

Community Development Grant Application

Application Deadline: April 1

Please email questions and/or completed application to: Administration.ocsjm@aohct.org

The Archdiocese of Hartford, in collaboration with the United States Catholic Bishops' Catholic Campaign for Human Development (CCHD), promotes programs where the poor are involved in moving out of poverty. **Rather than giving a hand out, communities are providing a hand up.**

The Archdiocese of Hartford local CCHD grants fund programs that nurture the participation of people living in poverty to change structures and policies that affect their lives. Priority will be given to organizations in which Catholic parishes are involved.

This grant was created to help bring the peace and justice promoted in the gospel and in the principles of Catholic social teaching to the world around us. Our intention is to encourage and facilitate the direct involvement of the Catholic community in peace and justice work lifting the poor out of poverty.

Grants range from \$5,000-\$10,000.

CCHD Priorities

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.

Equity and Inclusion: CCHD emphasizes self-help, participation and decision-making by poor people themselves to address their own situations.

Leadership and Development: Central to CCHD's principles of empowerment, and to ensure the strength, depth and sustainability of organizations, is a commitment to ongoing human development through skills building and training.

Institutional Change: The applicant organization must demonstrate the intention (and should demonstrate the capacity) to effectively work toward the elimination of the root causes of poverty and to enact institutional change.

Solidarity: CCHD is a sign of solidarity, seeking to build bridges between those who are poor and those who are not, between races, and between secular and Catholic communities.

We understand that, currently, these guidelines might not be part of an organization's process and procedures. We will consider how the applicant intends to incorporate these and we will work with grantees to facilitate the integration of our guidelines.

CATHOLIC CAMPAIGN FOR HUMAN DEVELOPMENT APPLICATION FOR LOCAL FUNDING

Application to be postmarked by April 1

Mail to:

Office for Catholic Social Justice Ministry
467 Bloomfield Avenue
Bloomfield, CT 06002

Please limit responses to the space available on the application except where indicated.
Use the keys Tab and Shift-Tab to move from entry field to entry field.

PRELIMINARY INFORMATION

- I. Organization: _____
Project: _____
Address: _____
City / State / ZIP: _____
Telephone: _____ Project Contact: _____
E-mail: _____
Web address: _____
- II. A. **What is the purpose of the proposed grant? How does your project address the root causes of poverty and the need for institutional change to combat poverty?**
- B. **How will your project move people who are poor and disenfranchised to develop leadership capabilities and be able to affect decisions about their lives?**
- C. **Attach a separate sheet, maximum one page, containing a brief description of the Organization including its purpose or mission, past successes, immediate and long-term goals.**
- D. **Please list all of the coalitions or groups with which the organization is affiliated.**

III. A. **Amount of Funds Requested from CCHD:** _____
 (Typical range of funding: \$5,000 - \$10,000)
Total Budget for the Project: _____
Total Budget for the Organization: _____

B. **How will this project include collaboration with those who are poor and disenfranchised? How will the project provide leadership opportunities for low-income people? Explain.**

C. **What adaptations will you make to your project if you do not receive the full amount requested?**

D. **Has this specific project received previous CCHD funding?**
(Yes or no)

| If Yes: | <u>Year</u> | <u>Amount</u> | <u>Local</u> | <u>National</u> |
|---------|-------------|---------------|--------------|-----------------|
| | _____ | _____ | _____ | _____ |
| | _____ | _____ | _____ | _____ |
| | _____ | _____ | _____ | _____ |

IV. A. **Is the applicant organization:**
 Incorporated? (Yes or no)
 Non-profit? (Yes or no)
 Tax exempt? (Yes or no)
 501(C)3? (Yes or no) 501(C)4? (Yes or no)
 501(C) 3 applied for? (Yes or no)
 If any answer is "NO", indicate when non-profit status will be obtained and mailed to the office address on the cover page: _____

- B. Enclose one copy of your organization's or your fiscal agent's Articles of Incorporation, Constitution, By-Laws, and IRS tax-exempt certification.**

Federal Tax I.D. Number: _____

Fiscal Agent (if appropriate): _____

V. Project Objectives

- A. What is the desired outcome of this project? What indicators will you use to evaluate your work?**

- B. List the chief measurable objectives for the project for the period of the CCHD grant, as well as the steps required to accomplish each objective**

- a. Example: Objective 1- Training 10 leaders by January of next year**

- i. Step 1- Identify potential leaders by October 1st.**
- ii. Step 2- Screen potential leaders for training by November 1st, etc.**

- C. How are the members of the poverty group who are being helped by the project involved in the planning, implementing, and policy-making of this project?**

D. At least 50% of the Board members or Project Board should fall within “very low income” guidelines (See Page 6 for definitions.). If this is not the case, please state why and what steps are being taken to satisfy this CCHD criterion.

5. What special attributes do the board, staff, and membership possess that will ensure the project objectives are met?

B. ORGANIZATION DESCRIPTION

1. Measurement of the amount of low-income participation is consistent with National CCHD Grant applications measures.

In an effort to more accurately measure the level of low-income leadership in applicant organizations, CCHD recommends that all applicants use either the Very Low-Income or Low-Income household definition of the U.S. Department of Housing and Urban Development. This indicator should be used by applicants to: 1) determine the number of low-income participants on the board; and, 2) determine the number of low-income participants among the general membership.

Please go to http://www.huduser.org/portal/datasets/il/il15/index_il2015.html to look up your area's median income and a measurement of either Very Low-Income Limits (50% of the estimated area median income) or Low-Income Limits (80% of the estimated area median income). While applicants may select either of the income limits as the standard by which to measure low-income board and general membership participation, CCHD will give PRIORITY to those applicants who use the Very Low-Income (50% of AMI) standard.

2. PROFILE OF PROJECT’S POLICY-MAKING BOARD

Please list members of the project Policy-making Board. Duplicate if necessary.

| | |
|-----------------------------|-----------------------------|
| Name: _____ | Name: _____ |
| Address: _____ | Address: _____ |
| City/St/ZIP: _____ | City/St/ZIP: _____ |
| Occupation: _____ | Occupation: _____ |
| Term of Office: _____ | Term of Office: _____ |
| Very Low Income (Yes or No) | Very Low Income (Yes or No) |
| Name: _____ | Name: _____ |
| Address: _____ | Address: _____ |
| City/St/ZIP: _____ | City/St/ZIP: _____ |
| Occupation: _____ | Occupation: _____ |
| Term of Office: _____ | Term of Office: _____ |
| Very Low Income (Yes or No) | Very Low Income (Yes or No) |
| Name: _____ | Name: _____ |
| Address: _____ | Address: _____ |
| City/St/ZIP: _____ | City/St/ZIP: _____ |
| Occupation: _____ | Occupation: _____ |
| Term of Office: _____ | Term of Office: _____ |
| Very Low Income (Yes or No) | Very Low Income (Yes or No) |
| Name: _____ | Name: _____ |
| Address: _____ | Address: _____ |
| City/St/ZIP: _____ | City/St/ZIP: _____ |
| Occupation: _____ | Occupation: _____ |

| | |
|--|--|
| Term of Office: _____ Very Low Income (Yes or No) | Term of Office: _____ Very Low Income (Yes or No) |
| Name: _____ Address: _____ City/St/ZIP: _____ Occupation: _____ Term of Office: _____ Very Low Income (Yes or No) | Name: _____ Address: _____ City/St/ZIP: _____ Occupation: _____ Term of Office: _____ Very Low Income (Yes or No) |

Please complete the following chart:

| Representation | Total # of Persons | # of Persons Very Low Income |
|---|--------------------|------------------------------|
| Board of Directors from applicant organization | | |
| Members of applicant organization | | |
| Policy-making board for <u>this project</u> , if different from above | | |
| Project Staff | | |
| Total # of persons benefiting directly from this project | | |

C. **PROJECT BUDGET**

1. INCOME

Provide your project income. Round off all amounts to the nearest dollar. In the second column, please identify amounts that have been confirmed from other sources. The amount budgeted for CCHD grants should equal the amount you are requesting on page one of the application. This same format will be used for your mid-year and final report.

| REVENUE SOURCES | Projected Budget Upcoming Year | Amount confirmed to date |
|---|---|-------------------------------------|
| CCHD Grants (Local) | _____ | _____ |
| Government Grants (Federal) | _____ | _____ |
| Other Grants (corporate, churches, etc.) On another sheet of paper, please list source of grants. | _____ | _____ |
| Grassroots Fundraising | _____ | _____ |
| Other | | |
| Business | _____ | _____ |
| United Way | _____ | _____ |
| Memberships/Dues | _____ | _____ |
| Foundations/Trusts | _____ | _____ |
| Individuals | _____ | _____ |
| Other, Misc. | _____ | _____ |
| TOTAL PROJECT REVENUE | _____ | _____ |

2. EXPENSES

Please detail your budgeted project expenses for the period July 1st of this year – June 30th of next year. Please round to the nearest dollar. In column A, indicate use of CCHD funds. In column B, identify expenses not covered by CCHD funds. Your Total Expenses (C) = A+B. This same format will be used for your mid-year and final report. The total for your CCHD expenses should equal the total projected revenue from CCHD as well as the amount requested on page one of the application.

| Expenses | CCHD Expenses A | Other Cash Expenses B | Total (A+B) Expenses C |
|----------------------------------|----------------------------|----------------------------------|---------------------------------------|
| Personnel –Salaries/Taxes | | | |
| <i>1. Director</i> | _____ | _____ | _____ |
| <i>2. Organizers</i> | _____ | _____ | _____ |
| <i>3. Support Staff</i> | _____ | _____ | _____ |
| <i>Benefits</i> | _____ | _____ | _____ |
| Office Expenses | | | |
| <i>Supplies</i> | _____ | _____ | _____ |
| <i>Equipment costs/repair</i> | _____ | _____ | _____ |
| <i>Rentals</i> | _____ | _____ | _____ |
| <i>Printing</i> | _____ | _____ | _____ |
| <i>Postage</i> | _____ | _____ | _____ |
| <i>Telephone</i> | _____ | _____ | _____ |
| Travel Expenses | _____ | _____ | _____ |
| Rent or Mortgage | _____ | _____ | _____ |
| Maint./Repairs to Office | _____ | _____ | _____ |
| Insurance (Liability, D&O) | _____ | _____ | _____ |
| Consultants/Contractors | _____ | _____ | _____ |
| Professional Development | _____ | _____ | _____ |
| Subscriptions | _____ | _____ | _____ |
| Memberships/Dues | _____ | _____ | _____ |
| Miscellaneous | _____ | _____ | _____ |
| TOTAL EXPENSES | _____ | _____ | _____ |

Note: The answers to the following two questions will not affect funding decisions.

- 1. If your group receives a CCHD grant, would one or more members be willing to speak about your project at a Catholic parish before the November CCHD collection this year?**
- 2. Would representatives of your group be willing to learn how to receive CCHD grants in the amount of \$25,000-\$75,000? For more information on national grants go to www.usccb.org/about/catholic-campaign-for-human-development/grants/index.cfm.**

BASIC PRINCIPLES OF CATHOLIC MISSION FOR CCHD

In light of our Catholic moral and social teachings and tradition, CCHD asks organizations requesting funding to understand and adhere to some 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 support only those projects and organizations which demonstrate respect for the dignity of the human person. CCHD will not support projects or organizations which promote or support abortion, euthanasia, the death penalty, or any other affront to human life and dignity.

CCHD will not support projects or programs which promote or support violence, racism, sexism, or other prejudices, in any form. It is recognized that social change often includes the element of conflict. However, conflict must take place in an atmosphere of non-violence and respect for human persons.

The Board of Directors of the organization is requested, through the signature of the president or chair, to indicate the intention of the organization to adhere to these principles.

Signed: _____

Project: _____

Organization: _____

Date: _____

The answers to the questions in this application were approved by the Board of Directors or Project Board on _____ (date).

The vote was:

___ For ___ Abstained
___ Against ___ Absent

Organization Executive Director

(Signature)

Chair of Board of Directors

(Signature)

- or -

Chair of Project Board

(Signature)