**CATHOLIC CAMPAIGN FOR HUMAN DEVELOPMENT (CCHD)**

APPLICATION FOR CCHD LOCAL\* FUNDING

*\*Local refers to the 10 counties served by the Archdiocese of Milwaukee: Dodge, Fond du Lac, Kenosha, Milwaukee, Ozaukee, Racine, Sheboygan, Walworth, Washington, & Waukesha.*

*CCHD will only grant funds to organizations that meet CCHD criteria. Criteria include conformity to the teachings of the Catholic Church as summarized in Section D.*

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| --- |
| **APPLICATION INSTRUCTIONS**   1. Complete the entire application. Fill out all sections/fields as completely as possible. If a section does not apply to your organization, enter n/a in the first appropriate field. 2. Complete the budget worksheet. (Instructions are included.) 3. The Board of Directors must indicate their approval of the application. 4. Both the application and budget must be submitted for funding consideration. The Board President or Executive Director must sign and date the application. An unsigned application may be emailed. 5. Contact Rob Shelledy, CCHD Diocesan Director, 414-758-2286, for questions about the application. 6. Submit the application and budget via email to: [ShelledyR@archmil.org](mailto:ShelledyR@archmil.org). 7. Mail the signed application with budget to:   Archdiocese of Milwaukee ⬩ Catholic Campaign for Human Development  3501 South Lake Drive ⬩ P.O. Box 070912 ⬩ Milwaukee, WI 53207-0912 |

**GENERAL ORGANIZATION INFORMATION:**

Organization Name

Mailing Address

City

State

Zip

Website

Name of Executive Director

Name of Board President

Is the applicant organization incorporated?  Yes  No

Is the applicant organization non-profit?  Yes  No

Is the applicant organization tax-exempt?  Yes  No

If tax exempt, indicate status:  501(c)3  501(c)4  509(a)

If not tax exempt, has the organization filed a 501(c)3 application?  Yes  No

Indicate the date your organization viewed the CCHD Local Application Webinar:

**GENERAL PROJECT INFORMATION:**

Name of Project:

Abbreviations or acronyms used to refer to project**:**

What is the total projected budget for the project? $

Amount requested:  $5,000  $7,500  $10,000  $15,000

Is this a new or on-going project?  New  On-going; This year will be year #

**PRIMARY POINT OF CONTACT:**

Prefix

First & Last Name

Position

E-mail

Daytime Telephone

**IF AWARDED A GRANT, ARE FUNDS TO BE CHANNELED THROUGH A FISCAL AGENT?**

No  Yes – if yes, provide the following information.

Organization Name

Name of Person with whom CCHD should communicate:

Position

E-mail

Daytime Telephone

Mailing Address

City

State

Zip

**HAS THE ORGANIZATION RECEIVED PREVIOUS CCHD FUNDING IN THE LAST FOUR YEARS?**

No  Yes – if yes, provide details in the following table.

|  |  |  |
| --- | --- | --- |
| Year | **Local** CCHD Funds Received | **National** CCHD Funds Received |
|  | $ | $ |
|  | $ | $ |
|  | $ | $ |
|  | $ | $ |

**APPLICATION APPROVAL AND SIGNATURE:**

This completed application and budget to request funds from the Archdiocese of Milwaukee’s Local Catholic Campaign for Human Development was approved by the Board of Directors on       (date) by a vote of      .

Who is signing this application?  Executive Director

Board President

Signature

Date Signed

**SECTION A. PROJECT DESCRIPTION & COMMUNITY IMPACT**

|  |
| --- |
| **1) Tell us about the project.** *What is the goal of the project? What makes the project unique? If a new project, has a similar project succeeded? If an existing project, what has already been accomplished?* |
|  |
| **2) Tell us about the specific problem within the community that your project will address.** |
|  |
| **3) Tell us about the projected impact of your project within the community.** |
|  |
| **4) Tell us about the people who will benefit from the project.** *Who will the project serve? How many people will be part of the project at various phases? How many people will directly benefit from the project by the year end? How will they benefit?* |
|  |
| **5) Tell us how the project promotes self-determination and/or empowerment for the people it serves.**  *What are the short and long-term benefits of the project if successful? How will the project change people’s lives? What social structures (if any) are affected?* |
|  |

**SECTION B. PROJECT OBJECTIVES**

**List measurable objectives** (up to three) for length of CCHD grant period (July 1, 20xx - June 30, 20xx).

*A logic model may be helpful.*

|  |  |
| --- | --- |
| **Objective #1** (*Be clear and concise.)* | **Steps to be Taken** |
|  |  |
| **Objective #2** (*Be clear and concise.)* | **Steps to be Taken** |
|  |  |
| **Objective #3** (*Be clear and concise.)* | **Steps to be Taken** |
|  |  |

**SECTION C. ORGANIZATION DESCRIPTION**

Give a brief description of the organization. Include supportive information of your ability to conduct the proposed project.

**SECTION D. PRINCIPLES THAT SUPPORT YOUR REQUEST FOR FUNDING**

CCHD funds projects that fulfill principles of Catholic Social Teaching. Select the top two (2) principle themes in which your project supports your request for CCHD funding.

**Respect for Human Life and Dignity  Solidarity**

**Priority for the Poor  Strengthen Family & Build Community**

**Participation  Pursuing Justice**

**Subsidiarity**

Provide a brief explanation of how your organization will carry out these two principles in relationship to your project. *(2-5 sentences)*

**Catholic Identity:** The Catholic Campaign for Human Development is a work of the Catholic Church in the United States. CCHD draws its directions, policies and practices from Catholic social and moral teaching and prohibits funding groups that violate fundamental Catholic teaching. In all its work, CCHD seeks to carry out central themes of Catholic social teaching.

* **Respect for Human Life and Dignity:** CCHD works to protect and enhance the life and dignity of all from the first moment of conception to the moment of natural death and every moment on the spectrum of life in between, especially focusing on the lives and dignity of those who are poor, vulnerable or suffering economic or other injustice.
* **Priority for the Poor:** CCHD practices the Church's priority for the poor, helping low-income and vulnerable people improve their lives and communities by their own actions.
* **Participation:** CCHD works from the bottom up, emphasizing self-help, participation and decision-making by poor people themselves to address their own situations.
* **Subsidiarity:** CCHD focuses on local communities seeking to give voice to those closest to problems of poverty, as these communities address economic injustice working with local, state or national institutions to address the causes of poverty.
* **Solidarity:** CCHD is a sign of solidarity, standing with and for those who are poor, seeking to strengthen communities and helping to build bridges between those who are poor and those who are not.
* **Strengthen Family & Build Community:** CCHD works to support and strengthen the fundamental social institutions of marriage and family and other mediating structures, including parishes, neighborhoods, community organizations, economic development groups and worker and other associations.
* **Pursuing Justice:** CCHD supports self-help efforts to bring about positive institutional changes that address root causes of poverty.

**SECTION E. YOUR ORGANIZATION AND COMMUNITY TO BE SERVED**

1. What income level\* do you use to define poverty? *(\*Indicator used to report demographics.)*

Federal Poverty Level  Other (e.g. Aldermanic report, UWM Poverty Study, etc.):

2. Provide demographics related to poverty and race in the following chart.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | **DEMOGRAPHICS: RACE** | | | | | |  |
| **Representation** | # of Persons At or Below Poverty Level | Black | White | Hispanic | Asian/ Pacific Islands | Native American | Other  Race | **TOTAL # OF PERSONS** |
| 1. Board of Directors from Applicant Organization |  |  |  |  |  |  |  | A. |
| 1. Project Staff |  |  |  |  |  |  |  | B. |
| 1. Members of Applicant Organization (if any) |  |  |  |  |  |  |  | C. |
| 1. Number of Persons Benefiting from this Project |  |  |  |  |  |  |  | D. |

**SECTION F. PRIORITY FOR THE POOR**

How are the members of the poverty group (who are being served by the project) involved in the planning, implementing, decision making, and policy-making of this project?

|  |
| --- |
|  |

At least 50% of the Board Members\* fall below the poverty indicator noted above:

No  Yes

At least 50% of the Committee\* leading the project fall below the poverty indicator noted above:

No  Yes  Not applicable

If “no” is checked in **EITHER** statement above, explain why, and what steps will be taken to involve more low-income people to have a voice in the decision making process related to the project.

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|  |

*\*CCHD allows priests and religious who voluntarily serve low-income people, parishes and communities to count toward the percentage of low-income decision makers. However, a board or organization made up exclusively or primarily of clergy and religious would not be considered a low-income board or organization for this purpose.*

**SECTION G. CURRENT AND FUTURE FUNDRAISING**

List all grants for which the PROJECT has applied for (or intends to apply for) within the next six months.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Amount of Request | Funding Source Applied To | Committed | Pending | Applying Later | Date of Application  (If applying later,  indicate when application will be made.) |
| $ | 1. |  |  |  |  |
| $ | 2. |  |  |  |  |
| $ | 3. |  |  |  |  |
| $ | 4. |  |  |  |  |
| $ | 5. |  |  |  |  |

How will the project be supported beyond the period of funding being requested?

|  |
| --- |
|  |

**SECTION H. TECHNICAL ASSISTANCE NEEDS**

Does your organization need technical assistance to successfully implement this project?

No  Yes – if yes, provide the information in the chart below.

|  |  |  |
| --- | --- | --- |
| What kind of technical assistance  does your organization need  to successfully implement this project? | Who has been identified and contacted to provide the technical assistance you need? | Date Contacted |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |

**SECTION I. BUDGET**

Each local CCHD grant applicant must submit a project budget.

Follow the instructions noted on the worksheet. Use the Excel template provided.

Submit the completed budget along with the completed application.

**SECTION J. BOARD PROFILE**

Please list members of the organization’s board. Duplicate this page if necessary.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name |  | | |  | Name |  | | |
| Address |  | | |  | Address |  | | |
| City |  | | |  | City |  | | |
| State |  | Zip |  |  | State |  | Zip |  |
| Occupation |  | | |  | Occupation |  | | |
| Term of Office |  | | |  | Term of Office |  | | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name |  | | |  | Name |  | | |
| Address |  | | |  | Address |  | | |
| City |  | | |  | City |  | | |
| State |  | Zip |  |  | State |  | Zip |  |
| Occupation |  | | |  | Occupation |  | | |
| Term of Office |  | | |  | Term of Office |  | | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name |  | | |  | Name |  | | |
| Address |  | | |  | Address |  | | |
| City |  | | |  | City |  | | |
| State |  | Zip |  |  | State |  | Zip |  |
| Occupation |  | | |  | Occupation |  | | |
| Term of Office |  | | |  | Term of Office |  | | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name |  | | |  | Name |  | | |
| Address |  | | |  | Address |  | | |
| City |  | | |  | City |  | | |
| State |  | Zip |  |  | State |  | Zip |  |
| Occupation |  | | |  | Occupation |  | | |
| Term of Office |  | | |  | Term of Office |  | | |