

CATHOLIC CAMPAIGN FOR HUMAN DEVELOPMENT
ARCHDIOCESE OF INDIANAPOLIS
APPLICATION FORM – LOCAL GRANT
2008-2009

Instruction: Please respond to all items. If, in your assessment, an item is not applicable to you, you may insert “n/a” in the space provided for your response. **Submit your completed application by April 30, 2008 to:**

dsiler@archindy.org OR
Catholic Campaign for Human Development
1400 North Meridian Street
P.O. Box 1410
Indianapolis, Indiana 46206-1410

Agency/Parish/Organization Name:

Contact Person:

Address:

City:

Zip code:

Telephone:

Fax:

E-Mail:

Description of Project’s Sponsoring Organization:

Project Description:

Is this project currently in operation? Yes ___ No ___

Who was included in designing/determining this project? (Ex. Staff, specific committee/community group, etc.) How are the people most affected by the problem you are addressing involved in planning and leadership?

What are the major themes that will be addressed in this project? (See “Criteria and Guidelines for Funding”)

Leadership Development ____ Institutional Change ____ Other ____ (Please describe)

Who will be responsible for this project?

Who is the target population for this project?

What are the specific objectives (anticipated results) of this project?

Please state your implementation plans for this project, i.e., specific project activities and/or tasks, and a time frame for implementation.

What are staff and/or volunteer responsibilities within the project?

Who will be responsible for evaluation of the project?

Describe how you will evaluate the project.

*** Budget Information – Please attach a copy of the budget for your project.**

Note: If a project is funded, a copy of the self-evaluation must be submitted to the CCHD office no later than ninety (90) days after completion of the project or completion of the CCHD funding cycle (typically one year), whichever comes first.

Indicate if this is the first time that you have applied for CCHD local grant funding for this project (Initial Grant) or if you are applying for renewal of an existing CCHD local grant for this project (Renewal Grant).

Initial Grant _____

Renewal Grant _____

Please indicate the amount of CCHD local funding being requested for this project. \$ _____

If funded, will this CCHD local grant be used to satisfy “Match Money” or “Seed Money” requirements of other funding sources for this project?

Yes_____

No_____

Note: If the answer to the above question is “Yes”, please attach copies of documentation from other prospective funding sources for this project that indicates the amount to be given to this project if the “Match Money” or “Seed Money” requirement of the prospective funding source is met.