This document seeks to explore your program, its history, track record and needs. **Deadline for email submittal of your completed grant application and all attachments is 5:00 pm Eastern Standard Time on Friday, March 28, 2025. Please type your answers to the questions below, preferably in a different-colored font, and create a PDF before sending it.**

**ELIGIBILITY REQUIREMENTS:**

To be eligible for consideration, all applicant organizations MUST:

* Have current 501(c)(3) status from the Internal Revenue Service.
* Located in or serve populations of the **Metropolis of Atlanta** which includes **Alabama, Florida, Georgia, Louisiana** (Baton Rouge, Monroe, New Orleans), **Mississippi** (Biloxi and Jackson), **North Carolina**, **South Carolina**, and **Tennessee** (Bluff City and Knoxville).
* Clearly state your project or program mission or intent and provide appropriate justification for funding. (Please note the grant can be for the physical and/or mental health needs of children.)

**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 based on 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. The Organization’s copy of the 501(c)(3) IRS determination letter.
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:
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?
7. Do you or any of your members or officers have a personal or business relationship or affiliation with the National Philoptochos Society, the Greek Orthodox Metropolis of Atlanta, or the Metropolis of Atlanta Philoptochos’ board 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.

**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 CMF 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? For example, will the funds be used to pay for the care or services for those individuals who cannot afford to pay (since they are under or uninsured), whether it be an inpatient or outpatient setting, to start or support a necessary program, to fund vital research, or to purchase needed equipment? Please be as specific as possible.
6. How many children and families/people 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 salaries, no administrative costs, indirect costs or overhead, can 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.

**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 email no later than 5:00 pm Eastern Standard Time on Friday, March 28, 2025., to:**

**Elizabeth Douglas**

**Administrative Assistant, National Office**

Greek Orthodox Ladies Philoptochos Society, Inc.

[Elizabethd@philoptochos.org](mailto:Elizabethd@philoptochos.org)

If you have any questions prior to submitting your grant application, please send them via email to our 2025 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.

**Despina Koulianos**

2025 Children’s Medical Fund Grants Committee Co-Chair

[dkoulianos1@gmail.com](mailto:dkoulianos1@gmail.com)

**Margaret Sarafoglu**

2025 Children’s Medical Fund Grants Committee Co-Chair

[sarafoglut@bellsouth.net](mailto:sarafoglut@bellsouth.net)