**Catholic Campaign for Human Development 2024-2025**

**APPLICATION FOR LOCAL FUNDING**

**Application to be emailed to** **csa@catholicaoc.org**

**by Friday, March 15, 2024**

**Please know that members of the local CCHD are available to assist you with completing the application. If you would like guidance or have any questions, please call the office at (513) 263-6690.**

Please limit responses to the space available on the application except where indicated.

Use the keys Tab and Shift-Tab to move from entry field to entry field.

**PRELIMINARY INFORMATION**

I.Organization:
Project:
Address:
City / State / ZIP:
Telephone:       Project Contact:
E-mail:

1. A.Brief synopsis of the Project:

|  |
| --- |
|       |

B. The chief outcome of this project will be:

|  |
| --- |
|       |

C. **Attach a separate sheet, maximum one page, containing a brief description of the Organization submitting the proposal, including its purpose or mission, past successes, immediate and long-range goals.**

III. A.Amount of Funds Requested from CCHD:
 (Up to $10,000)
 Total Budget for the Project:
 Total Budget for the Organization:

 B. Specifically, how do you plan to use CCHD Grant Funds?

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Tell us why CCHD funds are critical to the success of this project. What adaptations will you make if you do not receive the full amount requested?

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D**.** Has this specific project received previous CCHD funding?
[ ]  Yes [ ]  No

If Yes: Year Amount Local National

IV. A.Is the applicant organization:

Incorporated? [ ]  Yes [ ]  No

Non-profit? [ ]  Yes [ ]  No

Tax exempt? [ ]  Yes [ ]  No

501(C)3? [ ]  Yes [ ]  No 501(C)4? [ ]  Yes [ ]  No

501(C) 3 applied for? [ ]  Yes [ ]  No

If any answer is "NO", indicate when non-profit status will be obtained and mailed to the office address on the cover page:

B**.** Submit one copy of your organization's or your fiscal agent's Articles of Incorporation, Constitution, By-Laws, and IRS tax-exempt certification. This is not necessary if this is a continuing project from last year, the Archdiocese of Cincinnati already has these documents on file, and nothing has changed in them.

Federal Tax I.D. Number:

Fiscal Agent (if appropriate):

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V**.** The answers to the questions in this application were approved by the Board of Directors or Project Board on       (date).

The vote was:     For     Abstained

     Against     Absent

Organization Executive Director \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Signature)

Chair of Board of Directors \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Signature)

- or -

Chair of Project Board \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Signature)

A. **PROJECT DESCRIPTION**

1. a) Briefly describe the project and include: (1) how the need for the project was identified and (2) how the project will address this need.

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b) Does the project address a root cause of poverty? Explain briefly.

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1. Define the target audience and how it will benefit from this project.

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1. Describe how the project will promote institutional change (modification of laws, policies, or alternative structures of decision-making power) or how it will create jobs. If the former, describe what the change will be and how the project will help bring it about. If the latter, will it promote management and/or ownership roles for low-income people?

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**4. Meeting Objectives**

List the chief measurable objectives (what you hope to accomplish, in measurable terms) for the project during the time of the CCHD grant, along with steps to be taken to accomplish each and a timetable for accomplishing these steps. It is not required that you have three objectives. One or two may be sufficient, depending on your project and the scope of the objective(s). (See the Appendix for an example.) **You will restate these objectives and steps in your mid-year and year-end reports.**

**Objective 1:**

|  |  |
| --- | --- |
| Steps to be Taken | Timetablei.e., when this step will take place |
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**Objective 2:**

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| Steps to be Taken | Timetablei.e., when this step will take place |
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**Objective 3:**

|  |  |
| --- | --- |
| Steps to be Taken | Timetablei.e., when this step will take place |
|       |       |
|       |       |
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 5. How are the members of the poverty group who are being helped by the project involved in the planning, implementing, and policy making of this project?

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6. At least 50% of the Board members or Project Board should fall within “very low income” guidelines (See Page 9 for definitions.). If this is not the case, please briefly state why here. **Also, attach a separate 1-2 page narrative that answers the questions in item 6 of the “Instructions for Completing the Application” document to explain what steps are being taken to satisfy this CCHD criterion.** Otherwise, leave blank.

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7. What special attributes do the board, staff, and membership possess that will ensure achievement of the objectives?

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8. a) How will you measure the effectiveness/success of this project (see instructions for examples)?

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b) If this is a repeat project, identify successes from the previous

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|  year. Please provide tangible and quantifiable examples.      |

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**3**B. **ORGANIZATION DESCRIPTION**

1. In order to measure the amount of low-income participation in your project, please identify individuals whose income is 50% of the area’s median income. The guidelines for applicants within the 19-county Cincinnati Archdiocese are based on the HUD’s income limits for FY 2023 for the Cincinnati, OH-KY-IN Metro Fair Market Rent Area (the highest limits within the Archdiocese). Fifty percent median income for… Single Household: $35,400; Household of 2: $40,450; Household of 3: $45,500; Household of 4: $50,550.

Complete the chart below in full using these guidelines as a low-income indicator. Another indicator may be used instead. If using an indicator other than the U.S. Census Bureau’s, describe the indicator and explain why it was selected.

Indicator used:

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Represen-tation** | **Total #** | **Number** **Very Low-Income** | **Asian/ Pacific****Island** | **Black** | **White** | **Hispanic** | **Native****American** | **Other** |
| Board of Directors from applicant organization |       |       |       |       |       |       |       |       |
| \*Members of applicant organization |       |       |       |       |       |       |       |       |
| Policy-making board for this project, if different from above  |       |       |       |       |       |       |       |       |
| Project Staff |       |       |       |       |       |       |       |       |
| Total # of persons benefiting directly from this projectIdentify in general who this population is:      |       |       |       |       |       |       |       |       |

\*For organizations with members (e.g. associations, coalitions, and community organizing groups)

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**8**2. **PROFILE OF PROJECT’S POLICY-MAKING BOARD**

Please list members of the project Policy-making Board. Duplicate if necessary. Check whether this is: [ ]  your overall organizational board, or

 [ ]  a separate project board.

|  |  |
| --- | --- |
| Name:      Address:      City/St/ZIP:      Occupation:      Term of Office:      Very Low Income  | Name:      Address:      City/St/ZIP:      Occupation:      Term of Office:      Very Low Income  |
| Name:      Address:      City/St/ZIP:      Occupation:      Term of Office:      Very Low Income  | Name:      Address:      City/St/ZIP:      Occupation:      Term of Office:      Very Low Income  |
| Name:      Address:      City/St/ZIP:      Occupation:      Term of Office:      Very Low Income  | Name:      Address:      City/St/ZIP:      Occupation:      Term of Office:      Very Low Income  |
| Name:      Address:      City/St/ZIP:      Occupation:      Term of Office:      Very Low Income  | Name:      Address:      City/St/ZIP:      Occupation:      Term of Office:      Very Low Income  |
| Name:      Address:      City/St/ZIP:      Occupation:      Term of Office:      Very Low Income  | Name:      Address:      City/St/ZIP:      Occupation:      Term of Office:      Very Low Income  |

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If the Board Profile that you have provided is a project board instead of your overall organizational board, then please explain what kind of status this board has in your organization. Does it report to the organizational board, for instance? How often do they meet?

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C. **PROJECT BUDGET**

1. INCOME

Provide your project income. Round off all amounts to the nearest dollar. In the second column, please identify amounts that have been confirmed from other sources. The amount budgeted for CCHD grants should equal the amount you are requesting on page one of the application. This same format will be used for your mid-year and final report.

|  |  |  |
| --- | --- | --- |
| **REVENUE SOURCES** | **Projected Budget****(7/1/24– 6/30/25)** | **Amount confirmed****to date** |
| **CCHD Grants** (Local) |       |       |
| **All Government Grants** or **Contracts for Services** |       |       |
| **Other Grants**(corporate, churches, etc.) |       |       |
| **Grassroots Fundraising** |       |       |
| **Other** |  |  |
|  Earned Income/Fees/Sales |       |       |
|  Business |       |       |
|  United Way |       |       |
|  Memberships/Dues |       |       |
|  Foundations/Trusts |       |       |
|  Individuals |       |       |
| **Other, Misc.** |       |       |
| **TOTAL PROJECT REVENUE** |       |       |

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2. EXPENSES

Please detail your budgeted project expenses for the period July 1, 2024– June 30, 2025. Please round to the nearest dollar. In column A, indicate use of CCHD funds. In column B, identify expenses not covered by CCHD funds. Your Total Expenses (C) = A + B. This same format will be used for your mid-year and final report. The total for your CCHD expenses should equal the total projected revenue from CCHD as well as the amount requested on page one of the application.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **CCHD****Expenses** | **Other Cash Expenses** | **Total (A+B)****Expenses** |
|  **Expenses** | **A** | **B** | **C** |
| Personnel –Salaries/Taxes |  |  |  |
| *1. Director* |       |       |       |
| *2. Organizers* |       |       |       |
| *3. Support Staff* |       |       |       |
| *Benefits* |       |       |       |
| Office Expenses |  |  |  |
| *Supplies* |       |       |       |
| *Equipment Costs/Repair* |       |       |       |
| *Rentals* |       |       |       |
| *Printing* |       |       |       |
| *Postage* |       |       |       |
| *Telephone* |       |       |       |
| *Travel Expenses* |       |       |       |
| *Rent or Mortgage* |       |       |       |
| *Consultants/Contractors* |       |       |       |
| *Training/Professional Development* |       |       |       |
| Other Expenses (itemize) |  |  |  |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
| **TOTAL EXPENSES** |       |       |       |

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BASIC PRINCIPLES OF ARCHDIOCESE OF CINCINNATI

CATHOLIC CAMPAIGN FOR HUMAN DEVELOPMENT LOCAL FUNDING

CCHD is a work of the Catholic Church in the United States, and it is the domestic anti-poverty program of the U.S. Catholic Bishops, which works to break the cycle of poverty by helping low-income people participate in decisions that affect their lives, families, and communities. By retaining a portion of the CCHD collection which takes place in all Catholic parishes each November, the Archdiocese of Cincinnati is proud to make available funds to local organizations that fulfill the mission and values of the Campaign.

CCHD – which draws its directions, policies, and practices from Catholic social and moral teaching – prohibits the funding of organizations that violate fundamental Catholic teaching, and seeks in all its work to carry out the following central themes of Catholic social teaching in the following ways:

* **Respect of Human Life and Dignity:** CCHD works to protect and enhance the life and dignity of all from the first moment of conception to the moment of natural death and every moment on the spectrum of life in between, especially focusing on the lives and dignity of those who are poor, vulnerable, or suffering economic or other injustice.
* **Priority for the Poor:** CCHD practices the Church’s priority for the poor, helping low-income and vulnerable people improve their lives and communities by their own actions.
* **Participation:** CCHD works from the bottom up, emphasizing self-help, participation, and decision-making by poor people themselves to address their own situation.
* **Subsidiarity:** CCHD focuses on local communities seeking to give voice to those closest to problems of poverty as these communities address economic injustice working with local, state, or national institutions to address the causes of poverty.
* **Solidarity:** CCHD is a sign of solidarity, standing with and for those who are poor, seeking to strengthen communities and helping to build bridges between those who are poor and those who are not.
* **Strengthen Family and Build Community:** CCHD works to support and strengthen the fundamental social institutions of marriage and family and other mediating structures, including parishes, neighborhoods, community organizations, economic development groups, and worker and other associations.
* **Pursuing Justice:** CCHD supports self-help efforts to bring about positive institutions changes that address root causes of poverty, carrying out Pope Benedict XVI’s teaching that “justice is inseparable from charity, and intrinsic to it. Justice is the primary way of charity…” and his call to pursue the common good through “the institutional path…of charity.” (Pope Benedict XVI, *Caritas in Veritate*, 6-7)
* **Faithful Stewardship:** CCHD seeks to make effective and faithful use of resources – financial, institutional, and human – to advance CCHD’s work in accountable and transparent ways.

The U.S. Conference of Catholic Bishops intends that that CCHD funds be used to overcome poverty, pursue social justice, better social and economic conditions, ease racial and ethnic tensions, and advance the USCCB priorities of protecting the life and dignity of the human person, strengthening marriage and family life, and recognizing cultural diversity.

CCHD requires that grantees will not engage in activities in conflict with the central principles of Catholic social teaching as outlined above. The grantee agrees that it will not engage in activities in conflict with fundamental Catholic moral or social teaching. Among other things, the grantee agrees that it will not promote or support abortion, same-sex marriage, euthanasia, racism, discriminatory measures toward immigrants, or use of the death penalty. Prohibited activities include participation in or endorsing initiatives that promote in any way legislation, propositions, or ballot initiatives (including voter guides and other written materials) that are contrary to fundamental Catholic moral or social teaching. In addition, the grantee agrees that it will not knowingly participate in any coalition that has as part of its organizational purpose or agenda the promotion of actions that violate this teaching.

It is recognized that social change often includes the element of conflict with those in power or important decision-makers. However, conflict must take place in an atmosphere of non-violence and respect for human persons.

The grantee also agrees that it will not engage in prohibited political campaign intervention on behalf of or opposition to any candidate for political office within the meaning of section 501(c)(3) of the IRS Code.

For consideration for funding by the Archdiocese of Cincinnati, along with a completed application form, the executive director of the organization is requested, through his/her signature below, to indicate the intention of the organization to adhere to these principles.

Project: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Executive Director’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Appendix to Local Grant Application

*Sample Outcome and Objectives*

(The following is a reasonable sample of what outcomes and objectives should look like. In the examples given, more steps might be needed for each objective. Note that the **objectives are specific ways of moving toward the outcome**.)

**Outcome: Exampleville City Council will invest more dollars in reentry programs for individuals returning from prison and seeking to become productive members of the community once again.**

**Objective 1:** We will organize fifty citizens to meet with City Councilpersons to make a case for improved reentry services.

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| --- | --- |
| **Steps** | **Timetable** |
| 1. Staff will meet with 10 low-income church and community groups to identify individuals and families who are directly impacted by lack of reentry services.
 | July – Oct. 2024 |
| 1. Three meetings will be held for 50 recruited members, including 10 ex-offenders, to ascertain their specific concerns.
 | Oct. – Nov. 2024 |
| 1. Research will be collected on dollars spent for reentry in other communities, effectiveness of those programs, and evidence of reduced recidivism as a result.
 | Nov. 2024 |
| 1. Trainings will be held for members on advocacy, including how to share their experiences and stories effectively.
 | Nov. – Dec. 2024 |
| 1. Members will meet with at least 5 City Councilpersons to urge their support.
 | Dec. 2024 – Jan. 2025 |

**Objective 2:** We will obtain commitments from Councilpersons and Administration officials to visit successful reentry programs in Exampleville.

|  |  |
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| **Steps** | **Timetable** |
| 1. Members and staff will organize visits for Councilpersons and Community Development Dept. officials to 4 agencies that work with ex-offenders.
 | Feb. – Mar. 2025 |
| 1. We will obtain commitments from city officials to follow up by identifying sources of funding through the city budget, private sources, and state and federal grants.
 | Mar. 2025 |

**Objective 3:** The issue will be considered at a public Council meeting.

|  |  |
| --- | --- |
| **Steps** | **Timetable** |
| 1. Members will work with Councilpersons to have the issue discussed for the annual budget process in June.
 | Mar.—May 2025 |
| 1. Members will obtain the support of 10 other church, community organizations, and businesses for advocacy on the measure.
 | Mar. – Jun. 2025 |
| 1. Members will receive 2 trainings on public communication strategies to win greater public support for this issue.
 | May – Jun. 2025 |
| 1. Evaluation meetings will be conducted to measure the effectiveness of our efforts or to develop additional approaches if next steps are needed.
 | Jun. 2025 |

**(Your January and June reports will detail the carrying out of your objectives.)**