**Loretto Community - Special Needs Fund**

**Social Change Grant Guidelines**

The Loretto Community supports innovative social change projects through the Special Needs Fund. Organizations are invited to submit grant applications for up to $7,500 for social change projects that exemplify the mission of the Loretto Community to “work for justice and act for peace.”

**Guidelines and policies for all social change grant applications:**

* Completed grant applications are due by February 15th for consideration for the spring grant cycle and by October 15th for the fall grant cycle. Applications received after these dates may be considered during the next grant cycle.
* The Special Needs Committee will study each grant application and announce grant awards the month following submission deadlines (i.e. March and November).
* Applications must be submitted by e-mail to mlsperosl@gmail.com An acknowledgement of receipt will be sent.
* Incomplete applications and applications that do not follow the application format will not be reviewed.
* All U.S. applicants must be an IRS-designated 501(c)3 non-profit organization.
* Domestic and international applications are accepted. All applications must be in English. If needed, organization must make arrangements for translation. Budget and monetary figures must be U.S. dollars.
* A recommendation form completed by a member of the Loretto Community who is familiar with the project must be submitted with the grant application. This recommendation form is appended to the grant application. **The Special Needs Committee will not consider proposals without a recommendation by a Loretto Community member.**
* **When a Loretto Community member submits a grant application on behalf of an organization, a completed recommendation form from another Loretto Community member is required.**
* Funding is limited to once in a 12-month period. Grant recipients may re-apply annually.
* A report on the use of funds is required within 12 months following the receipt of a grant. Organizations failing to submit reports will be ineligible to receive future grants.

**Priority is given to the following:**

* Direct service projects impacting disadvantaged women and children;
* Projects addressing environmental issues, racial justice, immigration, and peacemaking;
* Smaller organizations creatively addressing local needs and/or global needs locally;
* Projects in which persons affected by the situation are involved in the planning and implementation of the project;
* Projects that show creativity in planning and execution, address unmet needs, and promote networking and active collaboration with others;
* Other projects considered as funds are available.

**The Special Needs Fund generally does NOT fund the following:** Salaries, travel, higher education tuition, conference costs, production of videos, movies, books, or other media, and requests from organizations with broad funding bases (ordinarily more than $350,000).  Lower priority is given to organizations that have been funded in the recent past by Special Needs.

**Please direct inquiries and applications to: Marlene Spero SL at mlsperosl@gmail.com**

**Loretto Community - Special Needs Fund**

**Social Change Grant Application Form**

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Organization Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Telephone**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Website**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of Person Completing Application**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of Loretto Community member completing recommendation form:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(*See recommendation form at end of this application. Must be submitted WITH application.*)

**Amount Requested:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (up to $7,500)

1. **Briefly describe your organization and its mission. (50 words or less)**
2. **Give a general overview of the project for which you would like funding. (200 words or less)**
3. **List the project objectives, i.e. what specifically would you like to accomplish?**
4. **How do you plan to accomplish these objectives? What steps will you take?**
5. **Describe your project evaluation plan. How will you know the extent to which you have accomplished your project objectives?**
6. **What is the timeline for your project? Does it have a start and end date, or is it ongoing?**
7. **Describe how your proposal meets the funding priorities of the Special Needs Fund. Please refer to the guidelines for a list of current priorities.**
8. **How does/will this project contribute to long-term and measurable social change?**
9. **Have you previously received funds from the Loretto Community? If yes, when and for what amount?**
10. **What are your other sources of financial support for this project? Please list specific sources and approximate amounts.**
11. **If your funding request is approved, to whom should the check be written and addressed?**
12. **If your organization requires a wire transfer for funds going outside the United States, you must provide full and complete bank and routing information, including your SWIFT code.**
13. **Please attach the following items to this application:**
	1. IRS confirmation letter of 501(c)3 non-profit status, if U.S.-based;
	2. Specific budget for the proposed project. Indicate how many employees are covered in the salary line, how many are women and what positions they hold;
	3. Overall organizational budget;
	4. Completed recommendation form by a Loretto Community member (*see attached*).

**Please direct all inquiries and applications to mlsperosl@gmail.com**

**Social Change Grant Application**

**Recommendation Form – *to be completed by a Loretto Community Member***

**Loretto Community Member Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Postal Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of organization that is being recommended:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**For how long have you been connected with this organization?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**In what ways do you interact with this organization (e.g. staff, board member, volunteer, program participant, supporter, friend, etc.)?**

**Briefly describe the project that you are recommending for support from the Special Needs Fund.**

**Please give two or three reasons this organization should receive support from the Special Needs Fund.**

Loretto Member Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***\*\*\*Submit completed recommendation form to the organization***

***for inclusion in their grant application packet.\*\*\****