



THE DR. LYLE F. RENODIN FOUNDATION  
*Affiliated with the Franciscan Sisters of Allegany, NY*

**GRANT APPLICATION FORM**

The Dr. Lyle F. Renodin Foundation is pleased to provide small grants to non profit organizations whose public charitable purposes are carried out in a manner consistent with the tradition of the Franciscan Sisters of Allegany, NY and that this service is provided to all persons without regard to race, creed, color, national origin, gender, age, handicap or economic status within the Twin Tier Region of New York State and Pennsylvania.

Those who wish to apply for funding from the Dr. Lyle F. Renodin Foundation must be a 501 C (3) qualified organization dedicated to the support of those in need and in alignment with the Mission of the Renodin Foundation. This grant may be renewed annually by submitting a new application and providing appropriate program updates to the Foundation, along with the request for renewal.

*Fill out and attach this cover sheet with your application and send submission to:*

Dr. Lyle F. Renodin Foundation  
St. Elizabeth Motherhouse  
115 East Main Street  
Allegany, NY 14706

Legal Name of Organization \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_  
Fax Number: \_\_\_\_\_  
Email: \_\_\_\_\_

Executive Director: \_\_\_\_\_

Title \_\_\_\_\_

Contact person and title (if not same as above) \_\_\_\_\_  
\_\_\_\_\_

Grant Request Amount \_\_\_\_\_

Received grant in past Yes \_\_\_ No \_\_\_

Total number of grants received from the Renodin Foundation \_\_\_\_\_

Confirm organization meets 501(C) (3) criteria Yes \_\_\_ No \_\_\_

**Questions on filling out form:** Contact Ellen Weaver at (716) 373-0200 Ext 3209 or via email to [ejweaver@fsallegany.org](mailto:ejweaver@fsallegany.org)

## *Grant proposal Format*

### I. **PROPOSAL SUMMARY:** one-half page, maximum

Please summarize in a short paragraph the purpose of your agency. Briefly explain why your agency is requesting this grant, what outcomes you hope to achieve, and how you will spend the funds if a grant is made.

### II. **NARRATIVE** – Two pages maximum

#### A. **Background** – Describe the work of your agency, addressing each of the following:

1. A brief description of its history and mission
2. Location and geographic area that is served
3. The need or problem that your organization works to address, and the type of population that your agency serves.
4. Current programs and accomplishments. Please emphasize the achievements of the recent past and provide information if available to document the quality of your endeavors (e.g. copies of letters of commendation, newspaper articles, etc.)
5. Number of paid full-time staff, number of paid part-time staff; number of volunteers

#### B. **Funding Request** – Please describe the program for which you seek funding

1. **If applying for general operating support, briefly describe how this grant would be used.**
2. **If your request is for a specific project, please explain the project including:**
  - A statement of its primary purpose and the need or problem that you are seeking to address.
  - The population that this project will serve and how they will benefit
  - Strategies that you will employ to implement your project
  - The proposed staffing for this project
  - Anticipated length of the project
  - How the project will contribute to your organization's overall mission
  - Total cost of the project

#### C. **Evaluation** – Explain how you will measure the effectiveness of your activities. Describe your criteria for a successful program and the results you expect to have achieved by the end of the funding period.

### III. **Grant Accountability Report** – a report is required at the end of your grant cycle detailing how the funds provided by the Renodin Foundation have been used to achieve the goals of this grant request.