

Overview

The Sister Elise grant was created to allow individual Sisters of Charity to initiate small grants for projects or programs *where a small amount of money can make a big difference*. The Sister Elise Grant is available to eligible 501(c)(3) nonprofit organizations if

- a Sister of Charity of Cincinnati is actively involved as a paid staff member, board member or regular volunteer at the time of application, or
- the organization was founded by a Sister of Charity of Cincinnati, or at one time had sisters actively involved.

Guidelines

Requests for a Sister Elise Grant are initiated by a Sister of Charity of Cincinnati through dialogue with a nonprofit organization's Chief Executive Officer (CEO). The funding request must be consistent with the mission of the Sisters of Charity of Cincinnati and the mission, operational needs and strategic goals of the requesting organization.

More than one Sister of Charity of Cincinnati may apply for grant funds for the same organization.

Nonprofit organizations that have an active grant with SC Ministry Foundation and are otherwise eligible, are also eligible to receive a Sister Elise Grant.

For a complete list of funding guidelines and limitations, please review the SC Ministry Foundation website at: <https://www.srcharitycinti.org/ministries/empowerment/sc-ministry-foundation/sisters-elise-fund-grant/>.

Due to our fiduciary and stewardship responsibility, SC Ministry Foundation reserves the right to approve or decline all requests.

Annual Grant Amount Parameters

Sisters of Charity: An eligible Sister of Charity of Cincinnati may participate in one or more requests for a Sister Elise Grant, up to a total of \$3,000 per fiscal year (7/1 to 6/30) regardless of the number of nonprofit organizations with which she is actively involved. Grants are made in increments of \$1,000.

Each organization receiving Sister Elise Grant funds is limited to a maximum of \$25,000 per fiscal year.

SC Ministry Foundation has allocated a pool of funds for the fiscal year. Eligible grants will be awarded on a first-come, first-served basis, until the annual budgeted limit has been reached.

Procedure

Funding requests for a Sister Elise Grant may be submitted at any time throughout the year. Evaluation and processing of each request requires a minimum of 30 business days.

The Sister(s) of Charity of Cincinnati endorsing the request must complete Part 1 of the application and send the entire application to the nonprofit organization. The recipient organization must complete Part 2 and forward the completed application with verification of 501(c)3 status to:

SC Ministry Foundation
Attn: S. Elise Grant Fund
5900 Delhi Road
Mount St. Joseph, OH 45051
Email: SEG@srcharitycinti.org

Upon conclusion of the grant, the nonprofit organization is asked to contact the Sister of Charity who supported the grant to describe the results of the funded project and usage of the funds.

FOR OFFICE USE ONLY

Date Rec'd: _____ Reference # _____

Date Approved: _____ Initials: _____

Part 1: To Be Completed by Sister(s) of Charity of Cincinnati

Purpose of Request: _____

The signature(s) below affirm: eligible involvement with this organization; the review of the Sister Elise Grant guidelines, eligibility and limitations; and endorsement that this request aligns with the mission of the Sisters of Charity of Cincinnati. **Upon completion of the grant period, use of the grant will be discussed with the originating Sister(s) of Charity.**

The Sister of Charity participating in this request should sign below, indicate her involvement with the organization, and the amount she wishes to designate for this request (\$1,000, \$2,000, or \$3,000). *Electronic/scanned signatures are accepted. Additional Sisters of Charity supporting the same S. Elise Grant for the same purpose may be listed on an attached page. Separate applications for each Sister are not required.*

x _____ ☐ Current ☐ Past SC \$
Involvement Involvement _____

Part 2: To Be Completed by Nonprofit 501(c)3 Organization

Organization Name: _____

Mailing Address: _____

Contact Name: _____

Email: _____

Title: _____

Phone: _____

Bank Routing # _____

Bank
Account # _____

Bank Name _____

To receive approved grant by ACH electronic payment (rather than by paper check), please provide bank name, routing number, and account number.

Grant Start Date: _____

Grant End Date: _____

Provide a brief description for the purpose of the funding - include who will benefit, how funds will be used, anticipated results: _____

The signature below affirms my review of the Sister Elise Grant guidelines, eligibility and limitations; agreement with the requested amount and purpose of the funds; and endorsement that this request aligns with the mission of the Sisters of Charity of Cincinnati, as well as the operational needs and strategic goals of the organization I represent.

Signature of Chief Executive Officer
(Electronic/scanned signatures accepted)

TYPE or PRINT Name and Title

Date