

Catholic Campaign for Human Development - Diocese of Trenton

Annual Grant Application Form

Date: _____

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 (not your organizations or ministry's name?)

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, what: 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 from, providing funding to, or being in a partnership with another organization that violates Catholic social and moral teaching.)

Yes _____ No _____ If yes, please explain the 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 or ministry and overall funding source(s) **(no more than 500 words, single spaced, and font size 12):**

7. Please provide a brief description of your project, *not your entire history of service* (**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, the number of individuals who will benefit from the project, community support, expected outcomes, and how the project 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, assistance to an individual of some kind, etc. (**Provide project budget ONLY, NOT organization's budget.**)

Amount requested: \$ _____

Expense Item	Cost to grant funds	Balance of grant left
Breakdown of use:		
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
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 Email to: brasch@dioceseoftrenton.org
Catholic Campaign for Human Development
Office of Catholic Social Services – Diocese of Trenton

PLEASE NOTE:

*CCHD's mission has always been to enable persons in poverty to take a step towards getting out of poverty. So, CCHD is all about give a "hand-up" and is **not** meant to be used to fund continuing services that are really "hand-outs."

*If awarded a grant, a report is due by grant recipients by August 31st the following year. The CCHD grant report form is available on the CCHD website. If a report is due but not submitted when due before the same recipient submits a new application, the new application will not be considered.