CCHD: Bishop Support for Funding Activities Form (Activity in Multiple Dioceses)

To be mailed in to CCHD 3211 4th Street NE Washington DC 20017-1194   OR emailed to CCHD Grants Specialist

APPLICATION ID #:   **AMOUNT REQUESTED: $**

Name of Applicant Organization:

Primary diocese in which the organization is headquartered or in which the organization's principal activities will be located:

Other dioceses in which the organization will be active:
Name of Diocesan Director:
 Names of person(s) who participated in the evaluation:

- Was a site visit conducted? (check one)   ☐ yes   ☐ no   date:

- Was the group's website checked for content and affiliations that contradict Catholic Moral or Social Teaching? (check one)   ☐ yes   ☐ no   date:

- Was an internet search for affiliations/content that contradicts Catholic Moral or Social Teaching conducted? (check one)   ☐ yes   ☐ no   date:

RECOMMENDATION: ☐ **FUND**   ☐ **NO FUND:**   **AMOUNT: $**
Conditions or other notes, if any:

To be completed by the Diocesan Bishop:
Statement of Review by Diocesan Bishop:
I am aware that this organization has applied for national funding to the Catholic Campaign for Human Development and that it is headquartered in and/or plans some activities in my own and other dioceses. I know that this application will be considered along with many other applications and thus may not be selected for funding.

I have reviewed both the local and national staff evaluations for this organization and considered their joint recommendation. Based on this, (Please check one:)

_____ I endorse national CCHD funding for this application.

_____ I will accept the decision of the Bishop in whose diocese the applicant is headquartered and/or has its
         principal activities.
_____ I need more information regarding this grant request and would like national CCHD Staff to contact me
         regarding this grant.
_____ I need more time to review this grant request. I will submit my decision by _____(date)

_____ I do not endorse national CCHD funding for this application.

Reason or Comments:

SIGNATURE: *DATE:*