from the Foundation.
14. **Other Funding Source:** If the total program cost exceeds the amount you are requesting from the Foundation, where will you get the rest of the money from?

If the total program cost equals the amount you are requesting from the Foundation, you may leave this question blank.
15. **Other Funding Source Amount:** If you expect to receive funding for this program from a source other than the Foundation, as listed in question 16, what dollar amount will the other funding source give you?

If another funding source is not needed, (the amount requested = the total program cost) please leave this question blank.
16. **Program Timeframe:** When will you begin implementing your program – When will the implementation end. (Example. 9/08 – 6/09) : for a school year based program.
17. **Benefit Timeframe:** Will the benefit from this program be for: a single event, a summer program, a single year or multiple years?
18. **Purpose:** Please summarize: What is it that your parishioners need, or what opportunity to light the fire of faith in your parishioners presents itself?

Put another way: Why is there a need to do anything at all? Document a real need, perceived as important. Demonstrate what ought to be for the people you serve.
19. **Objective:** Please summarize: What benefit will the people you serve receive because you implemented this project and how the change will be measured?

Put another way: What will change for your parishioners? By how much? By when? For how many parishioners? How will you know the change happened?

20. **Method:** Please summarize: What will be done? Who will do it? How long it will take? What materials or equipment will be needed? Please mention any models, methods or best practices that you learned of from the conference that you will use or base your project on.
21. **Comments:** Please summarize: Any additional information you think would be helpful to the committee.
22. **Future Funding Required?:** Will the changes made by the implementation of this program require additional funding to continue the benefit into future years? Please note: The Foundation does not make multiple year grants.
23. **If so, Future Funding Source:** If the answer to question 24 was yes, where will you get the money to sustain the program in the future?
- If the answer to question 24 was no, please leave blank.
24. **Received 2006 Foundation of the Roman Catholic Diocese of Buffalo (FRCDB) funding?** Please answer yes or no.
25. **If so, what was the funding for:** If your answer to question 26 was yes, what program or project did the Foundation fund for your organization.
- If the answer to question 26 was no, please leave blank.
26. **Received 2005 Foundation of the Roman Catholic Diocese of Buffalo (FRCDB) funding?** Please answer yes or no.
27. **If so, what was the funding for:** If your answer to question 28 was yes, what program or project did the Foundation fund for your organization.
- If the answer to question 28 was no, please leave blank.
28. **Is this project a collaborative proposal with other parishes?** Please answer yes or no.
- Please be aware that collaborative proposals should be submitted by a single organization acting as the lead agent. All communication will be with the lead agent on behalf of the collaborative group.
29. **If so, who are the participants:** If your answer to question 30 was yes, list the other organizations participating in the collaborative proposal.
- If the answer to question 30 was no, please leave blank.
30. **Number of direct beneficiaries:** In numeric form, (example: 250) tell us the number of people who will directly benefit from this program or investment.
31. **Who:** Who will be in charge of your project? List the people who will be needed to implement the project and their areas of responsibility.
32. **What:** What will be done? What actions or activities will be necessary to accomplish your purpose?

33. When: Outline the project timeline. When will the actions or activities take place?

<p>For Example After funding is received: Month 1: Obtain bids/quotes for equipment. Month 2: Purchase equipment, begin installation. Month 3: Complete installation, begin training.</p>
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34. Estimated completion date: month/year

35. Measurable outcome: Describe the measurable outcomes the direct beneficiaries of your project/program will receive. How will you know if your project was successful?

What immediate or long range results do you expect from this project? What percentage of your total population (school enrollment, parishioners) will be served by this project? What kind of impact could you expect?

36. If you receive funding, who should the check be made payable to?

37. Project Budget: Itemize income and expenses for your project. Provide a cost breakdown of the project and/or need to be addressed.

<p>For Example</p> <table><tr><td><p><u>Should be specific:</u></p><p>Youth coordinator – pt (1@ \$600/mo * 3 months)</p><p>10 Dell PC's</p></td><td><p><u>Should not be general:</u></p><p><i>Salaries</i></p><p><i>Materials</i></p></td></tr></table>	<p><u>Should be specific:</u></p> <p>Youth coordinator – pt (1@ \$600/mo * 3 months)</p> <p>10 Dell PC's</p>	<p><u>Should not be general:</u></p> <p><i>Salaries</i></p> <p><i>Materials</i></p>
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Please note:

The Income item #1 should be the amount you are requesting from the Foundation.
The description will be: Grant – Foundation of the Roman Catholic Diocese of Buffalo

Note well: **Total Income must equal Total Expense.**

The Committee will rate proposals based on the integrity of the method for your project and the measurable outcome for the direct beneficiaries.

If your project should be funded, the application questions will be used as the format for your final report upon completion of your project.