

CATHOLIC CAMPAIGN FOR HUMAN DEVELOPMENT
2018 Community Development Local Grant Application

(Please use no smaller than 11-point font.)

Organization Name _____ Project Title _____

Mailing Address _____ City _____ State _____ Zip _____

Contact Person _____ Title _____

Phone Number _____ Cell _____ E-Mail _____

Organization Website _____ Is Project in Operation? _____ Yes _____ No

Annual Budget _____ Project Budget _____ Amount requested _____

Amount of 2017 CCHD Grant (if applicable) _____

1. Clearly describe your organization's history and purpose. Include the community and constituency served.

2. Briefly describe the project for which CCHD funding is requested?

3. List the most significant accomplishments your organization or project has achieved within the last five years.

4. Funding and Self Sufficiency

a. How much funding has been raised for this project/campaign? _____

b. List current sources of funding and amounts.

Source	Amount

c. Identify other potential funding sources. List prospective sources name and anticipated funding amounts. Do not include your requested funding from CCHD.

Source	Amount

5. Low-Income Control

- a. Briefly state income and other social characteristics that describe poverty in your community. (You can find HUD’s chart for low-income limits and standards at www.huduser.org/portal/datasets/il.html.)

- b. How are low-income people involved or in control of this project? (Please see #1 in the *CCHD 2018 Local Grant Criteria and Guidelines*.)

6. Diversity Within Your Organization.

	Total Number	# Low-Income People	Asian/Pacific Islander	African American	White	Hispanic /Latino	Other (Specify)	# Males	# Females
Project Board									
Membership									
Constituency									
Staff									

7. Geographic Area Served (please mark all that apply with an X.)

Alameda County		Contra Costa County	
Northern		Central/South	
Tri-Valley		East	
Southern		West	

8. Project's objectives for the project year.

a. Please list the institutional change goals and objectives.

b. Describe plans for leadership training and development, particularly as related to low-income leaders on the Board of Directors

c. List the goals and objectives for developing the organization.

9. Project Budget

Please use your present fiscal year for Columns 1 & 2. These two columns may contain the same amounts. For column #3, list how you propose to use the CCHD grant funds. You do not need to adjust column #3 to your fiscal year. If your budget line items are different from the categories listed here, you may add or change the budget line item categories to best meet your needs.

	Column #1 ORGANIZATION BUDGET 12 months ending	Column #2 PROJECT BUDGET 12 months ending	Column #3 PROJECTED USE of CCHD funds for 12 months
INCOME			
Grants from corporations, foundations & churches			
Net grassroots fundraising income			
CCHD income			
Other income			
\$ TOTAL INCOME			
EXPENSES			
PERSONNEL & SALARIES:			
Total Salary and Wages			
Fringe Benefits and Taxes.			
\$ SUB-TOTAL PERSONNEL			
NON-PERSONNEL:			
Office Expenses			
Travel Expenses			
Occupancy Expenses			
Program Expenses			
Outside Services			
\$ SUB-TOTAL NON- PERSONNEL			
\$ TOTAL EXPENSES			
\$ Surplus or Deficit			

10. **PROHIBITIONS:** As an initiative of the U.S. Conference of Catholic Bishops, CCHD cannot fund organizations that engage in activities which contradict fundamental Catholic moral or social teaching. (Refer to #6 in the *CCHD 2018 Local Grant Criteria and Guidelines* for more information.)

Will the organization refrain from activities or coalitions that contradict fundamental Catholic teaching?

11. Project Narrative (optional): If you would like to elaborate on any of the questions in the application or provide additional information regarding this proposal, please attach a maximum two page type-written description. (Please use no smaller than 11-point font.)

Name of Application Contact _____ Title _____

Signature _____ Date _____

SUBMISSION DEADLINE: Tuesday, July 31st, 2018