

CATHOLIC CAMPAIGN FOR HUMAN DEVELOPMENT
2018 Economic Development Local Grant Application
433 Jefferson St., Oakland, CA 94607 / (510) 768-3176 / mmckimmey@cceb.org

Please return this completed form with your proposal narrative and other required documents. *Please limit responses to the space allotted using no smaller than 11point font.* You may elaborate on these questions further in the two-page proposal narrative. Failure to limit your answers to the spaces provided may result in the proposal being disqualified. **SUBMISSION DEADLINE: Tuesday, July 31st, 2018**

Organization

Proposed EDI Title

Mailing Address

City State Zip

Contact Person

Telephone Cell E-Mail

Organization Website Amount Requested

Project Budget Annual Organization Budget

Amount of 2017 CCHD grant (if applicable)

ORGANIZATIONAL PROFILE

1. Clearly describe your organization's history and purpose and the community/constituency it serves. (If applicant organization is different from the Economic Development Institution (EDI), please describe the applicant organization.)

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

3. Low Income Control:

- a. Briefly describe the economic and social characteristics of poverty in your community, especially as they relate to the availability of living wage jobs and opportunities to develop and own assets, i.e. bank accts.

- b. How are low-income people involved in, or in control of, this project? (Refer to #1 in the *CCHD 2018 Local Grant Guidelines*) (HUD's chart for low-income limits: www.huduser.org/portal/datasets/il.html.)

4. Diversity Within Your Organization:

	Total number	# of low income persons	Asian/Pacific Island	Black	White	Hispanic /Latino	Native American	Other (Specify)	# M	# F
Project Board										
Member-ship										
Constituency										
Staff										

5. Geographic Area Served (Please check X for all that apply):

Alameda County		Contra Costa County	
<input type="checkbox"/>	Northern	<input type="checkbox"/>	Central/South
<input type="checkbox"/>	Tri-Valley	<input type="checkbox"/>	East
<input type="checkbox"/>	Southern	<input type="checkbox"/>	West

PROPOSAL GOALS AND STRATEGY

1. Economic Development Institution (EDI) Name: _____

2. Amount Requested: _____ Annual Organization Budget: _____ Annual EDI Budget: _____

3. Type of Economic Development Institution (EDI):

<input type="checkbox"/>	Business Incubators & Marketplaces	<input type="checkbox"/>	Community Development Financial Institutions (CDFI)
<input type="checkbox"/>	Community Land Trusts and Limited Equity Co-ops	<input type="checkbox"/>	Worker-owned Cooperatives
<input type="checkbox"/>	Social Purpose and Training Businesses	<input type="checkbox"/>	Other

You can find descriptions of each type of initiative on CCHD's web site at www.usccb.org/about/catholic-campaign-for-human-development/grants/economic-development-grants-program/index.cfm.

4. Is the EDI presently in operation (Yes or No)?

5. Briefly describe the EDI's structure, purpose and beneficiaries.

6. Technical Assistance:

a. Please name organization or individual providing technical assistance (outside consultants, training organization or training association).

b. Please identify any local, regional, statewide or national networks or trade associations of which your organization is a member for the purpose of sharing experience and building capacity.

7. Describe asset development goals for the EDI's coming fiscal year.

a. Type of asset(s) to be created only by your EDI for individuals participating in or benefitting from the EDI (e.g. real estate ownership, financial/bank accounts, business ownership, community facilities, etc.):

b. Estimated total dollar value of assets at the end of the coming fiscal year: _____

c. Describe job creation goals for the coming fiscal year (if applicable). Please include type of business, # of jobs, hourly wage, types of benefits and if jobs full or part-time.

d. List the institutional change objectives, if any, of the EDI and/or parent organization for the coming year.

e. Describe plans for leadership training and development, particularly as related to low income leaders on the EDI and/or organizational board.

f. List the objectives for increasing your EDI's organizational capacity during the coming fiscal year.

8. Funding and Self-Sufficiency:

- a. How much funding has been raised for this project?
- b. List current sources and amounts.

Source	Amount

c. Anticipated amounts and sources of support for project (grassroots, foundations, church, other):
DO NOT INCLUDE CCHD FUNDING.

Source	Amount

9. EDI Budget:

On this page, 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 EDI 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. Briefly outline the financial plan that will be followed for the next two years. This includes financial goals for each year and how the EDI plans to raise those funds. (Please indicate amount and whether anticipated funds will be gained as earnings, through fundraising efforts, in-kind contributions, special events, donation solicitation, submission of grant proposals.)

11. **PROHIBITIONS:** As an initiative of the Catholic Church in the United States, 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?

12. 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 _____

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