

The Nehemiah Foundation
 Grant Application
 Funding 2011

Organization Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____ Title: _____

Telephone: _____ Email: _____ Fax: _____

Amount requested for 2011: \$ _____ Projected Budget for 2011: \$ _____

Requested amount should not exceed 50% of budget.

Income for Jan.-June 2010: \$ _____ Projected budget for 2010: \$ _____

List the sources of income by percentage for the first six months of 2010 and all of 2009.

Contributions from:	% Income in 2009	% Income January-June 2010
The Nehemiah Foundation		
Individuals		
Churches/Ministries		
Other Foundations		
Businesses		
Government		
TOTAL	100%	100%

Number of employees: Full-time _____ Part-time _____

Does organization have federal tax-exempt status? _____

If no, explain:

Is organization incorporated in the State of Ohio? _____

If no, explain:

By submitting your application, The Nehemiah Foundation assumes that funded ministries agree to:

- 1) Full participation in bi-monthly ministry leader's forum. These forums are designed to promote partnerships, mutual accountability, and sharing of best practices.
- 2) Full participation in monthly prayer meeting. This takes place the 2nd Wednesday of each month from 10:30-11:30.
- 3) On-time submission of quarterly grant reports.
- 4) Ongoing pursuit of organizational excellence and best practice ministry.
- 5) Using funds as indicated in this grant application. Changes in funding use must be approved by TNF.

Director Signature

Date

Program Outcomes Table Attachment A

MRCA INDICATOR Please provide 3-5	Program Targeting Indicator	Evaluation Method	Reporting Data Please provide 1-2 for each indicator
What is being addressed?	What will be offered to address indicator?	How will evaluation be conducted?	Provide format you will use on quarterly reports.