

## **RESPECT LIFE FUND GRANT 2024**

Archdiocese of Cincinnati  
Office for Respect Life Ministries  
100 E 8 ST  
Cincinnati, Ohio 45202

### **DESCRIPTION**

In 1973, on the recommendation of the Archdiocesan Pastoral Council, an annual collection was established to provide financial support to over 100 life giving and life sustaining organizations located within 19 counties of the Archdiocese of Cincinnati. The collection is held in October in our Catholic parishes. All monies collected are forwarded to the Chancery Office and designated for the Respect Life Collection. A portion of these funds assist in sustaining the Respect Life programs of the archdiocese. The balance is designated for Respect Life Grants. Applications are evaluated by the Respect Life Grant Committee, facilitated by the Director of the Office for Respect Life Ministries. Recommendations are provided to the Archbishop for his final approval. Funds are disbursed in January.

### **APPLICATION AVAILABILITY**

Application forms can be accepted beginning **September 2024** from the Office for Respect Life Ministries.

### **GENERAL GUIDELINES**

Organizations must meet the following criteria: non-profit, Respect Life, not anti-Catholic and located within the 19 counties served by the Archdiocese of Cincinnati. Respect Life funds are available for application by meeting one of the following conditions:

1. To provide seed money for new projects and/or programs of a Respect Life Nature.
2. To support programs that will have a significant effect in the formation of Respect Life attitudes.
3. To support programs which provide positive assistance in helping individuals make informed Respect Life decisions.

### **SPECIFIC GUIDELINES**

1. Only one application per organization will be accepted for consideration.
2. The Respect Life Fund has been established to provide financial support for specific programs of Respect Life Organizations. Therefore, applications may not be submitted for ordinary administrative expense (i.e. salaries, rent, etc).
3. Funds may not be used for speakers.
4. Funds may not be used for political purposes.
5. Incomplete and/or applications postmarked after the designated submission date will not be considered.
6. Grants are to be used only for the designated program/project. If the program/project fails to materialize within the designated year, funds granted must be returned to the Office for Respect Life Ministries.

**DIRECTIONS FOR SUBMISSION**

1. Deadline for submission is Monday, **November 18, 2024**, by the close of business at 4:00 p.m.
2. Only one (1) application per organization may be submitted.
3. Completed applications and supporting documents can be emailed to [respectlife@catholicaoc.org](mailto:respectlife@catholicaoc.org) or through postal service to  
Archdiocese of Cincinnati  
Office for Respect Life Ministries  
Respect Life Fund  
100 E Eighth St  
Cincinnati, OH 45202
4. A letter of support from the organization's director or board chair must accompany this application.
5. Complete explanations should be given, but in as concise form as possible. If any questions are not applicable to your program, merely mark N/A and skip the question.
6. All questions applicable to your program and this application must be answered.

***Please direct any questions about the application and/or process to Bob Wurzelbacher, Office for Respect Life Ministries, at (513) 263-6674.***

Please return this application to:  
[respectlife@catholiccincinnati.org](mailto:respectlife@catholiccincinnati.org) or by mail to  
Archdiocese of Cincinnati  
**Office for Respect Life Ministries**  
100 East Eighth Street  
Cincinnati, OH 45202

**TITLE PAGE**

*Application for Respect Life Funding*

|                |  |
|----------------|--|
| Organization:  |  |
| Address:       |  |
| City/State/Zip |  |
| Contact Person |  |
| Name & Title:  |  |
| Phone:         |  |
| Fax:           |  |
| Email:         |  |

1. In what year did this organization begin providing services? \_\_\_\_\_
2. What is the organization’s tax status? Exempt (attach a copy of the IRS determination letter)  
Other \_\_\_\_\_
4. Did this organization receive Respect Life Funding in previous years? No \_\_\_\_\_ Yes \_\_\_\_\_  
a. If yes, what years?  
\_\_\_\_\_
5. Title of the project/program for which funds are being requested:  
\_\_\_\_\_
6. Total amount of funds being requested from the Respect Life Fund in this application  
\_\_\_\_\_

*Application for Respect Life Funding (p.2)*

**INTRODUCTION**

1. Provide information about the organization by completing the following:

a) The Mission of \_\_\_\_\_ is to:  
*(name of organization requesting funds)*

Blank area for response to question a)

b) Please the names of the Board of Trustees or other organizational management.

Blank area for response to question b)

c) What is the organization's "Statement of Faith," if any?

Blank area for response to question c)

*Application for Respect Life Funding (p.3)*

**ABSTRACT of PROPOSAL**

Briefly describe the project or program for which the applicant is requesting funds. Include the following:

- (1) This is a \_\_\_ new project or program OR \_\_\_ a continuation of an existing project/program.
- (2) Name the problem and the target population
- (3) The number of people in the target population to be served
- (4) What does the program do and how will it benefit the population? (Please cite any statistics that will help support your proposal).

**EVALUATION**

Please explain how the success of this project/program will be measured and/or evaluated (the evaluation criteria must be specific, measurable, and time-related):

*Application for Respect Life Funding (p.4)*

**BUDGET**

1. Explain in a brief paragraph, the anticipated budget for this project/program.

2. This is a      new project/program or      a continuation of an existing project/program.

a. If this is a new project/program, how will the funding of this project be sustained?

Please list in the table below total sources of income and total expenses for this **project or program** (**Be specific to the project/program. DO NOT INCLUDE INCOME/EXPENSES FOR YOUR ENTIRE ORGANIZATION HERE.**)

| EXPENSES*        |         | INCOME                |        |
|------------------|---------|-----------------------|--------|
| ITEMS            | AMOUNTS | ITEMS                 | AMOUNT |
| Medical Supplies | \$      | Respect Life Funding  | \$     |
| Office Supplies  |         | Donations-Individuals |        |
| Transportation   |         | Donations-Companies   |        |
| Publications     |         | Donations-Churches    |        |
| Speakers         |         | Donations-Fundraising |        |
| Rent/Utilities   |         | Other                 |        |
| Equipment        |         | Other                 |        |
| Other            |         | Other                 |        |
| Other            |         | Other                 |        |
| <b>TOTALS</b>    |         | <b>TOTALS</b>         |        |

3. Please identify any support this organization receives from Catholic parishes: materials, amounts contributed. (For example: St. Paul Parish -- Baby Bottle Collection, \$1,000.)

| PARISH | ITEM/AMOUNT |
|--------|-------------|
|        |             |
|        |             |
|        |             |
|        |             |
|        |             |

*Application for Respect Life Funding (p.5)*

**REPORT ON PREVIOUS FUNDS RECEIVED**

If you received funds on this program in a previous year, please describe the project below, your objectives, how you evaluated your success, and any changes you are making as a result of your experience with the project.

