

Diocese of Owensboro
Catholic Campaign for Human Development (CCHD)
Funding Application for Groups & Organizations

The purpose of these funds is to provide financial assistance to groups or organizations whose efforts are aimed at serving the needs of low-income people. These projects can either be service oriented or directed towards changing institutional structures that oppress the poor (CCHD). All applications are considered regardless of religious affiliation. Please see the CCHD local information sheet for further details.

Funds are necessarily limited. Grants awarded rarely exceed \$2000, although larger requests are considered. All grants are awarded conditionally for all grant recipients. A follow-up report on the use of funds progress of the project, and funding input on the organization is required. The committee screening the application will be guided by the number of requests and the need to distribute the funds across various regions of the Diocese. May 20, 2021 is the deadline for applying.

I. SUMMARY

- NAME OF ORGANIZATION: _____
- CONTACT PERSON: _____
- ADDRESS: _____
- TELEPHONE #: _____
- WHAT AMOUNT OF FUNDING IS BEING REQUESTED: _____
- WHAT IS THE AMOUNT OF YOUR YEALY BUDGET: _____

• ORGANIZATION

INCORPORATED:..... ☐ YES ☐ NO

NON-PROFIT: ☐ YES ☐ NO

TAX-EXEMPT:..... ☐ YES ☐ NO

501c3:..... ☐ YES ☐ NO

501c3 APPLIED FOR: ☐ YES ☐ NO

501c3 DESCRIPTION OF WHO YOUR GROUP OR ORGANIZATION IS

AND WHAT IT DOES. (WRITE ON THE REVERSE SIDE IFNECESSARY)

II. GIVE A BRIEF DESCRIPTION OF WHO YOUR GROUP OR ORGANIZATION IS AND WHAT IT DOES. (WRITE ON REVERSE SIDE IF NECESSARY)

III. GIVE BRIEF DESCRIPTION OF THE PROJECT FOR WHICH YOU ARE REQUESTING FUNDS. (WRITE ON REVERSE SIDE IF NECESSARY)

A. DESCRIBE THE PROJECT AND HOW IT STARTED.

B. DESCRIBE THE PEOPLE SERVED BY THE PROJECT. HOW MANY

PEOPLE WILL BE AFFECTED?

C. HOW ARE LOW-INCOME PEOPLE INCLUDED IN THE ORGANIZATION'S DECISION MAKING? HOW ARE THEY EMPOWERED BY THE PROJECT?

IV. BUDGET AND FUNDING

A. ITEMIZE HOW YOU INTEND TO USE THE FUNDS BEING REQUESTED

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

B. ATTACH YOUR ORGANIZATION'S TOTAL BUDGET FOR THE YEAR DURING WHICH THE REQUESTED FUNDS ARE TO BE USED AS WELL AS THE BUDGET FOR THE PREVIOUS YEAR.

C. LIST THE FUNDING SOURCES WHICH YOU ARE USING OR HAVE APPLIED FOR:

SOURCE _____	AMOUNT APPLIED FOR _____	AMOUNT APPROVED
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_____	_____
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PERSON MAKING REQUEST DATE

_____	_____
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ADDRESS

TELEPHONE NUMBER

CITY

STATE

ZIP CODE

Please return by May 30, 2021

Susan Montalvo-Gesser

ATTN: CCHD Grant

600 Locust St.

Owensboro, KY 42301

Or Susan.Gesser@pastoral.org

(Rev 4/29/21)