

Catholic Campaign for Human Development

Diocese of Beaumont

Grant Application for Local Funding

For grants covering: July 1, 2017 – June 30, 2018

Organization Name:

Project Name:

Address: City: ZIP:

Office Phone: Fax:

Primary Contact Person Title

E-Mail: Website

Address (If Different than Above):

City: Zip: Office Phone:

Fax: E-Mail:

Please provide the following information if another organization will act as a fiscal agent in disbursing the requested CCHD funds to your organization.

Fiscal Agent Organization Name:

Address: City: ZIP:

Office Phone: Fax:

Contact Name & E-Mail:

Please Attach:

- *List of names and contact information for your agency's board of directors. **Please complete attached form**, noting which sector each individual represents (public, private, clients, etc.)*
- *Appropriate IRS documentation supporting your organization's 501 (c) 3 status. IRS Determination letter for you or your parent organization.*
- *Agency Background*

Grant Information

PROJECT FOCUS:

Community Development

Economic Development

Please answer the following on a separate page.

1. Provide a description of the project for which your organization seeks funding. Please include the following information in your summary:
 - a. Project goals and specific need/problem to be addressed.
 - b. How your project will remedy the identified problem.
 - c. How this will improve the environment of your community.
 - d. How the requested funds will aid in the resolution of the identified need/problem.
 - e. How your project will collaborate with other organizations, agencies, or institutions within your community to better serve the proposed clientele. Please provide names of other groups.
2. What is the total amount of funding being requested?
3. Will these funds benefit a low income group? How?
4. Estimate the total number of volunteers and volunteer hours your organization will use over the course of the grant year. Please provide information for the organization and the project separately.
5. Estimate the total number of individuals who will benefit as a result of the work of your organization, and separately of this project.
6. Attach an organizational budget demonstrating how the requested CCHD funds will be spent. **See attached format.**

Request for Funding Statement

I have been provided the *Catholic Campaign for Human Development Local Grant Funding Criteria* and the *Catholic Campaign for Human Development Grant Application for Local Funding*. I fully understand the information contained therein. I also understand that supplying false or inaccurate information could result in the forfeiture of my application. Furthermore, I understand that submitting the completed application and requested documentation constitutes a formal request for funding from the Catholic Campaign for Human Development Local Grant Funding.

Organization Name

Date

Organization Representative (Person authorized to request funding on behalf of the organization.)

Representative's Signature

Completed Application (and 6 copies) must be sent
to: Catholic Charities of Southeast Texas, Inc.
Coquese L. Williams, Director of Parish Social Ministry
2780 Eastex Freeway
Beaumont, TX 77703

INFORMATION: (409)924-4415 OR cwilliams@catholiccharitiesbmt.org