

FAITH COMMUNITY NURSING GRANT PROGRAM

Margaret T. Stoeckinger Foundation, Inc.

Grants Program

Promoting Faith Community Nursing

GRANT DESCRIPTION

The Stoeckinger Foundation Grants Program promotes, implements, and supports health ministry in the geographical boundaries of the Catholic Diocese of Lexington. There are three types of grants. The first two require a letter of support from the pastor of the church or pastor/leader of a non-Catholic church, synagogue or mosque.

1. **Seed Money Grants** (up to \$500) are intended to initiate a Faith Community Program in a faith community (church, synagogue, mosque). These funds may be used to pay for materials, used for printing costs, blood pressure cuffs, and some other needed start-up items. The ultimate objective of this one-time seed-grant is to gain the church's commitment to the future of the program by providing on-going support in the church's/faith community's budget.
2. **Ongoing Support** (up to \$5,000 per year) would provide for personnel and/or maintenance needs such as transportation, minor equipment, supplies, telephone, postage, etc. These grants are renewable for two additional years based on approval of an annual report.
3. **Grants to Educational Institutions** (up to \$3,000) when providing International Parish Nurse Resource Center-approved Basic Parish Nurse Courses.

APPLICATION AND REVIEW PROCEDURES

Application: Download information and application materials from the link below. The applying church/educational institution must commit to the program in writing, signed by an individual authorized to make such commitments.

Limitations:The Grants Committee gives consideration to churches, synagogues, mosques and other institutions in the geographical boundaries of the Catholic Diocese of Lexington, KY. Funds granted must be used for the purpose(s) stated in the application. Grants up to \$1,000 can be approved on monthly basis by the Grants Committee. Grants over \$1,000 will need full board approval. The board meets quarterly (February, May, August and November).

Terms of Grant Award: If an award is granted, the recipient is required to submit reports at 6 month intervals until the funds are spent. The report must demonstrate that the grant was used for the intended purpose and should document the results of the investment. All grant funds not used for the specific purpose designated on the grant proposal must be returned to the Stoeckinger Foundation with a final report. Failure to comply with these requirements will disqualify an applicant from consideration for future funding.

STOECKINGER FOUNDATION GRANTS - APPLICATION - COVER PAGE

**MARGARET T. STOECKINGER FOUNDATION, INC.
GRANTS PROGRAM
APPLICATION FORM**

Name of Church or Organization: _____

Address: _____

Pastor/Organization Leader: _____

Project Coordinator: _____

Name of Church or Organization: _____

Type of Grant requested (please circle).

1. Seed money

2. Health Ministries Ongoing Support

Amount Requested: _____

Source and Amount of Additional Funds (if any): _____

1. Seed Money Grant (up to \$500)

Please briefly explain the expected use of the grant money:

2. Health Ministries Ongoing Support (up to \$5,000)

Please see following guidance:

Signature of Pastor/Organization Leader: _____

Signature of Project Coordinator: _____

Date: _____

HEALTH MINISTRIES ONGOING SUPPORT GRANT

APPLICATION GUIDELINES

Please respond to the following as fully as possible in a separate document. Include no more than four pages (one side, double spaced, typed). Use the Application Cover Page as page one.

1. Introduction: Explain the process of preparing for health ministry in your church or organization. (What structures are in place to support the ministry? Is there acceptance of the plan among all groups in the church? Is there a health minister position description?)

2. Problem Statement or Needs Assessment: Document the needs to be met or problems to be solved by the grant. (Include comments of church/organization members and staff concerning needs.)

3. Objectives: Describe the expected benefits of grant support in measurable terms. (What improvement in health and wellness is expected? What level of attendance is hoped for at programs? How many volunteers might be involved?)

4. Methods: Describe the activities to be employed to achieve the objectives. (How often will educational programs be presented? What health screenings might be conducted? Will support groups or home visiting be established?)

5. Evaluation: Develop a plan for determining whether objectives are met and methods are followed. (For example, ask for parishioner/organization member comments concerning programs. Record the number of people involved in activities. Track screening activities and results.)

6. Co-existing and Future Funding: Describe a plan for continuing health ministry during and beyond the grant period. (What other resources, organization support, donors are available or might be available in the future?)

7. Budget: Explain the amount needed by enclosing a budget with projected income and expenses.

GRANTS TO EDUCATIONAL INSTITUTIONS GUIDELINES

In letter format explain content of course to be presented, level of attendance expected, date and site of course, budget including all sources of support and other pertinent information.

Please mail all applications to:

Grants Committee

Margaret T. Stoeckinger Foundation, Inc.

320 Rose Lane

Lexington, KY 40508

Or: Email to

stoeckingerfnd@gmail.com

(in Microsoft Word format or PDF)