



Ray of Sunshine Ministry Inc Presents- God Provides:

Nonprofit Grant Proposal Application

Applicant Information

Organization _____

Contact Name _____

(Last) (First) (Middle)

Address _____

City _____ State _____ Zip _____

Country _____

Telephone: _____ Email _____

Fax: _____ Website: _____

EIN: _____

What are the organization's primary services and programs in the community?

Funding Request

Project Title: _____

Start Date: _____ End Date: _____

Amount Requested: \$ _____ Total Project Budget: \$ _____

Amount Matched by Your Organization: \$ _____

Provide a detailed description of the program including the main purpose of the program; types of services provided; agency's history and experience providing these services; the need for the program; geographic area to be served; partnership with other agencies to provide the program; participant goals and objectives; targeted groups to be served; marketing plan and staffing plan. Attach additional sheets if necessary.

Where will project activities take place? Please provide specific address for location(s) _____

How many individuals do you anticipate will be served by this project?

What is the intended benefit of the project? Attach additional sheets if necessary.

Provide at least two proposed program outcomes and your plan for measuring the success of your program. Attach additional sheets if necessary.

Describe indicators, tools and frequency of data collection that will be used to evaluate program success. Attach additional sheets if necessary.

Is this a new program or existing program?

List all sources of funds/grant support your organization has received for this program. Please disclose the source, amount, purpose and date received of your top 5 funders in the past 3 years. Attach additional sheets if necessary.

What other funding sources are being pursued or requested for this project?

Please include the following attachments:

- W-9 form for the non-profit organization
- Proposed Project Plan for the duration of the project
- Proposed Budget for the duration of the project (at least three estimates from established vendors for all project expenses exceeding \$250 per unit cost)
- Letter(s) of Support (at least three from community-based organizations and/or community leaders)
- Description of Past, Present and Future Activities

- Representative copies of newsletters, brochures, or similar documents for supporting details to the activities statement.
- List of your current Officers and Board of Directors

- Please return the completed form to:

Ataliyah@rayofsunshineminsty.org subject **God Provides: Grant Proposal**

And/ or mail to

Ray of Sunshine Ministry

2831 St Rose Pkwy,

#200 Henderson, NV 89052 USA

Attn God Provides Program

DISCLAIMERS: FILLING OUT THIS APPLICATION DOES NOT GUARANTEE A GRANT. GRANTS ARE DISTRIBUTED AS FUNDS ALLOW AND AT THE DISCRETION OF BOARD MEMBERS. EVERY PERSON(S) AND ENTITIES WHO APPLY CERTIFY THE INFORMATION PROVIDED ON THE APPLICATION IS CORRECT TO THE BEST OF THEIR KNOWLEDGE. FALSIFICATION OF INFORMATION WILL AUTOMATICALLY DISQUALIFY ANY PERSON(S) OR ENTITY FROM RECEIVING ANY ASSISTANCE. THE ORGANIZATION AGREES THAT IF AWARDED A SCHOLARSHIP, RAY OF SUNSHINE MINISTRY INC MAY SHARE THEIR GRANT INFORMATION WITH THE LOCAL MEDIA, TELEVISION, RADIO AND/OR THE RAY OF SUNSHINE MINISTRY'S WEBSITE OR SOCIAL MEDIA OR THE SOCIAL MEDIA AND/ OR WEBSITES OF BOARD MEMBERS. RAY OF SUNSHINE MINISTRY INC PROHIBITS DISCRIMINATION AND HARASSMENT AND PROVIDES EQUAL OPPORTUNITY IN ITS ADMISSIONS, EDUCATIONAL PROGRAMS, ACTIVITIES AND EMPLOYMENT. THIS IS THE CASE REGARDLESS OF RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN, AGE, MARITAL STATUS, SEXUAL ORIENTATION, POLITICAL AFFILIATION, VETERAN STATUS AND DISABILITIES THAT INCLUDE HIV AND AIDS AND MEDICAL CONDITIONS. AN INDIVIDUAL CAN RECEIVE A GRANT ONLY ONCE A YEAR. IF THE FUNDS ARE DISTRIBUTED TO THE PERSON DIRECTLY AND THEY DO NOT PROVIDE A RECEIPT PROVING IT WAS USED FOR THE INTENDED PURPOSE WITHIN 3 MONTHS, THEY WILL BE DISQUALIFIED FROM USING THIS PUBLIC SERVICE AGAIN.