



110 James Drive, Greenville, SC 29605-2249 - MercyWorksgvl@gmail.com

## MercyWorks Agency Request For Funding

### Mission Statement:

MercyWorks is a 501(c)(3) non-profit charity. We seek funding from individuals, local businesses, and philanthropic entities to provide health, education, and welfare assistance for the needy and the disadvantaged in Greenville.

Date:  Agency Requesting Funding:

Are you a 501(c)(3)? ☐ YES ☐ NO

If yes, what is your employer identification number (EIN#) or tax ID:

Contact Name:  Email Address:

Street Address:  City:

State:  Zip:

Amount Requested (up to \$5,000):

### DOCUMENTATION REQUIRED

Upon submitting request:

Attach documentation of the cost of the event or project.

If you are requesting funding for an event, please provide a detailed statement of revenues, the cost of all expenses, and expected net profit or loss.

If you are requesting funding for a project, please provide documentation for all components of the project.

Follow up if funding is granted: Please provide testimonials regarding your event or project.

Within 3 months of your event or project completion please provide a summary assessment of the effect MercyWorks funding had.

QUESTIONNAIRE Please explain in detail the nature of your request by answering the following questions with as much information as possible. If additional space is needed, please supply in a separate document.

1. What is the issue you are working to solve?

2. Who will be impacted by the requested grant?

3. What evidence of the need resulting from this issue can you provide?

4. What needs will not be addressed if funding is awarded?

5. Why are you the best suited to address the issue? (Include examples from your history where relevant)

6. What difference will funding make in meeting your objectives? Will any of the money received be used for administrative costs?

7. How will you measure your success? (Give specifics of monitoring and evaluation processes)

8. What is the timeline of the planned activities? (i.e. phases)

9. Please supply your mission statement and specify how your mission statement conforms to the MercyWorks Goals and Objectives.

10. Provide quantifiable evidence of your agency's track record of community service.

X

Signature of Authorized Representative for Requesting Agency

Title

Date