

ARCHDIOCESE OF SEATTLE
CATHOLIC CAMPAIGN FOR HUMAN DEVELOPMENT
WORKING ON THE MARGINS
2023 Local Development Grant Application Form
Due Date: September 30, 2023

1. NAME OF ORGANIZATION _____

2. NAME OF PROJECT (if applicable) _____

3. CONTACT PERSON _____

4. MAILING ADDRESS _____

CITY _____ ZIP _____

TELEPHONE (____) ____ - _____

EMAIL ADDRESS _____

5. WEB SITE ADDRESS OF ORGANIZATION _____

6. Is the applicant a 501(c)(3) organization? • Yes • No

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

7a. AMOUNT BEING REQUESTED: please select one of the following

Small Local Development Grant \$ _____ (limit of \$5,000)

Large Local Development Grant \$ _____ (limit of \$15,000)

7b. Percentage of request as: part of overall project budget: _____% OR organizational budget: _____%

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

9. BRIEFLY DESCRIBE HOW GRANT FUNDS WOULD BE USED:

10. PROPOSAL NARRATIVE: In less than four 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. State what percentage of board membership is at or below 200% of the federal poverty level (or is at or below the poverty indicator used by your organization).
 - 5. Provide at least one letter of support from another organization.
- B. 1. Submit a budget specifying how the CCHD funds will be used.

The Archdiocese of Seattle CCHD 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 September 30, 2023

PLEASE SEND A SIGNED COPY TO: chris.koehler@seattlearch.org (E-MAIL PREFERRED)

--OR--

CCHD Local Grant
Archdiocese of Seattle – Missions Office
710 9th Ave
Seattle, WA 98104

QUESTIONS? Contact Chris Koehler at chris.koehler@seattlearch.org or at 206-274-3194