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| **IPS APPLICATION FORM 2023** |

This application may be submitted in English, French, Spanish or Portuguese **(English is preferred**).

Cette demande peut être soumise en anglais, en français, en espagnol ou en portugais (**de préférence en anglais**).

Esta solicitud puede presentarse en inglés, francés, español o portugués (**preferiblemente en inglés**).

**Document Formats:** Please include ministry pictures emailed in **.jpg format**. Send other materials in **MSWord format**.

Budget should be in **Excel format**. Send completed applications to the IPS office, **via e-mail.**

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| **PROVINCE** |

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| Province: |  |

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| Visitatrix: |  | Email: |  |

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| Econome: |  | Email: |  |

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| Provincial House Address: |  |
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| --- | --- | --- | --- |
| Telephone Number: |  | Fax Number: |  |

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| Provincial Project Coordinator (PPC): |  | Email: |  |

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| Telephone Number: |  |

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| **PROJECT** |

**ROVINCE INFORMATION**

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| Date of Submission:  |  |

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| Title of Project: |  |

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| Amount of Funds requested in local currency:  |  |

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| Local Daughter of Charity responsible for the project:  |  |

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| Email: |  | Telephone Number: |  |

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| --- | --- | --- | --- |
| Fax Number: |  | Other: |  |

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| Project Country:  |  | State: |  | City/Village: |  |

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| Local address: |  |

**ROJECT**

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| **IMPORTANT COMPONENTS** |

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| **Diocese** Name: |  | Local Bishop: |  |

Is your Bishop aware of the project? [ ]  YES [ ]  NO

Does the Bishop need to approve the project? [ ]  YES [ ]  NO

If a funder requires it, would the Bishop be willing to write a letter of support for the project? YES [ ]  NO [ ]

If YES, obtain that letter or document of support as soon as IPS requests

**Poverty Permission:**

Is this project budget within your Poverty Permission? [ ] YES [ ] NO

If NO, have you received permission from Paris to excede your Poverty Permission: [ ]  YES [ ]  NO

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| Date of the General Council meeting of your Poverty Permission document: |  |

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| **BACKGROUND INFORMATION** |

Please provide background information about the service area: **a)** history of the region – arrival of Daughters of Charity, pinpoint the location of the project, climate conditions; **b)** the people – education, economic status, average income, racial breakdown, religious background; and **c)** the service(s) provided – by whom, for how long, number served, gender, ages.

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What are the current resources available to the people who will be impacted by the project?

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Describe any project collaboration with the local people, other organizations, and/or the government.

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How will the project offer unique and needed services to the people you serve and how will it impact their lives? Are other groups providing this service/program? If yes, why are your services also needed?

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Is this project a continuing activity from a previously funded IPS project? If so, please provide IPS project number(s) and date of (each) final Grant Evaluation Report or Foundation Report submitted.

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| **STATEMENT OF NEED** |

What are the identified needs that the project addresses? For each identified need be specific in describing: **a)** the source of the problem; **b)** how the current circumstances affect the people; **c)** who and how many will be served by the project; and **d)** how the local people were involved in identifying the need(s). *(Please use available data and statistics to support each need.)*

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| **GOAL OF THE PROJECT** |

What is the basic goal of the project? *(ONE sentence which simply states the purpose of the project—the desired outcome that addresses the need(s) identified in the STATEMENT OF NEED.)*

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Which **one (1)** criteria best describes your project**?** See the list below.

[ ]  1. Children

[ ]  2. Construction/Renovation

[ ]  3. Disaster Relief

[ ]  4. Education and Training

[ ]  5. Elderly

[ ]  6. Equipment

[ ]  7. Health

[ ]  8. HIV/AIDS

[ ]  9. Housing/Disabled People

[ ]  10. Networks of Services

[ ]  11. Nutrition/Hunger

[ ]  12. Slavery

[ ]  13. Vehicles

[ ]  14. Water/WASH

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| **OBJECTIVES** |

List the objectives for the project. **What results will demonstrate that the project succeeded?** *(List concrete, specific objectives and measurable outcomes that accomplish the goal of the project as stated above. Include an estimate of the number of people who will directly/indirectly benefit. It is advisable to have at least one objective for each need described in the STATEMENT OF NEED. Indicate approximately how much time and the steps it will take to accomplish an objective, and how the results will be measured.)*

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| **METHOD/PLAN** |

What is the method or plan for implementing the objectives of the project? The METHOD identifies: **What** activities need to be done; **Who** will be doing the various parts of the project? (Among those who will help to implement the project please include the names of all Sisters, their service, part-time/full-time; number of paid staff and their services; number of volunteers); **How** and **When** (what are the steps needed to reach the goals and how long will they take?)

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| # | WHAT | WHO | HOW | WHEN |
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| **FINANCIAL INFORMATION AND PROJECT BUDGET** |

There are three types of resources that you may use to complete your project: 1. Funds from IPS, 2. “In kind” donations of resources that are not financial, 3. Grants and donations you have solicited. **All three must be included in your budget and financial information on Attachment A (separate document).**

**Complete Attachment A which is a separate document.**

Will the program need funding or other kinds of support in the future? [ ] YES [ ] NO

If YES, please indicate:

**a)** if/what future supportmight be required for the project

**b)** can this project become self-supporting?

**c)** what plans you might have to generate needed income in the future?

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| **TIMEFRAME + SUSTAINABILITY** |

 With the awareness that it takes several months to a year to raise the funds, when do you anticipate starting this project?

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With the awareness that projects are accepted for one year at a time, will this project/ministry require future funding? [ ] YES [ ] NO

If YES, please explain.

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| **EVALUATION** |

How will the project objectives be evaluated? *Describe* ***a)*** *the method you will use to determine if the program objectives are achieved,* ***b)*** *who will measure the results, and* ***c)*** *when the evaluation will be done.)*

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| **REQUIRED ATTACHMENTS**  |

**ATTACHMENT A: Project Financial Information and Budget:** Required for all applications

**ATTACHMENT B: Photo Information:** Requested for all applications. Attach .jpg formatted photos of the situation and people whom you plan to assist. Include a brief description of what the .jpg photos demonstrate.

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| **SPECIAL REQUEST ATTACHMENTS** |

(as needed for specific projects)

**ATTACHMENT C: Vehicle**

**ATTACHMENT D: Equipment**

**ATTACHMENT E: Building Construction or Renovation**

**ATTACHMENT F: Water access projects and WASH HCF (Water, Sanitation, and Hygiene in Health Care Facilities)**

**ATTACHMENT G: Income and Expense Report**

**ATTACHMENT H:****Receipts**

**ATTACHMENT I-1, 2, 3:****Hilton Fund for Sisters Reporting**

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| **APPROVAL OF APPLICATION BY THE VISITATRIX AND ECONOME** |

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| After consulting the members of my Provincial Council on  |  | , I approve this IPS Project Application Form |
|  | (date) |  |
| and submit it to the IPS Director for |  | . |
|  | (Project Title) |  |

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| Signature of Visitatrix |  | Date |
|  |  |  |
| Signature of Econome |  | Date |