

**CATHOLIC CAMPAIGN FOR HUMAN DEVELOPMENT
APPLICATION FOR LOCAL FUNDING**

Please read the CCHD Funding Booklet before completing this Application Form. Send your Application and Proposal Narrative to Kellie Deming at kdeming@diosag.org. Answer all questions within the space provided, unless otherwise indicated. The Application Form is designed to present the key elements of your proposal in summary form and is distinct from the Proposal Narrative. Be as concise and clear as possible on the form itself. In the Proposal Narrative you will be expected to elaborate in detail.

Organization: _____

Have you applied for a National CCHD Grant? ____ Yes ____ No

Name of Project: _____

Address: _____

City, State, Zip: _____

County: _____ Telephone: _____

Contact Person: _____ Position: _____

Email: _____

Funds requested from CCHD: \$ _____

Total budget for organization: \$ _____

Type of grant requested: Community Development ____ Economic Development ____

Has this project been funded by CCHD in the past? ____ Yes ____ No

If yes, is this a ____2nd year or ____3rd year funding proposal? What was the year and amount of the CCHD grant? ____ Year \$ ____ Amount of grant

Is the applicant organization:

A parish ____ Yes ____ No

Incorporated ____ Yes ____ No

Non-Profit ____ Yes ____ No

Tax-exempt ____ Yes ____ No

____501c3 ____501c3 applied for

This proposal addresses: ___ an urban area ___ a rural area ___ an urban/rural area
Have you completed a feasibility study for the business? ___ Yes ___ No
Have you completed a business plan? ___ Yes ___ No

1. COMMUNITY TO BE SERVED AND ORGANIZATION

Complete the chart in full using the definition of poverty given in the narrative #1 (page 3). Provide the figures for the organization and community participating and benefiting from the project. Some projects have their own policy/decision making board, while others may be directed by the board of the overall organization. Please provide information and the project as requested on the chart. Economic projects need a third of the board in poverty.

Presentation (Specify)	Total Number	No. of Persons below Poverty Indicator	Minority	Specify
Board of Directors from the applicant organization				
Organization Staff				
Number of members of applicant organization				
Total number of persons benefiting from this project				

2. ORGANIZATIONAL BOARD OF DIRECTORS

Please list members of the project Organizational Board of Directors for the projects which you are requesting funding, using only the space provided for each name. Duplicate if necessary.

Name: Address: City:	Above or below Poverty Line	Term of Office
Name: Address: City:	Above or below Poverty Line	Term of Office
Name: Address: City:	Above or below Poverty Line	Term of Office
Name: Address: City:	Above or below Poverty Line	Term of Office
Name: Address: City:	Above or below Poverty Line	Term of Office
Name: Address: City:	Above or below Poverty Line	Term of Office

Job Creation Goals and Wages for the Business under Application

	Year One	Year Two	Year Three
Full-Time Jobs			
Part-Time Jobs			
Total Annual Wages			
Total Annual Benefits			

3. PROJECT BUDGET

Use your present fiscal year for column #1. For column #2, list how you propose to use the CCHD funds. You do not need to adjust column #2 to your fiscal year. If your budget line items are different from those suggested, you may change the budget line items to best meet your needs.

CCHD GRANT YEAR	Column #1 PROJECT BUDGET 12 months ending:	Column #2 PROJECTED USE OF CCHD FUNDS FOR 12 MONTHS
INCOME		
Grants from Corporations, Foundations, & Churches		
CCHD Grants (local)		
CCHD Grants (national)		
Net Gross Fundraising Income		
Other Income		
INCOME \$ TOTAL		
EXPENSES		
PERSONNEL & SALARIES (list position titles)		
1)		
2)		
3)		
4)		
5)		
6) Total Salaries and Wages		
Fringe Benefits & Taxes (itemize)		
a)		
b)		
c)		
d)		
7) \$ Total Fringe Benefit & Taxes		
8) \$ Total Personnel (total of #6 and #7)		
Subtotal		
OFFICE EXPENSES		
9) Consumable Supplies		
10) Equipment Supplies		
11) Equipment Rentals		

12) Equipment Maintenance & Repairs		
13) Reproduction & Printing		
14) Postage & Freight		
15) Telephone, Telegraph & Fax		
Subtotal		
TRAVEL EXPENSES		
16) Staff		
17) Board of Committee		
Subtotal		
OCCUPANCY EXPENSES		
18) Utilities		
19) Rent/Lease		
20) Repairs & Maintenance		
Subtotal		
PROGRAM EXPENSES		
21) Materials		
22) Stipends		
23) Insurance		
Subtotal		
OUTSIDE SERVICES		
24) Consultants/ Technical Assistance		
Subtotal		
MISCELLANEOUS		
25)		
26)		
\$ TOTAL EXPENSES		
\$\$ Surplus (or deficit)		