

**Name of Grant: (Local) Catholic Campaign for Human Development (Local CCHD)**

Send Deacon Joshua Klickman  
 Application to: 7200 Stonehenge Drive  
 Raleigh, NC 27613-1620  
 E-mail: [Joshua.Klickman@raldioc.org](mailto:Joshua.Klickman@raldioc.org)  
 FAX: (984) 900-3181

Funded by:



**CATHOLIC  
 CAMPAIGN FOR  
 HUMAN  
 DEVELOPMENT**

<b>Decision Makers</b>	Diocesan Human Life and Dignity (HLD) Grant Review Committee
<b>Purpose</b>	The purpose of this grant is to promote the Catholic Church’s “option for the poor.” Its goal is to assist low-income and vulnerable people to improve their lives through transformation of those policies and practices that keep them in poverty. CCHD is a way of “helping people help themselves.”
<b>Funding Source</b>	Funds are derived from the Diocese of Raleigh’s share of the US Catholic Church’s National CCHD Special Collection taken up annually in Catholic parishes throughout the country. 25% of the national collection is retained in the diocese for use at their discretion.
<b>Intended use and Restrictions</b>	<ul style="list-style-type: none"> <li>• These funds <b>are intended to promote social justice</b> and remove root causes of injustice by improving structures, e.g., to expand access to affordable housing, improve education, legal protection for the unborn, environmental protection laws, and promoting peace. Projects must empower vulnerable persons to improve their lives in a concrete way and to become agents of their own destiny.</li> <li>• CCHD grants <b>cannot be used for charitable works</b> which are a response to immediate needs and specific situations, e.g. to purchase food, clothes, or housing.</li> <li>• For an explanation on social justice and charitable works, see the “<a href="#">Two Feet of Love in Action</a>”</li> <li>• The funds are intended for projects to assist with growth and NOT for operational costs. Applications that propose to increase fundraising capability, expansion (e.g. “seed money” for new projects and incremental improvements), and organizations who promote the national collection, will be prioritized.</li> <li>• Organizations may receive grants for a particular project for no more than three consecutive years. If a second or third application, a grantee report must be submitted showing the use of the funds. New applications will be prioritized.</li> </ul>
<b>Brief History</b>	The CCHD is the church’s domestic anti- poverty program established by the U. S. Conference of Catholic Bishops (USCCB) in 1970. The principle is that those living in poverty are best able to seek solutions to their problems. Various grants from the Catholic Campaign for Human Development assist in this endeavor.
<b>Grant Range</b>	<b>Grants range from \$500 to \$3,000.</b>
<b>Contact Person(s)</b>	Deacon Josh Klickman, (M) 919.632.7379, E-Mail: <a href="mailto:Joshua.Klickman@raldioc.org">Joshua.Klickman@raldioc.org</a> *
<b>Application Guidelines</b>	Applications are available April 1. Deadline for application is June 1. Applications received after the deadline will not be considered. Grantee is responsible to obtain the endorsement of the local Pastor of the Catholic Church in their community (see page 5). Grants are awarded at a luncheon in October. All applications must be typewritten. A copy of proof of tax-exempt status under Section 501(c)(3) of the IRS Code. <b>No project will be funded unless it has 501(C)3 status. First time applicants must submit a W9.</b>
<b>Ways to Apply</b>	There are three ways to submit your application, email (preferred), paper copy (mailed to the address above,) or by fax. Confirm receipt via email from the Contact Person.

*\* Direct all questions or inquiries regarding grant eligibility to the contact person.*

**CATHOLIC CAMPAIGN FOR HUMAN DEVELOPMENT (CCHD)  
OFFICIAL GRANT APPLICATION FORM**

(ONLY APPLICATIONS SUBMITTED USING THIS FORM WILL BE ACCEPTED FOR CONSIDERATION)

1. Deanery in which applicant resides: Indicate the Catholic Diocese of Raleigh Deanery where project is located (Check One)

- Albemarle       Cape Fear     Fayetteville  New Bern     Newton Grove  
 Tar River       Raleigh       Piedmont

2. Name of organization requesting funds as it appears on W9 \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

3. Contact Person \_\_\_\_\_

Title \_\_\_\_\_ Phone \_\_\_\_\_

Email Address \_\_\_\_\_

4. Amount Requested: \$ \_\_\_\_\_

5. Catholic Moral and Social Teaching

- a. All grantees must agree they will not engage in activities in conflict with fundamental Catholic moral and social teaching.
- b. All grantees must agree they will not engage in prohibited political campaign intervention on behalf of or in opposition to any candidate for political office within the meaning of section 501 (c) (3).

Name and Signature: \_\_\_\_\_

Position: \_\_\_\_\_

6. Describe the need or concern you are seeking to address in the community. Include the following:

- a. The approximate number of people served. \_\_\_\_\_
- b. The profile of the persons/community you are serving. \_\_\_\_\_
- c. The approach/strategy used to address this need. \_\_\_\_\_

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7. What is the specific project of your program that you are asking CCHD to fund?

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8. How will the beneficiaries of your program have a voice or be involved in decision-making and planning for the project?

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9. Provide an itemized list of the use of CCHD funds for this project.

Item	Cost
Total Cost	

Org. Name (W9) & Project Name \_\_\_\_\_ Year \_\_\_\_\_ LCCHD

10. Is there any Catholic participation in this project? Yes \_\_\_\_\_ No \_\_\_\_\_

a. If yes, which parish/group and how they are involved: \_\_\_\_\_

b. How has your organization promoted the CCHD collection, or what are your plans to promote the collection? \_\_\_\_\_

Have you received funding from CCHD or any other grant from the Catholic Church before? If so, when? \_\_\_\_\_

### 11. Endorsements

Please name two references other than staff or Board members.

Name: \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Email \_\_\_\_\_ Email \_\_\_\_\_

Phone (W) \_\_\_\_\_ Phone (W) \_\_\_\_\_

Phone (M) \_\_\_\_\_ Phone (M) \_\_\_\_\_

12. Does your organization have an annual independent audit? \_\_\_\_\_ (Initial) \_\_\_\_\_

### 13. Attach the following:

a. A copy of proof of tax-exempt status under Section 501(c)3 of the IRS Code. No project will be funded unless it has 501c (3) status

b. Mission Statement of your organization

c. First time applicants must submit a W9

14. Notice: If funding is approved, a Grantee Report on the use of the funds is required within nine months of receipt of funds. If not received, future funding requests will be denied. Initial as read and understood: \_\_\_\_\_

15. Preparer's printed name and signature \_\_\_\_\_

Preparer's Email Address \_\_\_\_\_ Telephone \_\_\_\_\_

Date of Application \_\_\_\_\_

*FOR OFFICIAL USE ONLY*

Date Application Received:

Staff Comments:

Date/Amount Funds Granted:

**Checklist**

- \_\_\_\_\_ 1. Is your evaluation form for last year's grant submitted? (For those who received a grant)
- \_\_\_\_\_ 2. Have you completed the Catholic pastor's endorsement page? (Page 5)
- \_\_\_\_\_ 3. Have you initialed #14 and signed block #15?
- \_\_\_\_\_ 4. Have you included your mission statement?
- \_\_\_\_\_ 5. Have you included your W9?

**Endorsement of Application by Local Catholic Pastor**

**Grant Applicant** – Please contact the Catholic Church pastor nearest to your area of service. Speak to him about the project and have the form below completed. For assistance to locate a pastor, please refer to the contact person on Page 1.

**Pastor/Pastoral Administrator** – The Diocese is asking local pastors to come to know the Catholic Campaign for Human Development funded projects in your area. CCHD grants uphold the church's mission to promote the dignity of person by supporting poor and low-income persons. Thank you for your interest.

\_\_\_\_\_  
Pastor/Pastoral Administrator's Printed Name & Signature Date

\_\_\_\_\_  
Pastor Email Address Pastor Phone Number

\_\_\_\_\_  
Parish, City

Please select one...

I endorse this request because _____  
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I do not endorse this request because _____  _____  
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**Financial Addendum Required for all Diocesan Grant Applications**  
(For Catholic Organizations)

Category	Parish Financial Information	School Financial Information (if applying for school)	
# of Registered Households			# of Students
Total Annual Offertory for most recently completed fiscal year.	\$	\$	Total Tuition
Total Annual Income for most recently completed fiscal year.	\$	\$	Amount Contributed by Parish
	\$	\$	Total Other Income
	\$	\$	Total All Income

**List Amounts Deposited in the Following Accounts**

	Checking Accounts	Checking Accounts	
General Checking Account	\$	\$	General Checking Account
Restricted Checking Account	List Purpose & Amount	List Purpose & Amount	Restricted Checking Account
Purpose	\$	\$	Purpose
Purpose	\$	\$	Purpose
Purpose	\$	\$	Purpose
Purpose	\$	\$	Purpose
	Savings Accounts	Savings Accounts	
General Savings Account	\$	\$	General Savings Account
Restricted Savings Accounts	List Purpose & Amount	List Purpose & Amount	Restricted Savings Account
Building	\$	\$	Building
GWOC	\$	\$	Purpose
Purpose	\$	\$	Purpose
Purpose	\$	\$	Purpose
Purpose	\$	\$	Purpose

**Financial Addendum Required for all Diocesan Grant Applications  
(For non-Catholic Organizations)**

**Budget**

Expenses		
Income		
Funds Received from Grants		
Total Income		

**General Checking Accounts – List Amounts on Deposit**

Amount	Purpose

**Restricted Checking Accounts – List Amounts on Deposit**

Amount	Purpose

**General Savings Accounts – List Amounts on Deposit**

Amount	Purpose

**Restricted Savings Accounts – List Amounts on Deposit**

Amount	Purpose