

Catholic Campaign for Human Development - Diocese of Trenton

Annual Grant Application Form

For the Year of _____

[Please type into this form]

Application deadline: First Monday of October

Name of Organization: _____

Address: _____

Organization's website (if any): _____

Contact Person for this application: _____

Phone: _____

Email: _____

1. What is the name of the project? _____

2. What is the cost of the entire project? _____ 2a. Amount of your grant request? _____

3. Has your organization received funding from CCHD-DOT in the past? Yes _____ No _____

If yes, State: Year _____ and Amount \$ _____ for that year

Year _____ and Amount \$ _____ for that year

Year _____ and Amount \$ _____ for that year

4. Does your organization support anything that is contrary to Catholic Social or Moral Teaching [see CST 101 videos at <https://dioceseoftrenton.org/catholic-campaign-for-human-development>.] (NOTE: this includes receiving funding, providing funding, being in a partnership with another organization that violates Catholic social and moral teaching)

Yes _____ No _____

If yes, please explain involvement that is contrary to CST:

5. Is your organization: Incorporated as a non-profit under state law? Yes _____ No _____

A recognized 501(c)(3) tax-exempt organization? Yes _____ No _____

A social service ministry of your Parish? Yes _____ No _____

6. Please provide a brief description of your organization and overall funding (**no more than 500 words, single spaced, and font size 12**):

7. Please provide a brief description of your project (**no more than 500 words, single spaced, and font size 12**). Be sure to include how this project meets one of the first 2 criteria given in the instructions sheet, its goals, persons who will benefit from the project, community support, expected outcomes, and how program will be funded beyond this grant).

8. Please provide project budget information and a breakdown of how the funds will be used; for example, for supplies; towards staff person's salary, etc. **(Provide project budget only, NOT a budget for organization.)**

Amount requested: \$

| | <u>Expense Item</u> | <u>Cost to grant funds</u> | <u>Balance of grant left</u> |
|-------------------|---------------------|----------------------------|------------------------------|
| Breakdown of use: | | | |
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| | TOTALS: | | |

On behalf of the organization applying for this grant, I certify that the funds will be used for their intended purpose as described in this application.

Applicant's signature: _____ Position: _____

Date submitted:

Return this 4-page Application Form ONLY as a PDF by EMAIL to:

**Brenda L. Rascher, MSW, JD, Diocesan Liaison
Catholic Campaign for Human Development
Office of Catholic Social Services – Diocese of Trenton**

Email to: brasch@dioceseoftrenton.org