

ARCHDIOCESE OF SEATTLE  
CATHOLIC CAMPAIGN FOR HUMAN DEVELOPMENT  
**WORKING ON THE MARGINS**

**2025 Local Grant Application Form**

**Due Date: September 19, 2025**

*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.*

Name of Organization:

Name of Project (if applicable):

Contact Person:

Mailing address:

City:

Zipcode:

Phone:

Email:

Organization's Website:

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:

AMOUNT BEING REQUESTED: \$\_\_\_\_\_ (limit of \$10,000)

Percentage of request as: part of overall project budget: \_\_\_\_\_% or organizational budget: \_\_\_\_\_%

## NARRATIVE

In less than four pages, describe your organization in general and efforts to build the capacity and effectiveness of staff and volunteer leadership in advocating for changes to public policy by answering the following questions. Please answer using this form and do not submit a separate document.

1. Give a brief description of your organization. Include how your efforts address the root causes of poverty through [institutional change](#).
2. In what specific ways has your organization previously addressed the policies and/or operational structures of government, corporations, or private agencies that create poverty, keep people poor, or impose injustice on poor people?
3. How do low-income participants control or otherwise direct your organization? If low-income participants do not have a dominant voice in your organizations, please explain why and any efforts your organization engages in to identify, engage, and develop low-income leadership. List the names of your organization's governing board and state what percentage of board membership is at or below 200% of the federal poverty level.
4. What is your organization's strategy and curriculum for leadership development? Describe the leadership, skills, and knowledge that will be addressed by this grant proposal, and who will participate. Describe the contexts or roles in which these newly developed competencies will be used, and how they were determined.
5. Describe the ways in which your organization engages with 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 provide the parish contact name and email.

## BUDGET

Complete the attached budget form.

*The Archdiocese of Seattle 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: [chris.koehler@seattlearch.org](mailto:chris.koehler@seattlearch.org) (E-MAIL PREFERRED)

--OR--

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

For questions, contact Chris Koehler at [chris.koehler@seattlearch.org](mailto:chris.koehler@seattlearch.org) or at 206-274-3194

|                                    |  |               |  |
|------------------------------------|--|---------------|--|
| Agency Name:                       |  | Date:         |  |
| Program:                           |  | Fiscal Year:  |  |
| Person Completing<br>Form & Title: |  | Phone Number: |  |

**Instructions:**

1. List total agency income and expense in "Total Agency Budget"
2. List any agency contributions to your CCHD grant proposal and the expenses covered in "Agency"
3. List the amount requested and which expenses will be covered by the grant in "CCHD Request"

|                       |                     | This Request |              |       |
|-----------------------|---------------------|--------------|--------------|-------|
|                       | Total Agency Budget | Agency       | CCHD Request | Total |
| <b>INCOME</b>         |                     |              |              |       |
| Grants                |                     |              |              |       |
| Individual Donations  |                     |              |              |       |
| Government            |                     |              |              |       |
| Fees                  |                     |              |              |       |
| Events                |                     |              |              |       |
| Other                 |                     |              |              |       |
| Total income          |                     |              |              |       |
|                       |                     |              |              |       |
| <b>EXPENSES</b>       |                     |              |              |       |
| Salaries and related  |                     |              |              |       |
| Supplies/Materials    |                     |              |              |       |
| Travel                |                     |              |              |       |
| Food/Hospitality      |                     |              |              |       |
| Mileage               |                     |              |              |       |
| Stipends              |                     |              |              |       |
| Professional services |                     |              |              |       |
| Other (list)          |                     |              |              |       |
| Total expenses        |                     |              |              |       |
| Excess (Deficit)      |                     |              |              |       |