

2011 - Local Initiative Grant Application:
Catholic Campaign for Human Development (CCHD)
Poverty Services of Southern Illinois of the Diocese of Belleville

Program / Project / Proposal Title:

Organization / Agency / Parish / School Name:

Address:

Telephone:

Fax:

E-mail:

Program / Project / Proposal Coordinator
Name and Contact info:

Federal / IRS Tax ID Number of Organization:

YOUR PROPOSAL

Primary purpose of your project: (please check one):

- charity for the poor through direct service
- education of Catholics about social justice and/or poverty
- community organizing to increase the economic strength and/or political power of the needy
- other (specify): _____

Target audience:

- children and/or youth
- adults
- seniors
- other (specify): _____

The scope of this project is:

- parish / school
- local community / county / region (specify): _____
- deanery
- diocese-wide

Amount requested?

\$ _____ *Grant awards are limited to \$5000 per proposal.

Total estimated cost for this ministry initiative?

\$ _____ ** A full and detailed proposed budget must accompany this application.

PROPOSAL NARRATIVE: Please incorporate the following points on no more than five single-spaced typed pages. 7 copies of the application must be included. Incomplete proposals cannot be considered.

A. Organization Information: (1 page)

- Describe the organization's history, mission, goals and objectives, current programs, recent accomplishments, etc.
- Describe the primary population served by the organization – including number served and other characteristics.

B. Program Description (4 pages) All of the following items must accompany this application.

- **Problem/Need:** What problem/need of the poor does this program address? How was this need determined? Why is this organization qualified to address this problem/need? What are the ramifications to the community if this need goes unmet?
- **Program Description:** Describe the program and how it meets the problem/need. Describe the development of the program and the roles of partners and collaborators. What are the projected benefits? How will the program be implemented, staffed, managed? How does this program further your organization's mission?
- **Program Goals and Objectives:** List the program's goals and objectives: use quantitative (number of people served, number of classes held, etc.) as well as qualitative objectives (change in the client, benefit to the agency, etc.)

C. Attachments (do not count toward the 5 page total)

Budget:

- 1) Include a full and detailed budget of proposed expenses and income, including future funding if ongoing. Describe alternatives and contingencies of what could be accomplished with partial or no funding from us.
- 2) Include a copy of the organization's current operating budget and most recent financial report.

Support Letter:

- 1) Include a statement of support for the program from the requesting organization's Board of Directors/Trustees.
- 2) Include a list of the organization's Board of Directors/Trustees/Advisory Group and their affiliations.

The total proposal package should not exceed 5 pages (plus section C attachments)

Applications must be completed and received by September 30.

Forward to: Kathy Mulvin
P.O. Box 1141
Centralia, IL 62801

Development
Poverty Services
1600 Jamestown Road
Breeze, IL 62230

For more information contact Mike Schuette at (618) 920-8448 or michael.schuette@schuettestores.com or call Kathy Mulvin at (618) 532-4624.

This funding opportunity is open to all Catholic parishes, schools, departments and diocesan agencies, and non-Catholic agencies, regardless of whether they receive funding from the Diocesan Ministry & Services Appeal or the Christmas Collection. A committee will review all applications and make a recommendation for each. Approved grants will be awarded in October and are a one-time allocation. Recipients may reapply in subsequent years as funding allows. An evaluation of each project will be expected.

Thank you, and may God bless you in your ministry.

Grant Application Check List

- 1 page organization information
- 4 pages program description
- proposed budget attachment
- current operating budget attachment
- letter of support from Board of Directors
- list of Board members and their affiliations
- 7 copies of application

- ❑ completed and received by CCHD by September 30