



Grant Application

Mission Renewal International, Inc, (MRI) disburses grants twice a year in May and November.

Applications must be received by MRI by February 28 to be considered for May funds and by August 31 to be considered for November funds. If an Application is not received by the deadline, it will be considered in the next funding cycle. (Some exceptions for “rushed” funding or “off cycle” funding may be considered for crisis situations.)

All organizations approved for funds agree to submit reports on their activities and expenses at least every six months or upon request, with a final written report submitted at the end of the funding period. Recipients of funding agree to use funds only for the purpose(s) for which the funding was made. MRI maintains authority to withhold and/or recover funding in case such funds are, or appear to be, misused.

MRI follows a two-step process for determining what funds will be dispersed to which organizations to accomplish MRI’s mission. The first step is to vet the requesting organization to ensure it is in line with MRI’s guidelines. The second is to review specific project and/or funding request and decide whether to disperse funds to that organization.

MRI will only disperse funds to organizations whose operations are in line with MRI’s Vision and Core Values (see next page.) Any organization desiring funds from MRI will be fully vetted by MRI to ensure that organization:

1. Provides services for the most vulnerable people within a developing country in one or more of the areas of Education, Healthcare, Family Infrastructure and Child welfare;
2. Has been in operation for a minimum of three years and has a track record of success in the noted service area(s). (Exceptions to this are allowed by 2/3 majority vote of MRI’s Board of Directors);
3. Has a workforce (including management) comprised of over 50% citizens of the country of operation;
4. Maintains accounting records that meet International Financial Reporting Standards (IFRS) and will provide such records to MRI upon request;
5. Is not part of or directly associated with any government entity of any country, any government official, or any family member of a government official;
6. Adheres to strict accountability for anti-corruption;
7. Is not listed on the Office of Foreign Assets Control (OFAC) List of Specially Designated Nationals and Blocked Persons nor is operating in a country for which the United States statutes, executive orders, or regulations prohibit transactions;
8. Agrees to be accountable to MRI’s auditing and oversight procedures, and;

9. Has no conflict of interest with any Officer, Director, or Employee of MRI.

To have your organization approved, complete this application, and submit it along with the required supplementary information to Ms. Amy Ruiz at one of the addresses below. You may also contact Ms. Ruiz if you need assistance with this form.

Electronic: amy.ruiz@missionrenewal.org

Mail: Mission Renewal International
ATTN: Amy Ruiz, Secretary
11233 Paseo Montanoso, #63
San Diego, CA 92127
United States of America

MRI's Mission

Transforming lives through advancements in education, healthcare, child welfare, and family infrastructure.

MRI's Vision

Breaking the cycle of extreme poverty in developing countries.

MRI's Core Values

1. **Transparency**-Honesty and transparency are the cornerstones of MRI. In a world of corruption, people want to know their funds are being used in an honest way to achieve measurable results. We hold organizations accountable and provide transparency for donors.
2. **Partnership**-Great changes are accomplished through partnerships. The world's problems are too large for any one person, group or government. Many small organizations making positive impacts lack resources to continue or expand. We bring together those with resources and those in need to transform lives.
3. **Family**-The family unit is the foundation of any society. If marriages are strong, the children will be strong; if the children are strong, there is hope for the next generations. We support organizations that work toward healthy marriages and help parents in raising their children.
4. **Quality of Life**-All people should be given the opportunity to receive quality healthcare. Many in poverty cannot afford basic medical services, medications, surgeries, etc. We partner with organizations that provide medical services to the poor to ensure their well-being.
5. **Knowledge**-Knowledge is a major force in combating poverty. Educating people about world problems caused by poverty helps change thinking and bring action. When the poor are given education and training, it broadens their world view and opens new possibilities. We bring light to the issues of extreme poverty through seminars, conferences and other educational opportunities. We support organizations providing education and job training in developing countries.
6. **Bringing Hope**-Hope brings perseverance to overcome tough times. Without hope, it is difficult to rise above hard circumstances—one feels defeat before even beginning. We seek to bring hope to the poorest of the poor by providing the resources they need letting them know they are not forgotten.
7. **Honoring the Creator of the Universe**- God created all people and loves all people. The rich and the poor, young and old, men and women are all God's creation. We are called to be His hands and feet, to show His love, and carry out His work in this world.

Mission Renewal Grant Application

ORGANIZATION NAME:

DATE OF APPLICATION:

(Include all names/ acronyms by which the organization is known.)

PART A: VETTING QUESTIONNAIRE

POINT OF CONTACT INFORMATION

NAME:

MAILING ADDRESS:

PHONE NUMBER (include country code): +

EMAIL:

PREFERRED METHOD OF CONTACT: PHONE EMAIL POSTAL MAIL

ORGANIZATION INFORMATION

MAILING ADDRESS:

PHONE NUMBER (include country code): +

WEBSITE URL:

DATE THE ORGANIZATION WAS FORMED:

COUNTRY/COUNTRIES OF INCORPORATION:

COUNTY OF OPERATION (Where Grant Funds will be used.):

AREAS IN WHICH THIS ORGANIZATION WORKS (Check all that apply):

Education Healthcare Family Infrastructure Child Welfare Other (list/describe below)

MAIN MISSION/PURPOSE(S) OF THE ORGANIZATION (Attach additional pages, if needed):

BRIEFLY DESCRIBE HOW THE ORGANIZATION CARRIES OUT ITS MISSION/PURPOSE (Attach additional pages, if needed):

PERSONNEL DATA:

LIST ALL OFFICERS, BOARD MEMBERS, AND MANAGEMENT PERSONNEL OF THE ORGANIZATION, THEIR POSITION IN THE ORGANIZATION, THE DATE THEY JOINED THE ORGANIZATION, AND THEIR ANNUAL COMPENSATION (use additional sheet if needed):

FULL NAME	POSITION	DATE JOINED	COMPENSATION (US Dollars)

LIST ANY OFFICERS, BOARD MEMBERS, AND/OR MANAGEMENT PERSONNEL THAT HAVE ANY CONNECTIONS TO A GOVERNMENT BODY AND DESCRIBE THAT POSITION/CONNECTION:

HAS ANY OFFICER, BOARD MEMBER, OR EMPLOYEE EVER BEEN ON *THE OFFICE OF FOREIGN ASSETS CONTROL (OFAC)* LIST OF SPECIALLY DESIGNATED NATIONALS AND BLOCKED PERSONS? IF YES, PLEASE EXPLAIN.

FILL IN THE TABLE BELOW WITH THE NUMBERS OF PAID PERSONNEL IN THE ORGANIZATION THAT FIT INTO EACH CATEGORY. (“Full-Time” is the number of hours per week that are considered the norm for full-time in the country of operation.)

POSITION	TOTAL PEOPLE	# WHO ARE CITIZENS OF COUNTRY OF OPERATION	% WHO ARE CITIZENS OF COUNTRY OF OPERATION
Full-Time Management			
Part-Time Management			
Full-Time Staff			
Part-Time Staff			

DESCRIBE YOUR ORGANIZATION’S POLICIES/PROCEDURES FOR FINANCIAL ACCOUNTABILITY. LIST ANY MEMBERSHIPS TO FINANCIAL ACCOUNTABILITY ORGANIZATIONS AND/OR HOW YOU MAINTAIN ACCOUNTABILITY TO DONORS (IE. ECFA, CHARITIES REVIEW COUNCIL, CHURCH OVERSIGHT COMMITTEE, ANNUAL AUDITS, ETC.):

LEGAL AND FINANCIAL DOCUMENTATION:

Submit the following information for the organization with this application:

1. If the organization is a nonprofit incorporated in the USA, please provide a copy of the Articles of Incorporation, Employer Identification Number (EIN), and proof of 501(c)(3) status.

If the organization is a nonprofit incorporated in a foreign country, please provide the Articles of Incorporation and proof of nonprofit status.
2. The past three years of Tax Statements or Government Filings showing Income Statement, Balance Sheet, and Cash Flow Statement.
3. Detailed budget (Income & Expenses) and actuals for the last completed fiscal year and the budget/forecast for the current year. (Explain any discrepancies.)
4. Letter of Certification signed by the Chairman of the Board of Directors and the President of the organization. (Please see the letter on page 10 and edit with the particulars of your organization.)

PART B: GRANT QUESTIONNAIRE

TOTAL ORGANIZATION ANNUAL BUDGET (USD):

AMOUNT REQUESTED (USD):

WHAT TYPE OF GRANT ARE YOU REQUESTING? (CHECK ONE)

- New Project (Complete Section 1-Page 7) *Provides funding for a new project or program of the organization including capital campaigns for equipment, construction, renovation, or improvement of property.*
- General Funding (Complete Section 2-Page 8) *Supports on-going programs and activities of the organization as shown in the past Financial Statements and Budgets.*

ESTIMATED NUMBER OF PEOPLE EXPECTED TO BENEFIT FROM THIS GRANT, WITH AN EXPLANATION OF HOW YOU ARRIVED AT THAT NUMBER:

PROVIDE GEOGRAPHIC AREA SERVED (COUNTRY/COUNTRIES):

SECTION 1: NEW PROJECT GRANT

DESCRIBE HOW THE REQUESTED GRANT WILL BE USED AND HOW IT WILL PROMOTE EDUCATION, HEALTHCARE, FAMILY INFRASTRUCTURE, AND/OR CHILD WELFARE. INCLUDE THE FOLLOWING ITEMS:

- **Project Title**
- **Project Abstract.** Present a concise summary of the project. It should be no longer than a page and include the need for the project, the population it will serve, a brief description of the project, its goals and objectives, and the applicant's background and qualifications for achieving the project. Include the amount of funding that is being sought. Describe how the program will be evaluated to measure its success.
- **Statement of Need.** Describe the problem that the project will address. Also, describe the population that will be served and how they will benefit.
- **Project Description.** Describe the project and provide information on how it will be implemented. Include information on what will be accomplished and the desired outcome.
- **Goals & Objectives.** Describe the project objectives in measurable terms that address the Statement of Need.
- **Timeline.** Provide a timeline of major milestones for the project including start and end dates.
- **Budget.** Provide an estimate of the total budget required for the project. If it is a multi-year project, estimate funding required each year. Include in the budget all expenses for your project, including necessary training costs. Mention any co-funding that you are using from other sources.
- **Sustainability.** Specify plans for financing the program or project at the end of the grant period. List other financing sources or strategies that you are developing. For Capital Campaigns

describe plans for funding the ongoing maintenance of the new capital acquired by the campaign.

- **Evaluation.** Provide information on the metrics that will be used to determine the effectiveness of the project.
- **Staff and Organizational.** Describe the organization's capacity to implement and sustain the project. Include the staff qualifications, certifications, and skills.
- **Technical Assistance.** Describe any technical assistance that you are seeking from MRI to help implement your project. For example, understanding of technology, knowledge of construction, medicine, psychology, etc.
- **Partnerships.** Report your organization's relationship to other similar community efforts and how you are cooperating with other agencies working in the field. If you have formal partnerships, describe the roles and responsibilities of any community partners with whom you are working.

FOR CAPITAL CAMPAIGNS-INCLUDE THE FOLLOWING INFORMATION:

- **Ownership.** Does the organization own or rent the property on which the capital improvement will be implemented? If not owned, explain the rental agreement.
- **Permits and/or Regulations.** Identify regulatory approvals, if required. Include information concerning permits needed and whether they have already been applied for and/or issued.
- **Other Capital Campaigns.** If applicable, summarize your most recent capital campaign including the campaign goal, amount raised, board contributions, and beginning and ending dates.

SECTION 2: GENERAL FUNDING GRANT

DESCRIBE HOW THE REQUESTED FUNDING WILL BE USED AND HOW YOUR ORGANIZATION PROMOTES EDUCATION, HEALTHCARE, FAMILY INFRASTRUCTURE, AND/OR CHILD WELFARE. INCLUDE THE FOLLOWING ITEMS:

- **Names of Programs/Activities to Be Funded.** (If request is being made for general operating support give name of organization followed by "General Operations," e.g., XYZ Nonprofit-General Operations.)
- **Proposal Abstract.** Present a concise summary of the general programs or activities of your organization. It should be no longer than a page and include the need for the programs/activities, the population served, a brief description of the programs/activities, and examples of the applicant's past success. Include the amount of funding that is being sought and how funding from MRI will further the success of your organization.
- **Population Served.** Describe the problem(s) that your organization addresses. Describe the population that is being served and how they benefit.
- **Program/Activity Need.** Describe the programs/activities that will be supported by this requested funding and why the funding is needed for those programs/activities. Include information on how long the organization has operated those programs, the frequency of activity, the populations being served and how they benefit from the programs/activities, the

number of participants, and how programs/activities are evaluated. Provide examples of successes and describe struggles encountered through the years and how those struggles have been overcome. Include goals for the next year and any timelines for achieving those goals, if relevant. State the reasons your organization chose the specific approach to address the need of the population served. Describe any future changes anticipated in the approach.

- **Technical Assistance.** Would you like technical assistance from MRI to maximize the results of your organization? If so, explain the assistance needed. (For example, understanding of technology, knowledge of construction, medicine, psychology, etc.)
- **Budget.** Concerning the budget submitted as a portion of PART A of this application, include a budget narrative explaining the numbers in the budget and what assumptions underlie the budget. Mention any co-funding that you are using from other sources.
- **Sources of Funding.** List other sources of financing and the percent of annual budget being requested from MRI. Does the organization plan to reapply annually for funding?
- **Evaluation.** Describe the organization's current method(s) of evaluating programs (records, surveys, interviews, pre- and post-tests, community feedback, etc.) and provide data on past performance, including numbers served and outcomes in the past year (or the most recent period from which data is available). If an external evaluation will be conducted, detail who is conducting the evaluation and their scope of work. For general operating support requests, describe how your organization will assess its overall success and effectiveness during the next year.
- **Staff and Organization.** Describe the organization's capacity to sustain the programs or anticipate growth. Include the staff qualifications, certifications, and skills.
- **Partnerships.** Report your organization's relationship to other similar community efforts and how you are cooperating with other agencies working in the field. If you have formal partnerships, describe the roles and responsibilities of any community partners with whom you are working.

Letter of Certification

[Date]

Amy Ruiz, Secretary
Mission Renewal International
11233 Paseo Montanoso, #63
San Diego, CA 92127
United States of America

Mrs. Ruiz,

This letter is to certify that [*name of organization*], with operations at [address of operation] operates in line with Mission Renewal International, Inc.'s (MRI) Vision and Core Values and meets the criteria to receive funding and/or technical assistance from MRI. Specifically, [*name of organization*]

1. Provides services for the most vulnerable people within a developing country in one or more of the areas of Education, Healthcare, Family Infrastructure and Child welfare;
2. Has been in operation for a minimum of three years and has a track record of success in the noted service area(s). (Exceptions to this are allowed by 2/3 majority vote of MRI's Board of Directors);
3. Has a workforce (including management) comprised of over 50% citizens of the country of operation;
4. Maintains accounting records that meet International Financial Reporting Standards (IFRS) and will provide such records to MRI upon request;
5. Is not part of or directly associated with any government entity of any country, any government official, or any family member of a government official;
6. Adheres to strict accountability for anti-corruption;
7. Is not listed on the Office of Foreign Assets Control (OFAC) List of Specially Designated Nationals and Blocked Persons nor is operating in a country for which the United States statutes, executive orders, or regulations prohibit transactions;
8. Agrees to be accountable to MRI's auditing and oversight procedures, and;
9. Has no conflict of interest with any Officer, Director, or Employee of MRI.

I/We are hereby submitting this Grant Application and associated supplementary information for MRI's consideration.

I/We, the undersigned, hereby verify and certify that any and all information provided herein is accurate and complete as of the time of submittal of this Grant Application, and that there are no known pending changes to that information. I/We agree to provide reports on use of funds and evidence of accomplishments upon request and at least every six months should I/we receive funding. I/We understand that funds are to be used only for the purpose(s) for which the funding was made, and that MRI maintains authority to withhold and/or recover funding in case such funds are, or appear to be, misused.

Sincerely,

[Signature]

Board Chair
[name of organization]

[Signature]

President
[name of organization]