## CATHOLIC CAMPAIGN FOR HUMAN DEVELOPMENT WORKING ON THE MARGINS

**2024 Local Development Grant Application Form** Due Date: September 30, 2024

*PLEASE NOTE that 2024 National Grant recipients are not eligible for Local Development Grants. 2024 National Grant applicants who did not receive National Grant funding are welcome to apply.* 

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?  I Yes I No
	If not, please provide the contact information for the 501(c)(3) fiscal agent for the project:
7a.	AMOUNT BEING REQUESTED: \$ (limit of \$10,000)
7b.	Percentage of request as: part of overall project budget:% OR organizational budget:%

8. GIVE A BRIEF DESCRIPTION OF WHAT YOUR ORGANIZATION DOES. INCLUDE A DESCRIPTION HOW YOUR EFFORTS ADDRESS THE ROOT CAUSES OF POVERTY THROUGH <u>INSTITUTIONAL CHANGE</u>

10. PROPOSAL NARRATIVE: In less than four pages please describe:

- A. 1. The organizational or project objectives for the grant year that address structural or institutional changes, especially public policy advocacy.
  - 2. Implementation plans including strategies and activities to be carried out.
  - 3. How low-income participants control or otherwise direct the organization or project to be funded. If low-income participants do not have a dominant role in planning and implementation, please explain why, and how they will be involved in leadership of the project.
  - 4. List names of your 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. The ways in which your organization has or plans to engage local Catholic parishes. This could be through education presentations, tours and open houses, recruiting volunteers, or other means. Note any Catholic parishes you currently engage, and the parish contact name and email.
- B. 1. Submit a budget specifying how the CCHD funds will be used. Include all sources of income and related expenses of the project for which you are requesting funding.

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, 2024

PLEASE SEND A SIGNED COPY TO: <u>chris.koehler@seattlearch.org</u> (E-MAIL PREFERRED) --OR—

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

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