
Sisters of Charity Foundation of Canton

ORGANIZATION INFORMATION

Executive Director*

Director of the organization. Include name, title, mailing address, email address, and phone number:

Character Limit: 250

Primary Contact Name*

Primary contact for this request. Include name, title, mailing address, email address, and phone number:

Character Limit: 250

Board Chair/Board President*

Current Board Chair of the organization. Include name, mailing address, email address, and phone number.

Character Limit: 250

Type of organization*

Choices

501(c)(3)

Church

Government Agency

Geographic Area*

Choices

Carroll County

Holmes County

Ohio

Stark County

Tuscarawas County

Wayne County

Whole Service Area

Organization's Operating Income*

Provide your organization's operating income from the previous fiscal year. NOTE: If your organization's operating income was less than \$100,000 in the previous fiscal year your organization is not eligible to apply for a Responsive grant. Please see Good Samaritan guidelines.

Character Limit: 20

PROGRAM INFORMATION

Program Name*

Character Limit: 100

Grant beginning date*

EXAMPLE: If your request is for one year the program start date would be June 1, 2015, and the program end date would be May 31, 2016.

Character Limit: 10

Grant ending date*

EXAMPLE: If your request is for one year the program start date would be June 1, 2015, and the program end date would be May 31, 2016.

Character Limit: 10

Total Program Budget*

Character Limit: 20

Amount requesting from the Sisters of Charity Foundation of Canton*

Character Limit: 20

1. Program Description*

Character Limit: 10000

Purpose of this request*

(e.g. to support a program for troubled teens)

Character Limit: 1000

Who is your target population?*

Who will receive your services? Please include the geographic area.

Character Limit: 2500

Provide one or more measurable outcomes you expect to achieve.*

Be specific (e.g. "In 2007, 90% of program participants will show improved balance, endurance, and muscle strength.")

Character Limit: 1000

Please list other support you are seeking*

Please list other support you are seeking from foundations or government agencies, as well as any potential partnerships with other nonprofits.

Character Limit: 250

Please provide additional information*

Please provide additional information needed to better understand this request and/or the unique needs of the community to be served.

Character Limit: 1000