

CATHOLIC CAMPAIGN FOR HUMAN DEVELOPMENT

Diocese of Springfield in Illinois

P.O. Box 3187

Springfield, IL 62708-3187

(217) 698-8500, ext. 130

[cchd@dio.org](mailto:cchd@dio.org)

For office use only

**PLEASE DO NOT STAPLE**

**2012 APPLICATION FOR LOCAL FUNDING**  
**MUST BE POSTMARKED BY MARCH 15, 2012**

Organization name \_\_\_\_\_ Project name \_\_\_\_\_

Contact Person \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Email address for contact person \_\_\_\_\_

Amount of funds requested from CCHD \$ \_\_\_\_\_ Total budget for the project \$ \_\_\_\_\_

**Applicant understands that project funds are to be managed and dispersed directly by the organization applying, not allocated to other organizations.**

Brief synopsis of the project \_\_\_\_\_

Specifically, how do you plan to use CCHD grant funds? \_\_\_\_\_

**Attach a separate sheet, maximum one page, containing a brief description of the organization submitting the proposal, including its purpose and an outline of past successes, immediate goals and long range goals.**

Has this **specific project** received previous CCHD funding? No \_\_\_\_\_ Yes \_\_\_\_\_

If yes:	<u>Year</u>	<u>Amount</u>	<u>Local</u>	<u>National</u>
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

Has this **specific project** received previous funding from **Catholic Charities**? No \_\_\_\_\_ Yes \_\_\_\_\_  
If yes, what year? \_\_\_\_\_

Has this **specific project** received previous funding from **Operation Rice Bowl**? No \_\_\_\_\_ Yes \_\_\_\_\_  
If yes, what year? \_\_\_\_\_

Is the applicant organization: **Incorporated**? No \_\_\_\_\_ Yes \_\_\_\_\_

501(c)3? \_\_\_\_\_ applied for? \_\_\_\_\_

If answer is "NO", indicate when non-profit status will be obtained and mail to the Office for Social Concerns, P.O. Box 3187, Springfield, IL 62708-3187. \_\_\_\_\_

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



4. Give a timetable for completion of this project and/or how the project will sustain itself:

5. List measurable objectives for the length of the CCHD grant (June 1, 2012 to June 1, 2013):

Objective

Steps to be taken

6. What special attributes does the membership and/or Board or your organization possess that will ensure achievement of these objectives?

B. ORGANIZATION DESCRIPTION

- 2011 federal poverty guidelines are: Single person - \$10,890; Household of two - \$14,710; Household of three - \$18,530; Household of four - \$22,350; Household of five - \$26,170.  
**SOURCE:** *Federal Register*, January 20, 2011 (Volume 76, Number 13) pp. 3637-3638

Complete the chart below in full using these guidelines as a poverty/low income indicator:

Representation	Total #	# of persons below poverty level	Asian/Pacific Island	Black	White	Hispanic	Native American	Other
Board of Directors from applicant organization								
Policy-making board for this project if different from above **								
Project staff								
Members of applicant organization								
Total # of persons benefiting directly from this project								

- How are members of the poverty/low income group who are being helped by the project involved in the planning, implementing and policy making of this project?
- Members of the poverty/low income group must have the dominant voice** in the project before funding begins. **If this is not the case, please state why and what steps are being taken to satisfy CCHD criteria.** \*\* This refers to the policy making board

POLICY MAKING BOARD PROFILE

Please list members of the project POLICY MAKING board. Duplicate form if necessary.

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_  
Occupation \_\_\_\_\_  
Term of Office \_\_\_\_\_  
Poverty/Low Income Yes \_\_\_ No \_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_  
Occupation \_\_\_\_\_  
Term of Office \_\_\_\_\_  
Poverty/Low Income Yes \_\_\_ No \_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_  
Occupation \_\_\_\_\_  
Term of Office \_\_\_\_\_  
Poverty/Low Income Yes \_\_\_ No \_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_  
Occupation \_\_\_\_\_  
Term of Office \_\_\_\_\_  
Poverty/Low Income Yes \_\_\_ No \_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_  
Occupation \_\_\_\_\_  
Term of Office \_\_\_\_\_  
Poverty/Low Income Yes \_\_\_ No \_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_  
Occupation \_\_\_\_\_  
Term of Office \_\_\_\_\_  
Poverty/Low Income Yes \_\_\_ No \_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_  
Occupation \_\_\_\_\_  
Term of Office \_\_\_\_\_  
Poverty/Low Income Yes \_\_\_ No \_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_  
Occupation \_\_\_\_\_  
Term of Office \_\_\_\_\_  
Poverty/Low Income Yes \_\_\_ No \_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_  
Occupation \_\_\_\_\_  
Term of Office \_\_\_\_\_  
Poverty/Low Income Yes \_\_\_ No \_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_  
Occupation \_\_\_\_\_  
Term of Office \_\_\_\_\_  
Poverty/Low Income Yes \_\_\_ No \_\_\_

(IF ANOTHER SHEET IS NEEDED, MARK AS PAGE 5A.)

C. THE ORGANIZATION AND PROJECT BUDGETS

REVENUE SOURCES	Total for Project		Total for Organization (if applicable)	
	Actual 1/2011- 12/2011	Projected 1/2012- 12/2012	Actual 1/2011- 12/2011	Projected 1/2012- 12/2012
Grants (corporations, churches, etc.)				
CCHD Grants (local)				
CCHD Grants (national)				
Governments Grants - Federal				
-Local				
Grassroots Fundraising				
Other:				
Business				
United Way				
Membership/Dues				
Foundations/Trusts				
Individuals				
Balance Carried Forward				
Total Income				
EXPENSES				

--	--	--	--

EXPENSES	Total for Project		Use of CCHD Funds	Total for Organization (If applicable)	
	Actual 1/2011- 12/2011	Projected 1/2012- 12/2012		Actual 1/2011- 12/2011	Projected 1/2012- 12/2012
Personnel & Salaries (include tax)					
1.					
2.					
3.					
Fringe Benefits					
Health Plans					
Retirement					
Other					
Office Expenses					
Supplies					
Equipment					
Equip. Maintenance. & Repairs					
Rentals					
Printing					
Postage					
Telephone					
Travel Expenses					
Utilities					
Rent or Mortgage					
Maintenance & repairs to Office					
Insurance					
Consultants					
Contractors					
Conference					
Subscriptions					
Membership/Dues					
Miscellaneous					
TOTAL EXPENSES					
SURPLUS OR (DEFICIT)					

The answers to the questions in this application were approved by the Board of Directors on

\_\_\_\_\_ by a vote of \_\_\_\_\_ to \_\_\_\_\_.  
(Date)

Board President \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

Project Director \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

**(End of Application)**