

# TANGIBLE LOVE MINISTRIES

## PROPOSAL CHECKLIST

- **Application due to Apostle and Mission Center President and Financial Officer on or before February 1 or September 1.**
- **Application due to Tangible Love Administrator on or before March 1 or October 1.** The Tangible Love Administrator will give a copy of your grant proposal to Risk Management and Legal Services for their review.

**SEND APPLICATION TO:** Community of Christ, Tangible Love Ministries, International Headquarters, 1001 W. Walnut, Independence, MO 64050-3562, USA.

**FOR ADDITIONAL INFORMATION:** Call 1-800-825-2806, ext. 2216 (USA or Canada) or 00+1-816-833-1000, ext. 2216 (International); e-mail [tlove@CofChrist.org](mailto:tlove@CofChrist.org); or access the web site at [www.CofChrist.org/tlove](http://www.CofChrist.org/tlove).

**Proposal narrative *must* include the following sections labeled by topic and number in this order. (Check when completed and retain for your files.)**

1. **Purpose** of the program showing how it addresses **compassionate needs or peace/justice issues** and supports the mission of the local jurisdiction
2. **Goal(s)** to be achieved, both short-term and long-term, and **Objectives**, steps to be taken to achieve the goals, identifying the expected outcomes and measurable results
3. **Program description**, including type and frequency of activities, categories and number of persons to be served, and relevant information that illustrates your program's design and strategies for success
4. **Personnel needed** (number of persons; time involved; paid and volunteer; jurisdiction leaders, jurisdiction members, and community peers)
5. **Organizational Collaborations** occurring or planned between the jurisdiction and community and plans for expansion of community participation
6. **Program evaluation**, including methods of collecting data and measuring performance outcomes to determine if results are successful, making progress, or need revision; discussion should match Goals and Objectives identified in #2. (\*\*Remember, evaluation is more than a list of numbers. It must show behavioral changes or improvements in target population/s resulting from program offered.)

(CONTINUED)

- 7. **Financial information**
  - a. Current year income and expense report including a comparison of budget to actual, if program is operational now
  - b. Realistic and detailed income and expense budget for the **total** program (including the grant dollars requested) based on fiscal year of operation and inclusive of the following information:
    - 1. state the organization's fiscal year
    - 2. list amounts in whole U.S. dollars
    - 3. identify jurisdiction and congregation funds
    - 4. denote the intended use of Tangible Love grant
    - 5. specify in-kind contributions separately from the cash income
    - 6. clarify line item details, as appropriate, in a budget narrative
  - c. Projected yearly budgets for the total program that cover two additional years and reflect
    - a second year Tangible Love (TL) request of less than the first year
    - a third year TL request of no more than 50 percent of the first year
  - d. Sustainability plans that identify the program's strategy for attracting other funding sources—one-time gifts and ongoing contributions beginning in **Year One**. (These funding sources are needed to enhance the program's sustainability when Tangible Love dollars end.)
  
- 8. **Letters** indicating jurisdictional support and a working knowledge of the program from the apostle and two or more officials whose signatures are listed on the Cover Sheet (3 minimum)  
  
**Letters** of support from one or more collaborating organizations (optional)
  
- 9. **Photos** of the program (including captions), when available
  
- 10. **Cover Sheet** completed with all applicable signatures or letters/emails as substitutes for the officials named in #8 and on the Cover Sheet.

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## SAMPLE BUDGET FORMAT

Applies to Checklist #7b and #7c

**FISCAL YEAR:**

(Show amounts in U.S. dollars)

PROGRAM INCOME CASH SOURCES	AMOUNTS
Tangible Love Fund	
Congregation/Jurisdiction funds	
<b>Total</b>	

INCOME IN-KIND SOURCES	AMOUNTS
<b>Total</b>	

\* Denotes intended use of Tangible Love dollars

PROGRAM EXPENSE CATEGORIES	AMOUNTS
<b>Total</b>	

**Budget Narrative:** (Briefly explain line item details such as hours and wage of a salary, what type of supplies or materials, or number of meals served to whom. Use additional page, if needed)