

NOTE: THESE FORMS ARE FOR LOCAL CATHOLIC CAMPAIGN FOR HUMAN DEVELOPMENT GRANT APPLICATIONS ONLY. *Separate forms are required for making application to the National Office.*

**2016 APPLICATION FOR FUNDING
CATHOLIC CAMPAIGN FOR HUMAN DEVELOPMENT
Diocese of La Crosse
P O Box 4004, La Crosse, WI 54602-4004
(608) 791-2667**

The Catholic Campaign for Human Development (CCHD) is an action-education program sponsored by the Catholic Bishops of the United States. Since its inception, CCHD has funded projects throughout the country that aim to attack the basic causes of poverty and empower the disadvantaged. Funds are allocated on a non-denominational basis.

The Catholic Campaign for Human Development encourages the submission of proposals describing projects that will aid poverty organizations to bring about institutional change.

Submit five (5) copies of your application form to:

Diocese of La Crosse
Office of Ministries & Social Concerns
P O Box 4004
La Crosse, WI 54602-4004

Application forms must be submitted (postmarked) by **October 30, 2016**. Early submissions would be greatly appreciated. If you have any questions, please contact the Office of Ministries & Social Concerns at 608-791-2667.

It is the policy of the Catholic Campaign for Human Development to allocate funds only to organizations that are incorporated and that have an Internal Revenue Service 501(c) 3 designation. If the applicant organization is not incorporated and federally tax-exempt, then CCHD may allow funds to be channeled through some organization which has such a status. This organization is called the channeling agency. The channeling agency does not direct the project; it transmits CCHD funds and oversees their proper use.

IMPORTANT! PLEASE READ THE FOLLOWING REGARDING THE BASIC PRINCIPLES OF CATHOLIC MISSION FOR CCHD:

In light of our Catholic moral and social teachings and tradition, CCHD requires organizations requesting local funding to adhere to basic principles which are central to our Catholic mission. Central to all Catholic moral teaching is the sanctity of human life from conception to natural death. The Catholic Campaign for Human Development (CCHD) will consider only those projects that demonstrate respect for the dignity of the human person. CCHD will not consider projects or organizations that promote or support abortion, capital punishment, euthanasia, racism, war, same-sex marriage or any activity that is an affront to human life and dignity. Organizations that do not adhere to these principles are not eligible for grant awards.

If a project is recommended for CCHD funds, those responsible for the project will be required, through their signature on the Grant Agreement, to indicate that their organization agrees not to participate in or promote any activities that contradict the moral and social teachings of the Catholic Church. If at any time during the grant year the organization does not conform to the moral and social teachings of the Catholic Church, the grant award will be rescinded and must be returned in full to the Diocese of La Crosse.

DEFINITION OF TERMS:

Seed Money is an initial amount of money from external funding sources, including CCHD, used to help start a project and generate money from other sources.

Matching Funds would be a CCHD grant for a project that will obtain a sum of money from another source on a dollar for dollar basis (\$1 to get \$1, \$2 to get \$2, \$3 to get \$3, etc.).

In-Kind Contributions are non-cash contributions (such as donation of a desk, free rent, volunteer staff, etc.).

A Condition is a qualification placed on the grant contract that must be met prior to receipt of funds.

Self-Sufficiency means that the project will generate needed financial and technical support during and by the time of completion of CCHD funding.

Technical Assistance means supplemental services provided to programs to improve their effectiveness.

Grassroots Fund Raising means income derived from within the funded group (such as membership dues, book sales, ad books, special events, direct mail, door-to-door canvassing, etc.).

Funding decisions are made and grants are awarded in October and April each year. **A financial report must be sent to the diocesan CCHD office approximately six months after receiving the grant.**

Projects may receive up to three consecutive CCHD grants. However, re-application must be made and there is no guarantee that a CCHD funded group will be re-funded.

CCHD normally will consider proposals requesting grants up to approximately \$5,000.

Applicant organizations should submit one complete copy of their most recent financial statement, if available. Indicate if it was audited or not.

CRITERIA AND GUIDELINES

To be eligible for CCHD funds, a project must satisfy all the following criteria and guidelines simultaneously.

A. Criteria

1. The project must benefit and enhance the human dignity of people who are experiencing poverty, oppression, or who lack access to the economic or political means to better their lives.
2. The funding must benefit the areas listed on the front page of the proposal: communication, education, economic development, social development, and legal aid.
3. Members of the marginalized group must have a voice in the administration of the project. Therefore, the requesting organization must have marginalized on the board of directors or be working toward this goal.
4. All projects should directly benefit a relatively large number of people rather than a few individuals.
5. CCHD encourages projects that document that, as a general result of CCHD funding, there are possibilities of generating funds from other sources or of becoming self-supporting within the time line established in the proposal.
6. The activity for which funding is requested must be consistent with the moral teachings of the Roman Catholic Church. (See “Basic Principles of Catholic Mission for CCHD” on the first page.)

B. Guidelines

1. Highest priority will be given to seed money projects which are innovative in attacking the structural causes of marginalization or in empowering the marginalized to effect structural change. CCHD defines structural change as:
 - a) Modification of existing institutions values, laws, and/or policies;
 - b) Establishment of alternative organizations, values, and/or policies;
 - c) Redistribution of economic resources and decision-making powers;
 - d) Provision of services which result in the achievement of (a), (b), and/or (c); or leads the CCHD *grant recipients to focus on (a), (b), and/or (c).*
2. If the group you are working with would be better characterized as marginalized, oppressed or disempowered rather than poor, please explain.
3. Also eligible for funding consideration are direct service provision projects that enhance the dignity of the person and which foster communal values. Ideally, in these cases, CCHD funds would be used to match resources from other granting organizations or funding activities.

C. Projects not funded by CCHD include:

1. Projects controlled by local, state, or federal governments.
2. Research projects, surveys, planning and feasibility studies.
3. Individually owned for profit businesses.

Revised 08/06/13

CATHOLIC CAMPAIGN FOR HUMAN DEVELOPMENT 2016 APPLICATION FOR FUNDING

Name of Proposal _____ Funds requested from CCHD \$ _____

Organization _____ Total budget for project \$ _____

Address _____

City _____ State _____ Zip _____

Telephone _____

County _____

Diocese _____

Person with whom CCHD should communicate:

Name _____

Position _____

Telephone _____

Has the project received local CCHD Funding?

_____ Yes _____ No

Year Amount

Is the application organization:

Incorporated? _____ Yes _____ No

Non-profit? _____ Yes _____ No

Tax-exempt? _____ Yes _____ No

_____ 501(c)3? _____ Yes _____ No

_____ 501(c)4? _____ Yes _____ No

501(c)3 applied for? _____ Yes _____ No

PROJECT CATEGORY

Choose one of the following: Check one in each set only.

1. This proposal can best be classified in the category of:

- _____ Communication
- _____ Economic Development
- _____ Social Development
- _____ Housing
- _____ Legal Aid
- _____ Education

2. This proposal covers:

- _____ An urban area
- _____ A rural area
- _____ An urban/rural area

If any answer is "No," indicate when they will be obtained:

If funds are to be channeled through a different organization, please identify it:

Organization _____

Address _____

City _____ State _____ Zip _____

Telephone _____

Contact Person _____

**SUBMISSION OF THIS APPLICATION HAS BEEN
APPROVED BY THE:**

BOARD OF DIRECTORS OF _____

BY A VOTE OF _____ **TO** _____

A. PROJECT DESCRIPTION

1. Give a brief description of your organization, what your group has done in the past and its goals.
(If the sponsoring organization is different from the project, answer question 2.)

2. Give a brief description of the project and its goals.

B. GROUP AND COMMUNITY TO BE SERVED

1. Describe the marginalized group you propose to serve.

a) What social and political traits are significant about your community?

b) What are the predominate characteristics of the community to be served (ethnic, racial, etc.)

2. Provide the figures for the organization and community participating in and benefiting from the project.

| Representation (Specify) | Total Number | No. of persons from marginalized group | Asian/Pacific Islands | Black | White | Hispanic | Indian | Other |
|---|-----------------|---|--------------------------|-------|-------|----------|--------|-------|
| Board of Directors from applicant organization | | | | | | | | |
| Policy-making board for this project if different from above | | | | | | | | |
| Project staff | | | | | | | | |
| Members of applicant organization | | | | | | | | |
| Total number of persons benefiting directly from this project | | | | | | | | |

3. How are the members of the marginalized group who are being helped by the project involved in the planning, implementing and policy making of this project?

4. At least 50% of the board members must fall below your poverty indicator or come from the marginalized groups affected by this project. If this is not the case, please state why and what steps are being taken to satisfy CCHD criteria.

C.1 INSTITUTIONAL CHANGE

List all grants or contributions above \$1,000 that were received by the project in **2015**.

| YEAR | AMOUNT | FUNDING SOURCE | ADDRESS (street, city, state, zip code) |
|------|--------|----------------|--|
| | | | |
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C.2 PREVIOUS GRASSROOTS FUNDRAISING

What grassroots fundraising (e.g., membership dues, book sales, ad books, special events, bingo, direct mail, door -to-door canvassing etc.) has been done for this project in 2015?

| FUNDRAISING ACTIVITY | NET INCOME | DATE |
|----------------------|------------|------|
| | | |
| | | |
| | | |
| | | |

D.1 SELF-SUFFICIENCY PLAN FOR PROJECT

| INCOME | PAST | | | PROJECTED | |
|---|------------------|------------------|------------------|------------------|------------------|
| | Fiscal Year 2013 | Fiscal Year 2014 | Fiscal Year 2015 | Fiscal Year 2016 | Fiscal Year 2017 |
| Grants from corporations, foundations, & churches | | | | | |
| CCHD grants (local) | | | | | |
| CCHD grants (national) | | | | | |
| Government grants | | | | | |
| Grassroots fundraising | | | | | |
| In-kind contributions | | | | | |
| Other income | | | | | |
| \$ TOTAL INCOME | | | | | |
| EXPENSES | | | | | |
| Personnel and salaries | | | | | |
| Office expenses | | | | | |
| Travel expenses | | | | | |
| Occupancy expenses | | | | | |
| Program expenses | | | | | |
| Outside services | | | | | |
| Other expenses | | | | | |
| \$ TOTAL EXPENSES | | | | | |

D.2 GRANTS APPLIED FOR

List below all grants for which the project has applied or intends to apply in the next six months. (“Committed” grants include all grants committed for the current CCHD funding year and following years.)

| AMOUNT OF REQUEST | FUNDING SOURCE APPLIED TO | COMMITTED | PENDING | APPLYING LATER | DATE OF APPLICATION <i>(If applying later, when will application be made?)</i> |
|-------------------|---------------------------|-----------|---------|----------------|---|
| | | | | | |
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D.3 GRASSROOTS FUNDRAISING

What grassroots fundraising do you plan to do during the CCHD project year?

| FUNDRAISING ACTIVITY | ANTICIPATED INCOME (Net of Expenses) | DATE PLANNED |
|----------------------|---|--------------|
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D.4 PROJECT BUDGET FOR CCHD GRANT YEAR: JULY 2016 TO JUNE 2017

| INCOME | TOTAL PROJECT BUDGET CCHD GRANT YEAR | PROJECTED USE OF CCHD FUNDS CCHD GRANT YEAR |
|---|---|--|
| Grants from corporations, foundations, & churches | | |
| CCHD grants (local) | | |
| CCHD grants (national) | | |
| Government grants | | |
| Grassroots fundraising | | |
| In-kind contributions | | |
| Other income | | |
| \$ Total income | | |

EXPENSES

PERSONNEL AND SALARIES

| | | |
|---------------------------|---------------------------|----------|
| 1 | | |
| 2 | | |
| 3 | | |
| 4 | | |
| 5 | | |
| 6 | | |
| 7 | \$ Total salaries & wages | |
| Fringe Benefits (Itemize) | | |
| a. _____ | a. _____ | a. _____ |
| b. _____ | b. _____ | b. _____ |
| c. _____ | c. _____ | c. _____ |
| 8 | \$ Total fringe benefits | |
| 9 | \$ Total personnel (7+ 8) | |

OFFICE EXPENSES

| | | |
|----|---------------------------------|--|
| 10 | Consumable supplies | |
| 11 | Equipment purchases | |
| 12 | Equipment rentals | |
| 13 | Equipment maintenance & repairs | |
| 14 | Reproduction & printing | |
| 15 | Postage & freight | |
| 16 | Telephone & telegraph | |
| 17 | In-kind office expenses | |
| | Subtotal | |

TRAVEL EXPENSES

| | | |
|-----------------------|--|--|
| 18 Staff | | |
| 19 Board or committee | | |
| Subtotal | | |

OCCUPANCY EXPENSES

| | | |
|-------------------------------|--|--|
| 20 Utilities | | |
| 21 Rent/lease | | |
| 22 Repairs & maintenance | | |
| 23 In-kind occupancy expenses | | |
| Subtotal | | |

PROGRAM EXPENSES

| | | |
|-----------------------------|--|--|
| 24 Materials | | |
| 25 Stipends | | |
| 26 Insurance | | |
| 27 In-kind program expenses | | |
| Subtotal | | |

OUTSIDE SERVICES

| | | |
|------------------------------|--|--|
| 28 Consultants | | |
| 29 Contractors | | |
| 30 Pro bono outside services | | |
| Subtotal | | |

MISCELLANEOUS EXPENSES

| | | |
|-------------------------|--|--|
| 31 | | |
| 32 | | |
| 33 | | |
| Subtotal | | |
| \$ Total Expenses | | |
| | | |
| \$ Surplus or (Deficit) | | |

E. POLICYMAKING BOARD PROFILE

Please list members of the project Policymaking Board and give a brief biographical sketch of each. Include information about work and volunteer experience, ethnic/racial background, special skills or knowledge they bring to the organization. Use only the space provided for each name. Duplicate form if necessary.

| | Indicate Above or Below Poverty Level | Term of Office | Indicate How Chosen (Appointed or Elected) |
|---------|---------------------------------------|----------------|--|
| Name | | | |
| Address | | | |
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