

**Catholic Campaign for Human Development**  
Diocese of Joliet

**APPLICATION FOR LOCAL FUNDING**

APPLICATION DUE: MARCH 1, 200\_\_\_

Return to: Catholic Campaign for Human Development, St. Charles Pastoral Center  
402 So. Independence Blvd., Romeoville, IL 60446 (815) 834-4028

**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 \_\_\_\_\_

Relationship to submitting organization

\_\_\_\_\_

TOTAL AMOUNT REQUESTED FROM CCHD:  
\$ \_\_\_\_\_

Percentage of Project Budget \_\_\_\_\_%

Is the organization submitting the proposal:

- 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 \_\_\_\_\_

# PROJECT DESCRIPTION

What are the:

1. Organization Goals
2. Organization Needs
3. Project Goals
4. Project Needs
5. Project Plan of Action
6. Project Expenses

Will this project bring about any kind of institutional change?

# 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?



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?

