

Project Name \_\_\_\_\_ Number \_\_\_\_\_  
 (Office Use Only)

Name of Grant: **Catholic Campaign for Human Development (CCHD)**

Send Application to: **Joan Price**  
**Office of Stewardship & Advancement**  
**715 Nazareth Street**  
**Raleigh, North Carolina 27606-2187**  
**E-mail: [pricej@raldioc.org](mailto:pricej@raldioc.org), FAX: (919) 754-9594**

<b>Purpose</b>	The purpose of this grant is to promote the Catholic Church’s “option for the poor”. Its goal is to assist low-income and vulnerable people improve their lives through transformation of those policies and practices that keep them in poverty. CCHD is a way of “helping people help themselves.”
<b>Funding Source</b>	Funds are derived from the Diocese of Raleigh’s share of the US Catholic Church’s National Catholic Campaign for Human Development Special Collection taken up annually in all Catholic parishes throughout the country. 25% of the national collection is retained in the diocese for smaller local grants.
<b>Restrictions</b>	Applicants may apply for only one grant for each project from the Diocese. CCHD grants cannot be used for direct service projects, i.e. to purchase food for families. Organizations may receive grants for a particular project for no more than three consecutive years.
<b>Brief History</b>	The Catholic Campaign for Human Development is the church’s domestic anti-poverty program established by the U. S. Catholic Bishops in 1970. The belief was and is that those living in poverty are best able to seek solutions to their problems. Available grants from the Catholic Campaign for Human Development assist in this endeavor.
<b>Grant Range</b>	<b>Grants range from \$500 to \$3,000.</b>
<b>Contact Person(s)</b>	Melissa DuCharme, 919-821-9751, E-Mail: <a href="mailto:melissa.ducharme@raldioc.org">melissa.ducharme@raldioc.org</a> *
<b>Application Guidelines</b>	Applications are available July 1 <sup>st</sup> . Deadline for application is August 31 <sup>st</sup> . Applications received after the deadline will not be considered. Grantee is responsible to obtain the endorsement of the local Pastor of the Catholic Church in their community (see page 5). Grants are awarded at a dinner in mid-October. <b>Three copies of the application must be sent in, and all applications must be typewritten.</b> A copy of proof of tax-exempt status under Section 501(c)(3) of the IRS Code. <b>No project will be funded unless it has 501(C)(3) status.</b>

**\* Direct all questions or inquiries regarding grant eligibility to the contact person.**



6. What is the specific project of your program that you are asking CCHD to fund?

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7. How will the beneficiaries of your program have voice or be involved in decision-making and planning for the project?

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8. Provide an itemized list of the use of CCHD funds for this project.

Item	Cost
<b>Total Cost</b>	

9. Is there any Catholic parish/group participation in this project?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please name the parish/group and indicate how they are involved: \_\_\_\_\_

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10. Have you received funding from the Catholic Campaign for Human Development or any other Catholic Church grant

before? If so, when? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**11. Endorsements**

Please name two references other than staff or Board members. Please give their full addresses and contact numbers.

Name	_____	Name	_____
Address	_____	Address	_____
	_____		_____
Phone (d)	_____	Phone (d)	_____
Phone (e)	_____	Phone (e)	_____

12. Does your organization have an annual independent audit? \_\_\_\_\_

**13. Attach the following:**

- a. A copy of proof of tax-exempt status under Section 501(c)3 of the IRS Code. No project will be funded unless it has 501©(3) status.
- b. Mission Statement of your organization.

***Notice: If funding is approved, a Grantee Report on the use of the funds is required within nine months of receipt of funds. If not received, future funding requests will be denied.***  
*Initial as read and understood* \_\_\_\_\_

14. Preparer's Signature \_\_\_\_\_ Telephone \_\_\_\_\_

Date of Application \_\_\_\_\_

<b><i>FOR OFFICIAL USE ONLY</i></b>
<b>Date Application Received:</b>
<b>Staff Comments:</b>
<b>Date/Amount Funds Granted:</b>

***Checklist:***

- \_\_\_\_\_ 1. *Is your evaluation form for last year's grant submitted? (For those who received a grant)*
- \_\_\_\_\_ 2. *Have you completed the Catholic pastor's endorsement page? (Page 5)*
- \_\_\_\_\_ 3. *Have you signed your name to #14 and initialed the Notice box in #13?*
- \_\_\_\_\_ 4. *Have you included your mission statement?*

*Thank you!!!!*

### **Endorsement of Application by Local Catholic Pastor**

**Grant Applicant – Please contact the Catholic Church pastor nearest to your area of service. Speak to him about the project and have the form below completed. For assistance to locate a pastor, please refer to the contact person on Page 1.**

**Pastor/Pastoral Administrator – The Diocese is asking local pastors to come to know the Catholic Campaign for Human Development funded projects in your area. CCHD grants uphold the church's mission to promote the dignity of person by supporting poor and low-income persons. Thanks you for your interest.**

\_\_\_\_\_  
**Pastor/Pastoral Administrator's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parish, City**

**I endorse this request because** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**I do not endorse this request, because** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

*Revised 10/12/2011*

**Financial Addendum Required for all Diocesan Grant Applications**

**(For Catholic Organizations)**

<b>Category</b>	<b>Parish Financial Information</b>	<b>School Financial Information (if applying for school)</b>	
# of Registered Households			# of Students
Total Annual Offertory for most recently completed fiscal year.	\$	\$	Total Tuition
Total Annual Income for most recently completed fiscal year.	\$	\$	Amount Contributed by Parish
	\$	\$	Total Other Income
	\$	\$	Total All Income
	\$	\$	

**List Amounts Deposited in the Following Accounts**

	<b>Checking Accounts</b>	<b>Checking Accounts</b>	
General Checking Account	\$	\$	General Checking Account
Restricted Checking Account	List Purpose & Amount	List Purpose & Amount	Restricted Checking Account
Purpose	\$	\$	Purpose
Purpose	\$	\$	Purpose
Purpose	\$	\$	Purpose
Purpose	\$	\$	Purpose
	<b>Savings Accounts</b>	<b>Savings Accounts</b>	
General Savings Account	\$	\$	General Savings Account
Restricted Savings Account	List Purpose & Amount	List Purpose & Amount	Restricted Savings Account
Building	\$	\$	Building
GWOC	\$	\$	Purpose
Purpose	\$	\$	Purpose
Purpose	\$	\$	Purpose
Purpose	\$	\$	Purpose

**Financial Addendum for all Diocesan Grant Applications (Required)**  
**(For non-Catholic Organizations)**

	<b>Budget</b>	
<b>Expenses</b>		
<b>Income</b>		
<b>Funds Received from Grants</b>		
<b>Total Income</b>		

**General Checking Accounts – List Amounts on Deposit**

<b>Amount</b>	<b>Purpose</b>

**Restricted Checking Accounts – List Amounts on Deposit**

<b>Amount</b>	<b>Purpose</b>

**General Savings Accounts – List Amounts on Deposit**

<b>Amount</b>	<b>Purpose</b>

**Restricted Savings Accounts – List Amounts on Deposit**

<b>Amount</b>	<b>Purpose</b>