August 6, 2019

Greetings:

As we continue to work towards greater collaboration, efficiency, and transparency within the operations of the Chancery, I am excited to present this grant manual as a one stop source for grants offered by and through the Diocese of Jackson.

Included are the grant guidelines and applications for:

- Black and Indian Missions
- Extension Society Grants
- Home Mission Grants
- Diocesan Campus Ministry
- Diocesan Catholic Foundation
- Diocesan Mission Grants

The guidelines are separated by external and internal funding sources; however, all grants are processed through sponsoring diocesan offices. If you meet the criteria, you can apply for any of the grants listed.

I trust this will make the grant process more streamlined; establish better communication on criteria and deadlines; and, assist with accountability reporting.

We have set up an email specifically for grants. If you have any questions, please email: grants@jacksondiocese.org. Your question will be forwarded to the appropriate chancery staff to respond to your questions.

With prayerful best wishes, I am

Sincerely yours in Christ,

Joseph R. Kopacz
Bishop of Jackson

JRK/fj
Diocese of Jackson
Grant Manual

Guidelines and Sample Applications for

Black and Indian Missions
Extension Society
Catholic Home Missions
Diocesan Campus Ministry
Diocesan Catholic Foundation
Diocesan Mission Grants
GRANTS AT A GLANCE

Black and Indian Missions (Due March 1) Page 3
Catholic Extension Grants (Due April 1 and October 1) Page 8
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Diocesan Campus Ministry (Due August 30) Page 18
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Diocesan Mission Grants (Due April 30) Page 26
The Black and Indian Mission Office awards grants to Diocese, Schools and Religious Education Programs to support the evangelization of African American and Native American/Alaska Native communities. Grant funds are used to shine the light of Christ in the communities by enlivening parish life and catechesis, helping educators reach students, empowering evangelizers and encouraging vocations.

(The following application is for sample purposes only.)

If you intend to apply, you must fill out this form **ONLINE** by March 1 to be considered for grant funds for the upcoming year.

Questions?

Email: grants@jacksondiocese.org
CONTACT INFORMATION

Type of Grant Request:  African American ___  Native American ___

Diocese: Jackson

Parish Name: _____________________________________________

Address: _________________________________________________
 _______________________________________________________

Name of Person Completing the Application: _____________________

Email:  ___________________________________________________

Phone: Cell _______________________ Other___________________

GRANT ACCOUNTABILITY FOR PREVIOUS YEAR

(Note: If you did not receive grant monies from the Black and Indian Mission Grant program last year, you may skip this section.)

Total grant awarded in previous year __________________________

Total number of people served _______________________________

Detail on how the grant funds were used:

GRANT REQUEST FOR CURRENT YEAR

BUDGET INFORMATION

Annual total budget for the program ____________________________

Annual Cost Per Person Served by the Program __________________

Number of Program Ministers _________________________________
Average annual salary/stipends for program ministers _______________

OTHER SOURCES OF FINANCIAL SUPPORT

List organizations and amounts of other sources of financial support:

Total received form Other Sources of Financial Support ________________

CURRENT YEAR GRANT REQUEST

Amount Requested _________________________________________________

Provide a detailed description of how the grant will be used:

With your ONLINE application, you will be required to include a letter from your pastor indicating his support of this request.
BLACK AND INDIAN MISSION GRANT APPLICATION FOR SCHOOLS

CONTACT INFORMATION

Type of Grant Request:  African American ___  Native American ___
Diocese: Jackson
School Name: _____________________________________________
Address: _________________________________________________
_________________________________________________
Name of Person Completing the Application: _____________________
Email:  ___________________________________________________
Phone: Cell _______________________ Other___________________
Name of the Principal________________________________________
Name of the Pastor/Canonical Administrator ______________________

GRANT ACCOUNTABILITY FOR PREVIOUS YEAR

(Note: If you did not receive grant monies from the Black and Indian Mission Grant program last year, you may skip this section.)

Total grant awarded in previous year ____________________________
Total number of people served _________________________________
Detail on how the grant funds were used:
GRANT REQUEST FOR CURRENT YEAR

STUDENT INFORMATION
Number of African American students ________________________________
Number of Native American students _________________________________
Total number of students in the school ________________________________

COST AND TUITION INFORMATION
Annual cost per student ____________________________________________
Annual tuition per student ___________________________________________

BUDGET INFORMATION
Annual total budget for the school ___________________________________
Number of teachers/catechists ______________________________________
Average salary for teachers/catechists _________________________________

OTHER SOURCES OF FINANCIAL SUPPORT
List organizations and amounts of other sources of financial support:

Total received from Other Sources of Financial Support __________________

CURRENT YEAR GRANT REQUEST
Amount Requested _________________________________________________

Provide a detailed description of how the grant will be used:

With your ONLINE application, you will be required to include a letter from your pastor indicating his support of this request.
Catholic Extension Grants

The mission of Catholic Extension is to build up and strengthen poor and isolated faith communities. We invest in people, infrastructure and ministries. We partner with mission diocese to address their needs for foundational support for missions, educating seminarians and lay leaders, construction/renovation of facilities, youth ministry and religious education and building the internal capacity of dioceses.

(The following application is for sample purposes only.)

If you intend to apply, you must fill out this form ONLINE by April 1 or October 1 to be considered for grant funds for the upcoming year.

Catholic Extension Grants are due to the diocese:

April 1 and October 1 each year.

Questions?

grants@jacksondiocese.org
Catholic Extension Grants
Basic Request Information

Name of Program (10 words or less) ___________________________________

_________________________________________________________________

Is this a request for multi-year funding?  Yes or No

Total Grant Amount Requested ________________________________________

Please describe the nature of the program. (400 words or less.)

If this grant were to be included in Catholic Extension's Christmas Wish List, or any other donor or marketing material, what would be a 1-2 sentence description for this grant funding request and how it will be used?

Previous or Most Recent Catholic Extension Grant

Has this program or fund ever received funding from Catholic Extension for a similar purpose? If so, please explain. (50 words or less.)

Previous Grant Amount, if any: ________________________________________

Please reference the most recent grant for this need.

Approximate Previous Grant Date, if applicable: _________________________
If approved, please specify an appropriate time frame for payment of this grant. Why is this time frame favorable to your financial needs? (100 words or less.)

People Served

Please enter the total number of students that this grant would fund during the coming year. _______________________________________________________

Please list the students who will benefit including name, institution attended, course of studies, year of certification/ordination/graduation, student age or ethnic background or attach as a separate document at the end of this application. (250 words or less.)

Need

Has this type of education program or opportunity ever been provided in the past for this group of people? If so, when did this opportunity occur? (100 words or less.)

What are the immediate and long-term benefits of this education program? (i.e. organizational, intellectual, etc.) Describe below or attach on a separate document. (500 words or less.)

Why currently is there a financial need for this grant? (100 words or less.)
Sources of Revenue and Expenses

Please list the other major sponsor(s) of this education program and the amount of funds that they will supply.

Source Name (10 words or less.) ______________________________________
_________________________________________________________________
Registration fee: __________
Source Amount: __________

Source Name (10 words or less.) ______________________________________
_________________________________________________________________
Registration fee: __________
Source Amount: __________

What are the total expenses for this program during the proposed grant year?
_________________________________________________________________

Please list the expense(s) to which the proposed grant funds will apply during the grant year.

Please list the expense name and then the expense amount. (10 words or less.)

1. Expense Name: __________________________________________________
   Expense Amount: _______________

2. Expense Name: __________________________________________________
   Expense Amount: _______________

3. Expense Name: __________________________________________________
   Expense Amount: _______________

4. Expense Name: __________________________________________________
   Expense Amount: _______________

Please list your previous total revenue as indicated below.

  2 years ago: _______________
  1 year ago: _______________
Current year: _______________
Please list your previous total expenses as indicated below.

2 years ago: _______________
1 year ago: _______________
Current year: _______________

Please explain significant revenue and/or expense variations, if any. (50 words or less.)

Sustainability
Will there be ongoing costs for this education program in subsequent years?

Describe the steps that have been or will be taken to secure funding toward long-term sustainable support of this institution or program in the future. Please be specific. Priority consideration will be given to requests that provide solid plans for progress toward long-term self-sustainability. (200 words or less.)

Reporting Requirements
What is the proposed education/academic start date for the year of the grant?

How long is this program (or academic year)? In whole months.

Please list all significant dates that pertain to the students or program during this grant year of which Catholic Extension should aware. (i.e. quarterly, mid-term, graduation, etc.)
Please outline the goals for the year of the grant. (250 words or less.)

Programs that receive funding will be given the grants calendar for reporting deadlines. Reports must be submitted regardless of project status. Using the measurement description above, you will report on the progress you have made in one year. At that time, you will be reflecting on the impact these measurable achievements had on the program's overall mission.

Examples of metrics to track:
- Number of ministries benefiting from grant
- Number of ministers being certified or graduating the year of the grant
- Number of seminarians
- Number of education hours completed during grant period (conference, degree, non-degree, ongoing training)
- Number of people using technology and how it has made an impact
- Partnerships with organizations and participation in programs training volunteer leaders
- Number of volunteers and number of additional locations benefiting from increased volunteers

What data will you track to measure the impact of this education program? (150 words or less.)
The USCCB Subcommittee on Catholic Home Missions evangelizes by giving financial support to missionary activities that strengthen and extend the presence of the Catholic Church in the United States and its dependencies. Through its annual fundraising appeal, the Subcommittee educates U.S. Catholics regarding mission needs and invites them to assist fellow Catholics in the practice of their faith. The Subcommittee primarily serves home mission dioceses, that is, those unable to provide their people with the basic pastoral ministries of Word, worship and service without outside help. It may also give grants to other dioceses for projects, and to organizations and religious communities engaged in missionary work.

(The following application is for sample purposes only.)

If you intend to apply, you must fill out this form ONLINE by March 1 to be considered for grant funds for the upcoming year.

Questions?

Email: grants@jacksondiocese.org
Catholic Home Missions Grants

Contact

First Name: ________________________________________________________

Last Name: ________________________________________________________

Title: _____________________________________________________________

E-mail: ___________________________________________________________

Street Address: ____________________________________________________

City: _____________________________________________________________

State: MS

Zip Code: _______________

Phone: _______________

Provide us the name of the program for which funding is requested (15 words or less):  ____________________________________________________________
_________________________________________________________________

Grant Accountability for Previous Year

(Note: If you did not receive grant monies from the Catholic Home Missions Grant program last year, you may skip this section.)

Total grant awarded in previous year ________________________________

Total number of people served _________________________________

Detail on how the grant funds were used:
Project Description

Describe the project briefly, touching on its goals, general structure, staffing, and actual or projected operation. The description should be concise and complete. If the program in question is complex, explain each major component (a minimum of 250 words, not to exceed 1,000 words).

CHM Request Amount: ____________________________

Total Program Budget

Contributions

Provide the amount of any diocesan funds: __________________

Provide the amount of funds you expect will be contributed to this project by the parish: __________________

Provide the amount of funds you expect will be contributed to this project by the Black and Indian Mission Office: __________________

Provide the amount of funds you expect will be contributed to this project by the Koch Foundation: __________________

Provide the amount of funds you expect will be contributed to this project by the Catholic Extension Society: __________________

Other Funding Sources and Amounts:

Total Program Cost Breakdown

Salaries and Benefits: __________________

Travel Expenses: __________________

Meetings and Conferences: __________________

Equipment Purchases and Rentals: __________________

Other Expenses:
Program Notes

Provide any additional information pertaining to this program (in 500 words or less).
CAMPUS MINISTRY GRANT PROGRAM

Any campus ministry program at any college/university in the diocese can apply for grant monies.

(The following application is for sample purposes only.)

If you intend to apply, you must fill out this form ONLINE by August 30 to be considered for grant funds for the upcoming year.

Questions?

Email: grants@jacksondiocese.org
Diocese of Jackson
Office of Campus Ministry
CAMPUS MINISTRY GRANT APPLICATION FORM

A. General Information

Campus Name / Location: ___________________________________________
Campus Minister (Signature): _________________________________________
Email Address Campus Minister: ______________________________________
Email Address Pastor: _______________________________________________
Parish Name / Location: ______________________________________________
Pastor (Signature): _________________________________________________

AMOUNT REQUESTED: _____________________________________________
DATE SUBMITTED: ________________________________________________

B. College / University Information

Name of College / University: _________________________________________
Location: __________________________________________________________
Approximate number of students enrolled annually:
1) Undergraduate: ________________     2) Graduate: ________________
Degrees conferred (check): ___ two-year     ___ four-year     ___ graduate
Approximate number of Catholic students enrolled annually: _______________
C. Person Responsible for Campus Ministry

Please provide a description of the roles and responsibilities within the campus ministry program.

On average, how many hours per week is the person responsible for campus ministry expected to be present / ministering? _____________________________

Check one of the following to describe how the campus ministry position functions:

__ Full Time Paid  __ Part Time Paid  __ Volunteer  __ Other

Does the Campus Minister have a Masters' degree in Theology?  Y   N
If yes, list school and year completed: ___________________________________

Does the Campus Minister have Certification or other advanced training?  Y   N
If yes, list program and year completed: ___________________________________

D. Budget: Current Year Projections / Previous Year Totals

Please prepare a brief summary of campus ministry income/expenses including:

1) Projections for the coming year academic year:

   a) Income: Amounts and Sources
      (Parish Subsidy, Grants, Fundraising, Student Fees, Etc.)

   b) Expenses: Amounts by Categories
      (Salary/Benefits, Program Expenses, Travel Allotments, Etc.)
2) Parish Soft Fiscal Year totals for the previous academic year. For those who received a grant in the previous year only.

   a) Income: Amounts and Sources
      (Parish Subsidy, Grants, Fundraising, Student Fees, Etc.)

   b) Expenses: Amounts by Categories
      (Salary/Benefits, Program Expenses, Travel Allotments, Etc.)

E. Description of Campus Ministry Program

1. List the top five goals of this campus ministry program.

2. Describe the activities that are sponsored to achieve these goals.

3. Describe how the program’s goals/activities are evaluated.

4. Provide a detailed account of how the previous grant money was used. For those who received a grant in the previous year only.
5. Provide an evaluation of last year’s program and rationale for reapplying. For those who received a grant in the previous year only.

F. Letter from the Pastor

With your ONLINE application, you will be required to include a letter from your pastor indicating his support of this request.

Again, you must submit application ONLINE by August 30th to be considered for grant funds for the current academic year.
THE CATHOLIC FOUNDATION OF THE DIOCESE OF JACKSON

The Catholic Foundation of the Diocese of Jackson, Mississippi, Inc. was established to allow persons to continue their Christian Stewardship in perpetuity with lasting support for the work of the Church in the diocese. The purpose of the Catholic Foundation is to receive and administer gifts of money and property for the good works of the Church throughout the Diocese of Jackson.

Gifts made to endow the Church of the Diocese of Jackson or one of the parishes, institutions or programs, can be made through the Catholic Foundation in the Diocesan Office of Stewardship Development, located in the Catholic Chancery Building, 237 East Amite Street, (601) 969-1880, in Jackson. Gifts can be given while a person is living or through a will, insurance or other instrument after death.

The Catholic Foundation can make donations for the public welfare or for religious, charitable, scientific or educational purposes, to support and assist financially the religious, educational, charitable, medical institutions or programs operated by or under the auspices of the Catholic Diocese of Jackson.

(The following application is for sample purposes only.)

If you intend to apply, you must fill out this form ONLINE by August 31 to be considered for grant funds for the upcoming year.

On the Catholic Foundation page at jacksondiocese.org click on grants for the application

Questions?

Email: grants@jacksondiocese.org
Grant Application Guidelines

The Catholic Foundation of the Diocese of Jackson provides financial assistance to religious, educational and charitable works in the Diocese of Jackson. Each year earnings from investments of Foundation assets become available for distribution.

I. How to Qualify for a Grant

Determine if your organization or project qualifies.

1. Is the religious, educational or charitable organization, purpose or project compatible with the mission of the Catholic Church?

2. Is it located within the geographic area served by the Diocese of Jackson?

3. Is the organization listed in the Official Catholic Directory, or does it have tax-exempt status as a 501(c)(3) organization, or is it a project operated under the auspices of the Diocese?

4. Is there a sponsor? Sponsors are priests, religious or directors of an organization or project under the auspices of the Diocese.

5. Grants are not given for the following: Any grant submitted that do not meet grant requirements will be returned.
   1. Deficit financing
   2. Direct aid to an individual
   3. Salaries
   4. Donation to a fund-raising campaign
   5. Endowment funds and other foundations
   6. Ordinary operating expenses
   7. Requests over $5,000
   8. Grant requests made after the grant deadline of August 31
   9. Applications for funding for more than one year

6. Grants are considered for the following:
   1. Christian formation and education
   2. Evangelization
   3. Ministries
   4. Human services
   5. Institutions and programs operated by or under the auspices of the Diocese
   6. Capital improvements (i.e., building repairs)
II. How to Apply for a Grant

A. Use the official grant Application Form provided by the Catholic Foundation Office located on the Diocesan website: www.jacksondiocese.org located on the Foundation page under grants. Please make sure to read the Application Guidelines before submitting your grant request to make sure it meets the funding criteria. Grants that do not meet the criteria will be returned.

B. Return the completed application to the Foundation Office after August 1 but before the closing date of August 31.

C. Supply the following materials where applicable:

1. Online grant Application Form
2. The project’s budget in detail

D. Consideration will be given to the following criteria:

1. The project’s contribution to the mission of the Catholic Church
2. Clarity of goals
3. The likelihood of success
4. The amount requested and the availability of funds
5. Sensibleness of the project’s budget
6. The income potential of the parish, school or program
7. Helpfulness of the information provided
8. Parish, school or community benefit

E. When the grant Application Form is processed:

1. Upon receipt of the grant application, the applicant will receive an email acknowledging receipt.
2. If grant does not meet the criteria or is incomplete the applicant will be informed.
3. Final action of the Board of Directors will be communicated in writing in November of the grant year

Official online grant Application Forms can be found on the Foundation page under the Grants tab at www.jacksondiocese.org

If you need assistance, email:

grants@jacksondiocese.org
DIOCESAN MISSION
GRANT PROGRAM

(The following application is for sample purposes only.)

If you intend to apply, you must fill out this form **ONLINE** by April 30 to be considered for grant funds for the upcoming year.

Questions?

Email: grants@jacksondiocese.org
Diocesan Mission Grant Application Guidelines

The Diocese of Jackson provides financial assistance to religious, educational and charitable works in the Diocese of Jackson. We will not consider grant requests submitted after the deadline of April 30.

Mission Grants **are not** ordinarily given for the following:

1. Deficit financing
2. Direct aid to an individual
3. Salaries (exceptions made)
4. Donation to a fund-raising campaign
5. Endowment funds and other foundations
6. Ordinary operating expenses (exceptions made)
7. Requests over $20,000.
8. Applications for funding for more than one year

Mission Grants **are** considered for the following:

1. Christian formation and education
2. Evangelization
3. Ministries
4. Human services
5. Institutions associated with the Diocese
6. Capital improvements (i.e., building repairs)
Name of Parish, Ministry or Entity Seeking Funding: _______________________
_________________________________________________________________

Street Address: ____________________________________________________
City: ______________________________________________________________
State: MS
Zip Code: _______________
Phone: _______________
Fax: _______________
Website Address: ___________________________________________________

Organizational Background (such as mission, history, etc.)

What is the average weekly collection? __________________________________

Contact

First Name: __________________________________________________________
Last Name: __________________________________________________________
Title: ________________________________________________________________
E-mail: ______________________________________________________________
Street Address: _______________________________________________________
City: _________________________________________________________________
State: MS
Zip Code: _______________
Phone: _______________

GRANT ACCOUNTABILITY FOR PREVIOUS YEAR
(Note: If you did not receive grant monies from the Diocesan Mission Grant program last year, you may skip this section.)

Total grant awarded in previous year ________________________________

Total number of people served _________________________________

Detail on how the grant funds were used:
Basic Request Information

Project Name: _____________________________________________________

Grant Amount Requested: _______________

Please briefly describe the reason and purpose of the project and the work to be done. If work is to be done in phases, please describe each step.

People Served

Primary ethnic group funding proposes to serve (%).

African
African American
Asian
Caribbean
Caucasian
Native American
Pacific Islander
Other
Non-Hispanic/Latino
Hispanic/Latino

(The Census Bureau defines "Hispanic or Latino" as "a person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin regardless of race")

Please describe any other demographic characteristics of the people that this facility will serve, which you feel are pertinent. (i.e. age group, gender, urban/rural, etc.)

Please enter the total number of people that this parish or ministry proposes to directly serve during the year of the grant. ______________________________

Please enter the total number of families that this program/project ministry proposes to directly serve during the year of the grant. If none, enter the number 0.
Need, Relevance and Other Providers

Why at this moment is there a financial need for this grant?

If you are a parish, answer the next three questions:

1) Did the parish participate in the stewardship and Enhanced Offertory Program of our Diocese as requested by the Bishop? YES/NO

2) If so, what type of results did you receive from that program and what are your long-term stewardship goals?

3) If you did not participate, state the reason why and outline the alternative stewardship program and stewardship goals you have integrated into your parish.

Please attach any stewardship plan or goals that you have adopted as a parish.

If you are an apostolic program of our Diocese or a program within Catholic Charities:

1) What fund raising or other funds source initiatives, other than grants, have you implemented to help support the program for which you are requesting funds?
2) How long do you anticipate having to request funds from the Diocesan Mission Grant Program?

3) What steps are you taking to become less dependent on Diocesan Mission grant funds?

4) How many miles away is the nearest comparable service provider?

**Project Expenses/Revenues**

Please list the other major sponsor(s) of this program or project and the amount of funds they will supply:

*Please attach a complete budget explaining all the sources of revenue and expenses*

Source amount 1: ___________________________________________________
Source amount 2: ___________________________________________________
Source amount 3: ___________________________________________________
Source amount 4: ___________________________________________________
Source amount 5: ___________________________________________________
Expense amount 1: _________________________________________________
Expense amount 2: _________________________________________________
Expense amount 3: _________________________________________________
Expense amount 4: _________________________________________________
Expense amount 5: _________________________________________________

**Reporting Requirements**

What is the anticipated or actual start date for this project? __________________
What is the estimated duration of this project? *In whole months* ____________

Please outline the goals for the year of the project.
Do you anticipate a need for this funding again in the future?

Where do you see opportunity for making progress in this program toward greater financial self-sustainability? Please list all opportunities. Priority consideration will be given to requests that provide solid plans for progress toward long-term self-sustainability.

What data will you track to measure the impact of this parish or ministry?

School Only

If your application is for a school or early childhood learning center of the Diocese, please include the following:

1) Student enrollment for the past 5 years listed as
   a) Catholic
   b) non-Catholic
   c) Total

2) List of the Development/Advancement efforts currently in place that provide income.

3) Is this project cited in the Strategic Plan for the School? If not, why?
Checklist

1) Did you answer all the questions, or entered n/a (not applicable)?

2) You should be current with your financial obligations towards the Diocese (Cathedraticum, school subsidies, health insurance, school registration fees)

3) Payment of grant will be direct deposited into your Deposit and Loan Savings account.

4) Please include any background material you think is helpful.

Grant awards are dependent upon how many received and expressed level of need as a percentage of the total budget.

Again, please submit application ONLINE by April 30th to be considered for grant funds for the upcoming academic year.

Questions?

Email: grants@jacksondiocese.org