

Catholic Campaign for Human Development

Diocese of Joliet

APPLICATION FOR LOCAL FUNDING

APPLICATION DUE: MARCH 1, 201 ____

Return to: Catholic Campaign for Human Development, St. Charles Pastoral Center
402 So. Independence Blvd., Romeoville, IL 60446 (815) 834-4027

PLEASE READ THE ENTIRE APPLICATION FORM CAREFULLY BEFORE COMPLETING IT.

Please type or print. Answer all questions as applicable. Use the space provided; however, the back page may be used to finish a section.

ORGANIZATION SUBMITTING PROPOSAL:

Name _____

Address _____

City _____ Zip _____

Telephone _____

NAME OF PROJECT:

Project Budget \$ _____

Organization Annual Budget \$ _____

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

If yes, give the years(s) and amount(s).

Year _____ Amount _____

Year _____ Amount _____

Year _____ Amount _____

CONTACT PERSON:

Name _____

Address _____

City _____ Zip _____

Telephone _____

Email Address _____

Relationship in submitting organization

TOTAL AMOUNT REQUESTED FROM CCHD:

\$ _____

Percentage of Project Budget _____%

Is the organization submitting the proposal:
(under Diocese of Joliet)

Incorporated? Yes ____ No ____

Non-profit? Yes ____ No ____

Tax-exempt? Yes ____ No ____

Tax-exempt applied for?

Yes ____ No ____

*(Please attach copies of current documentation of the above.)

Submission of this application has been approved by our Board of Directors as indicated by my signature.

Signature

Position

Date

SPONSORING ORGANIZATION

Please provide a summary history of your organization including its purpose and accomplishments during the last five years, or since inception, whichever is shorter.

How many people work for this organization?

Paid Staff _____

Volunteers _____

THE PEOPLE

1. Define (explain) the type of community/population involved in this project.
2. Give the estimated number of people to be helped through this project.
3. Give the details of the community involvement expected. Is there a broad base of support?
What support have you already received?
4. Tell how the members of the poverty group who are being helped will be involved in the planning, implementing and policy making aspects of this project.

IMPACT

Will this project impact the larger city, state, and/or national community? How?

SELF-SUFFICIENCY PLANS

1. How soon will this project become economically self-sufficient?

2. What sources of income (revenue) will sustain the project after the grant money is expended?

3. What local fund-raising projects have been held or are planned for the future?

If no Board of Directors – please explain how policy making decisions are made.

To gain an understanding of how day-to-day operations are handled, please provide information on the organizational structure.

Position	Name	Responsibility

FUNDING SOURCES

What other sources of revenue does the organization and/or project have: grants, fundraisers, bazaars, etc?

