

**APPLICATION FOR LOCAL FUNDING
CATHOLIC CAMPAIGN FOR HUMAN DEVELOPMENT**

PLEASE READ THE WHOLE APPLICATION FORM CAREFULLY BEFORE COMPLETING IT

Please type or print. Answer all questions where applicable

Section I ORGANIZATION SUBMITTING PROPOSAL

NAME:

CONTACT PERSON:

PHONE#

RELATIONSHIP TO ORGANIZATION

ADDRESS:

FAX:

CITY:

ZIP:

E-MAIL:

NAME OF PROJECT:

Project Budget Total: \$

Organization Budget Total: \$

Total amount requested from CCHD: \$

Has this organization been funded by CCHD in the past? Yes No

If yes, give year(s) and amount(s)

Year Amount

Year Amount

If approved, Grant check should be made payable to:

Section II

1. Give brief description of the organization:

2. Give brief description of the project:

3.Target # of households	% living in Poverty	% Children Living in Poverty	% unemployment
Source of data:			

Section VI

BUDGET

	PUBLIC			PRIVATE		PROGRAM	
	City/County	State	Federal	Foundations	Churches	Dues	Misc.
ORGANIZATION							
Funds received last year?							
Funds received for current year?							
Funds applied for coming year?							
PROJECT							
Funds received last year?							
Funds received for current year?							
Funds applied for coming year?							

A. Personnel Salaries (list positions)	TOTAL CURRENT OPERATING BUDGET		TOTAL PROJECTED OPERATING BUDGET		PROJECTED USE OF CCHD FUNDS
	FROM	TO	FROM	TO	
1.					
2.					
3.					
4.					
5.					
6. Total Salaries & Wages					
7. Total Fringe Benefits (itemize)					
8. Total Personnel (6 & 7)					
B. Office Expenses (Item.)					
9.					
10.					
11.					
12.					
C. Travel Expenses (Item.)					
13.					
14.					
15.					
D. Occupancy Expenses					
16.					
17.					
E. Program Expenses					
18.					
19.					
F. Outside Expenses					
20.					
21.					
G. Other					
22.					
23.					
Total CCHD Expenses (A thru G)					
INCOME					
Contributions & Grants (monies)					
Government Grants & Subsidies (monies)					
Program Income					
IN-KIND Contributions					
Miscellaneous income					
CCHD GRANT					