



COLLABORATION FOR MINISTRY INITIATIVE—
SOUTH CAROLINA

CMI Planning Grant Application

One of the objectives of the Collaboration for Ministry Initiative Grants is to provide funding for women religious in order to conduct strategic planning for the future of the ministries in South Carolina. This planning could include but is not limited to leadership, resource development, collaborative opportunities, capacity building, succession planning, community involvement and addressing new/emerging needs. CMI planning grants are awarded in amounts up to \$5,000.00 for a planning period of 6-9 months. Applications are due by 5 p.m. on June 5, 2009.

Organization Information

Organization Name _____

Also Known As _____

Parent or Sponsoring Organization *(if different from applying organization)* _____

Address _____

City _____ State _____ Postal Code _____

Phone _____ Fax _____ Email Address _____

Does your organization have a current IRS 501(C)(3) not-for-profit status? Yes No *

*If no, please explain _____

Organization's Federal I.D. Number _____

Does the project involve a congregation of women religious? Yes No

Total Organizational Budget for Applicant's Fiscal Year _____

Current Year Revenues *(for applicant organization)* _____ Current Year Expenses *(for applicant organization)* _____

Total Budgeted Revenues for Prior Fiscal Year _____ Total Budgeted Expenses for Prior Fiscal Year _____

Total Actual Revenues for Prior Fiscal Year _____ Total Actual Expenses for Prior Fiscal Year _____

Number of Years in Operation *(for applicant organization)* _____

Mission and Purpose of Applicant Organization _____

Contact Information

President or Executive Director

Prefix _____ First Name _____ Last Name _____ Suffix _____

Title _____

Office Address _____

City _____ State _____ Postal Code _____

Phone _____ Fax _____ Email _____



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Contact Person Regarding the Application

Prefix _____ First Name _____ Last Name _____ Suffix _____
Title _____
Office Address _____
City _____ State _____ Postal Code _____
Phone _____ Fax _____ Email _____

Project Information

Project Title _____
Project Start Date _____ Project End Date _____
Program Area Arts and Culture Community Economic
 Education Employment and Training Health
 Religious Social Services Other
Nature of Request Project Operating/General Program Other

Request Amount *(not to exceed \$5,000)* _____

Geographic Area Served by the Project _____

Number of Participants Targeted for the Program _____

Project Description *What is the specific opportunity, concern or issue you plan to address?* _____

Beneficiary *Indicate who will benefit from what you intend to accomplish. How will they benefit?* _____

