



GREEK ORTHODOX LADIES PHILOPTOCHOS SOCIETY, INC.
GENERAL GRANT APPLICATION FORM (RFP)
2018-2020

This document seeks to explore your program, its history, track record and needs. Applications are reviewed on a rolling basis as they are submitted.

ELIGIBILITY REQUIREMENTS:

To be eligible for consideration, all applicant organizations **MUST**:

- Have current 501(c)(3) status from the Internal Revenue Service.
- Be located in or serve populations of the Greek Orthodox Archdiocese of America, which includes the 50 states of the United States and the Bahamas (Nassau).
- State clearly your project or program mission or intent and provide appropriate justification for funding.

EXCLUSIONS: The Greek Orthodox Ladies Philoptochos Society, Inc. will not consider requests for:

- Direct grants, scholarships or loans for the benefit of specific individuals;
- Projects of organizations whose policies or practices discriminate on the basis of race, ethnic origin, sex, creed, sexual orientation.

PART I: ORGANIZATION INFORMATION

1. The Organization's legal name, trade name(s), and any other name(s) under which the Organization does, or has done, business;
2. Is your organization a 501(c)(3) public charity? Yes No
3. The Organization's Federal Employer Identification Number (FEIN);
4. The Organization's main address, telephone and fax number;
5. The Organization's Website;
6. The Organization's Social Media Accounts: Facebook, Instagram, and Twitter (if applicable).

PART II: CONTACT INFORMATION

1. Primary Contact:
2. Title:
3. Mailing address and telephone number (if different than that of the main organization address listed above);
4. Primary Contact Office Phone Number:



GREEK ORTHODOX LADIES PHILOPTOCHOS SOCIETY, INC.
GENERAL GRANT APPLICATION FORM (RFP)
2018-2020

5. Primary Contact Cell Phone Number:
6. Primary Contact Fax Number:
7. Primary Contact Email:

PART III: MISSION STATEMENT (STATEMENT OF PURPOSE)

1. What is the mission of your organization?
2. Please describe your current constituencies.
3. Which geographical locations do you serve?
4. Please set forth the names and business affiliations of your organization's officers and board members.
5. Are the officers or board members compensated for their participation in the organization? If yes, please provide additional information regarding their compensation by the organization.
6. Provide a brief history of your organization.
7. Please provide a list of the top five grants that have been awarded to your organization in the past five years.

PART IV: PERTINENT STATISTICS

1. Total annual budget in the last completed fiscal year:
2. Please attach copies of your organization's budgets for the past two years.
3. How many people did your organization serve last year?
4. Number of full-time employees employed by your organization.
5. Number of part-time employees employed by your organization.
6. Did your organization have an external financial audit conducted in the last fiscal year?
Yes No
7. Do you or any of your members or officers have a personal or business relationship or affiliation with the National Philoptochos, or one of the Metropolis Philoptochos' boards or officers? If yes, please set forth any such relationship:
8. Annual Report: If available, please submit a copy of your institution's last annual report.



GREEK ORTHODOX LADIES PHILOPTOCHOS SOCIETY, INC.
GENERAL GRANT APPLICATION FORM (RFP)
2018-2020

PART V: GRANT REQUEST INFORMATION

1. Project/Program Title:
2. Project Description: (Comprehensively describe the purpose of the project or program. Please tell us about any of its unique aspects or what makes it innovative).
3. What issues or needs will the National Philoptochos grant help your organization address?
4. What specific outcomes or deliverables do you plan to achieve with this project?
5. How will the funds be used? Will the funds be used to purchase badly needed equipment, to pay for the care or services for those individuals who cannot afford to pay (since they are under or uninsured), to start or support a necessary program, or to fund vital research? Please be as specific as possible.
6. How many people (adults, children, or families) do you estimate this project/program will serve?
7. How would you describe the specific constituency this grant is designed to affect?
8. What is the total estimated budget/annual cost of this specific project or program? (Please note that no administrative costs, indirect costs or overhead, will be allowed in the funding you seek).
9. It is best for you to give us your request with the cost broken down so that we can consider meeting all or part of your needs.
10. What other grants have you received for this project or initiative?
11. Please provide us with an example of how your program has enhanced the life of a child or will enhance the life of a child if put into place.

PART VI: ATTACHMENTS

Fact Sheet: Please attach a basic Fact Sheet so that we can gain a better understanding of the organization.

Letter of Recommendation: If available, please attach a letter of recommendation from someone who has knowledge of your institution's project, program or proposal who can advocate or vouch for you to receive funding.



GREEK ORTHODOX LADIES PHILOPTOCHOS SOCIETY, INC.
GENERAL GRANT APPLICATION FORM (RFP)
2018-2020

Note: Please be sure to attach any collateral documents that you believe would support your application.

PLEASE COMPLETE THIS FORM (TYPED) AND SEND IT ALONG WITH ANY ATTACHMENTS AND PERTINENT DOCUMENTS VIA TO:

Kay Brakatselos
Administrative Assistant, National Office
Greek Orthodox Ladies Philoptochos Society, Inc. at
kbrakatselos@philoptochos.org (email address)

If you have any questions prior to submitting your grant application, please send them via email to our 2019 Children's Medical Fund Grants Committee Co-Chairmen, and include your phone number, and they will respond to you. Once the application review process has begun, we respectfully request that you refrain from contacting our CMF Grants Committee as they deliberate. You will be contacted by the CMF Grants Committee advising you of the decision regarding your application at the conclusion of the process.

Carol Stamas
Project Review Co-Chairman
cestamas@comcast.net
Cell: 847-323-1796 (Central Time)

Marilyn Tzakis
Project Review Co-Chairman
mgtltd@aol.com
Cell: 312-404-7962 (Central Time)