



THE CHANCERY
of the
ARCHDIOCESE OF NEW YORK

Office of the Vicar General
Office of the Chancellor

MEMORANDUM

To: Pastors/Administrators
From: Father Joseph P. LaMorte
John P. Cahill, Esq. *[Signature]*
Date: March 31, 2023
Subject: Parish Grant Application Program for Mother Cabrini Health Foundation (MCHF)

For the past four years, *Mother Cabrini Health Foundation* (MCHF) has given a limited number of grants to support parish-based projects that serve the wider community. While no organization is assured of funding, the archdiocese implemented an internal review process in 2021 for proposals in the event that MCHF seeks to support additional parish-based projects. This process assisted in identifying which proposals met the criteria to be considered by MCHF. In addition, those parishes that received invitations to apply for a MCHF grant got assistance through the MCHF application process. In summary:

1. The parish operates a program that is eligible for funding and decides to apply for a grant from MCHF.
2. The parish contacts its associate director of parish finance (AD) to begin preparing a *Parish Grant Submission Form* to send to the archdiocesan parish grant coordinating committee (PGCC) which is comprised of Monsignor Joseph P. LaMorte, vicar general, Mr. John P. Cahill, chancellor, Mr. Bill Whiston, chief financial officer, Mr. Aniello Forcellati, deputy chief financial officer, and Mrs. Eileen Mulcahy, vice chancellor for parish planning.
3. The PGCC reviews the parish submission to ensure it complies with MCHF criteria and standards.
4. MCHF may, as part of its grant process, seek to support qualifying parish-based projects. If so, successful submissions will be recommended for MCHF's consideration to apply. Those selected by MCHF will receive an email invitation. Funding is not assured.
5. The parish AD will collaborate with the parish to prepare the application.
6. If the grant is approved for your parish, funding is received from MCHF.

With questions about the attached documents or to email submissions, contact Mr. Marcus Ryan, director of parish finance and PGCC coordinator [marcus.ryan@archny.org, 646-357-0164], Tara Calabrese, PGCC assistant coordinator [tara.calabrese@archny.org, 917-836-0734] and copy your AD. Submissions should be received no later than Friday, April 21, 2023.

Mother Cabrini Healthcare Foundation (MCHF)

This document outlines the program established to review and facilitate the application of grants from parishes within the archdiocese to the Mother Cabrini Health Foundation (**MCHF**).

The mission of **MCHF** is to provide grants to improve the health and well-being of vulnerable New Yorkers, bolster the health outcomes of diverse communities, eliminate barriers to care and bridge gaps to healthcare services.

In awarding grants, **MCHF** has identified two essential objectives:

1. The funds are used for public good and are directed to assist the poor in the communities living below the poverty line, and
2. the proceeds benefit those of all faiths or no faith at all.

MCHF grants will prioritize funding for Direct Services. Direct Services grants directly benefit the poor. Additionally, grant requests to fund capital repairs at properties providing Direct Services will also be considered by **MCHF** on a limited basis.

Parish Grant Application Program

Many of our parishes provide assistance to the most vulnerable in the communities they serve. The ability to secure a **MCHF** grant can significantly enhance the outreach ministries of those parishes. The archdiocese will serve as a facilitator and has established a structure to assist parishes during the **MCHF** grant application process.

In 2021 the archdiocese established the **Parish Grant Coordinating Committee (PGCC)**. The objective of the **PGCC** is to act as an intermediary to ensure parish grant applications meet the criteria set forth by **MCHF** prior to submission in order to improve grant approval success. The process established by this committee facilitated the submission of **MCHF** grant applications ensuring consistent information resulting in a lower rejection rate. Similar to last year, the Parish Grant Submission Form will be used for the 2023 grant cycle (see attached). The office of parish finance will work with the parish's designated representative (pastor or administrative staff) to deliver its submission form to the **PGCC**. It is anticipated that this process will again assist the parishes during the **MCHF** application process through the support provided by the office of parish finance, specifically the associate director assigned to the parish.

Each *Parish Grant Submission Form* will be reviewed by the **PGCC** to ensure the funding need requested will comport to **MCHF** objectives.

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The PGCC process will be as follows:

1. Each parish with an outreach program meeting the eligibility criteria for a **MCHF** grant can decide to apply for funding. The parish should contact its associate director of parish finance to prepare a *Parish Grant Submission Form* to be submitted to the **PGCC** by **April 21, 2023**.
2. The parish submission will include the following:
 - a. A cover letter to the **PGCC** outlining the grant request,
 - b. The completed *Parish Grant Submission Form*, attached,
 - c. Any supporting information to substantiate the need and use of funds
3. The **PGCC** will review the materials provided in each submission.
4. Once the parish submission is reviewed and considered complete, **PGCC** will forward the application with a recommendation to the **MCHF**.
5. Parishes that are selected by **MCHF** will be contacted and invited to submit a grant application via email.
6. The parish finance office, through the associate director of parish finance, will provide support and assistance to complete the **MCHF** application, as well as being available to address any follow up questions from **MCHF**.
7. The final decision to award grant funding will be made by **MCHF** alone.

If you have any questions, please contact your associate director of parish finance, or Mr. Marcus Ryan, Director of Parish Finance and **PGCC** Coordinator, at 646-357-0164 or Tara Calabrese, **PGCC** Assistant Coordinator, at 917-836-0734.



Parish Grant Submission Form
Mother Cabrini Health Foundation

DATE:

I. Parish Information:

Parish #: Parish Name: Pastor:

Address:

Contact Person: E-mail address:

Associate Director of Parish Finance:

II. Type of Proposed Grant :

Direct Service _____
(eg: food kitchen, provision of a nurse, etc.)

Capital Improvement _____
(e.g. improvement of kitchen to serve food to the needy)

III. Has the Parish Applied for a Grant Before: Yes No (please circle)

If an application was made, please provide details of the grant:

1. Please provide the year, amount and purpose for which the application was made and if the application was successful

III. Description of the Proposed Service/Activity/Program for Which the Grant is Being Sought:

1. Provide a description of the service/activity/program for which the grant is being requested including planned activities over the proposed grant period (including a general time frame for a 12-month grant term).

2. If this is a new service/activity/program, please describe the need for such a program and how it will benefit the poor in the community.

IV. Description of Those Who Benefit from the Proposed Service/Activity/Program:

1. Provide information about the people that benefit from the service/activity/program, including economic circumstances, ethnicity, gender, denomination etc.

2. For capital improvement projects, provide a summary of who will benefit from the improvement

IV.continued

Description of Those Who Benefit from the Proposed Service/Activity/Program:

3. Using numbers/metrics, include key goals and intended outcomes to be achieved by this program

V. History and Financial Statistics of the Proposed Service/Activity/Program:

1. Provide the history of the program/activity/service, including how many years it has been running, the number of people who currently participate, and how the program/activity/service has evolved to meet the need of the community.

2. Provide details on the current budget, how the program is currently funded, and the sources of funding (state, donors etc.).

VI. Amount of Funding Request

\$

VII. Signature: _____

Date: _____

Supporting Documents: **Yes** **No** *(please circle)*

If you have any questions concerning this form, please contact your associate director of parish finance, Marcus Ryan (646) 357-0164 PGCC Coordinator, or Tara Calabrese (917) 836-0734 PGCC Assistant Coordinator.

Mother Cabrini Health Foundation - Parish Submission Form

Parish Information:

Parish # Parish Name: Pastor:

Has the Parish applied for a grant before (Yes/No):

If an application was made, please provide details of the grant:

Purpose/Use of Grant Funds:

Type of Grant :

Direct Service Capital Improvement

Beneficiaries of the Grant Funds

History and Statistics of the Program for which the Grant is been requested

Amount of Funding Request

\$

Signed:

Date: