

Catholic Campaign for Human Development

Building Community, Overcoming Poverty, Defending Human Dignity

Local Grant Application Form

Due Date: November 15, 2023

1. NAME OF ORGANIZATION_____

2. NAME OF PROJECT (if applicable)_____

3. CONTACT PERSON_____

4. MAILING ADDRESS_____

CITY, STATE_____ ZIP_____

5. TELEPHONE (_____)_____-_____

6. EMAIL ADDRESS_____

7. WEB SITE ADDRESS OF ORGANIZATION_____

8. Is the organization a 501(c)(3) charitable organization? ☐ Yes ☐ No

If not, please provide the contact information for the 501(c)(3) fiscal agent for the project:

9a. AMOUNT BEING REQUESTED: \$_____ (\$2,000.00 maximum)

9b. Percentage of request as part of overall project budget:_____% or organizational budget:_____%

10. GIVE A BRIEF DESCRIPTION OF WHAT YOUR ORGANIZATION DOES:

11. BRIEFLY DESCRIBE HOW GRANT FUNDS WOULD BE USED:

12. PROPOSAL NARRATIVE: In less than three pages please describe:

- A. 1. The organizational or project objectives for the grant year, including what structural or institutional changes would be accomplished.
2. Implementation plans including strategies, activities and tasks to be carried out.
3. How low-income participants control or otherwise direct the organization or project to be funded. If members of the organization or project group do not have the dominant role in planning and implementation, please explain why, and how members will be involved in leadership of the project.
4. List names of the organization's or project's governing or advisory board.
- B. 1. Submit a budget specifying how the CCHD funds will be used.

The CRS/CCHD Grant Committee reserves the right to make decisions on funded organizations and projects and, based on non-fulfillment of CCHD grant criteria, can revoke and recover any unspent grant funding at any time during the funding year. By signing below, I acknowledge the CCHD local grant criteria and understand these responsibilities and obligations as a potential organizational recipient of a CCHD grant.

Signature: _____

Name: _____

Position or title in the organization: _____

THE FORM AND NARRATIVE MUST BE RECEIVED BY November 15, 2023

PLEASE SEND A SIGNED COPY TO: dvanelli@hfccvic.org (E-MAIL PREFERRED)

--OR--

CRS/ CCHD Grants
Attn. Debbie Vanelli
704 Mallette Dr
Victoria, Texas 77904

QUESTIONS? Contact Debbie Vanelli at dvanelli@hfccvic.org or 361-573-5304 ex 211