



### Please Sign In

It is important that each organization has ONLY ONE CCHD online account.

If this is the first time your organization has applied for CCHD funds, please click on the "New Applicant" link below the e-mail field. You will be asked to create a password for your account and will receive a confirmation e-mail once you have created an account successfully.

If you are unsure if your organization has an existing account, please contact the CCHD grants administrator at [cchdgrants@usccb.org](mailto:cchdgrants@usccb.org).

Invalid e-mail or password.

E-mail

Password

[New Applicant?](#)

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## CATHOLIC CAMPAIGN FOR HUMAN DEVELOPMENT

CATHOLIC DOMESTIC ANTI-POVERTY CAMPAIGN

INVESTING IN HUMAN DEVELOPMENT AND INSTITUTIONAL CHANGE

*He has sent me to bring good news to the poor, liberty to captives, new sight to the blind, and to set the downtrodden free.... (Luke 4:18-20)*



[Contact Us](#) | [CCHD Criteria & Guidelines](#) | [Local CCHD Contacts](#) | [Exit](#)

Before beginning your application, please enter your [Employer Identification Number](#):

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1 Instruction

2 Organizational Information

3 Criteria Descriptions and Questions

4 Review My Application

You can review the information you've provided so far and make necessary modifications here. If you're satisfied with the contents of the application, click **Submit** to forward your application for consideration. If you're not ready to submit your application yet, click **Save & Finish Later**.

**Instruction**

[Printer Friendly Version](#) | [E-mail Draft](#)

✦ *Required before final submission*

This was a one time link. Do not use the same link to retrieve a saved pre-application. In order to retrieve your saved pre-application, make sure you close out your browser completely, open a new browser, go to [www.GrantRequest.com/SID\\_464](http://www.GrantRequest.com/SID_464) . Each organization should only have ONE CCHD online account.

This is the pre-application for Catholic Campaign for Human Development's (CCHD's) economic development grants program. The pre-application is the necessary first step for an organization that wants to be considered for a national CCHD grant and is not currently a CCHD grantee.

To better understand CCHD's grant programs and the online application process, we strongly encourage you to read [all of the grant resources available online](#) and the [Guide for CCHD Grant Applicants](#).

Because the application process is lengthy and competitive, we intend that the pre-application will first, help interested organizations gain an understanding of CCHD mission and criteria and help them determine whether or not their work is a good match for CCHD funding; and second, if the pre-application is submitted, it will help CCHD determine if an applicant's proposal is in line with CCHD criteria, priorities and whether the group should be invited to submit a full application. Please note, CCHD's economic development grants program does not fund sole proprietorships or partnerships.

The pre-application may be submitted between September 1 and November 1. The deadline to be considered for our annual funding cycle is November 1 (11:59 P.M. EST). Pre-applications received by November 1 will be considered for a grant the following June. CCHD recommends submitting your pre-application well in advance of the November 1 deadline, to help with our processing and to give applicants more time if invited to submit a full application.

CCHD will review all pre-applications and notify organizations via e-mail of our determination. In the event that you are invited to submit a full application, you will receive an e-mail by November 22 with instructions on how to access the online application. Online applications are due December 15.

It is to your benefit that [CCHD diocesan coordinators](#) are aware of your work and of your interest in applying for CCHD national funds, as they are a key part of the CCHD evaluation process. Please contact your CCHD diocesan coordinator to ensure they are aware of your pre-application submission. [You can find their contact information here.](#)

If after reviewing all material carefully, you have additional questions, CCHD's grant staff is available year round to answer questions about CCHD grant programs and application process. Contact information for the [national grants specialists by state can be found here.](#)

## Organizational Information

 *Required before final submission*

### Organization Contact Information

 **Legal Name of Organization [at it appears on its organizing document, e.g., Articles of Incorporation]**

*Please use complete name*

### A.K.A. Name of Organization

*The "AKA" or "also known as" name is the acronym or initials the organization uses as a shortened version of its name. For example, the "AKA" name for Southerners for New Opportunities is "SNO". If you do not have one, do not respond.*

**✦ Street Address of Organization**

**✦ City**

**✦ State**

<Select One>

**✦ Zip Code**

**✦ Main Phone Number of Organization**

*Enter the 10 digit number with no formatting. For example  
1234567890.*

**Fax Number of Organization**

*Enter the 10 digit number with no formatting. For example,  
1234567890*

**✦ Web Site Address of Organization**

*If none, please type NA.*

**Employer Identification Number of Organization**

258978956

**Tax Exempt Status**

*i.e., 501(c)(3), 501(c)(1)*

**Head of Organization (Executive Director, President, Chair, CEO, Lead Organizer, etc.)**

**Prefix**

**First Name**

**Last Name**

**Title**

**Mailing Address**

**City**

**State**

<None>

**Zip Code**

**Mobile Phone**

**Office Phone**

**Extension**

**E-mail**

**Primary Contact for this Request (Development Director, Grant Writer, or may be the same as the Head of the Organization)**

*The primary contact for the organization is the person who will receive and respond to electronic, verbal, and written correspondence relevant to this grant request. If this contact information changes, please be sure to make CCHD aware as soon as possible.*

**Same as Organization Primary Contact**

**Prefix**

*For example, Ms., Mr., Sr., Rev., Br., etc.*

**First Name**

**Last Name**

**Title**

**Mailing Address**

**City**

**State**

<None>

**Zip Code**

**Mobile Phone**


**Telephone Number**

*Enter the 10 digit number with no formatting. For example, 1234567890.*

**E-mail Address**

*All e-mail communications will be sent to the address provided below.*

**Diocese**

 **Catholic Dioceses (You may select up to three.)**

*Choose the primary diocese in which your organization will be active. Indicate additional dioceses only if the organization will be active in those areas. If additional dioceses are selected, applicants must*

*make contact with that diocese's CCHD Diocesan Director. You can find their contact information here.*

<Select One>

<Select One>

<Select One>

## Description of Applicant Organization

**Briefly summarize the mission/focus of the applicant organization. Please include a summary of the proposed use of CCHD funds. (Limit 150 words)**

*In the next section you will be asked to describe the Economic Development Institution (EDI) concept and goals for the prospective grant year.*

## Criteria Descriptions and Questions

**Required before final submission**

**1. Organizations that receive CCHD funds must not participate in or promote activities that contradict the moral and social teachings of the Catholic Church and must in no way work against the U.S. Conference of Catholic Bishops' Priorities to defend human life and dignity, strengthen family life and the institution of marriage and foster diversity. For example, organizations that support or promote same-sex marriage, discrimination, capital punishment, abortion, euthanasia, or punitive measures toward immigrants, are not be eligible for CCHD funding.**

**Do organizational activities of the applicant organization in any way endorse or promote principles that are contrary to Catholic teaching?**

<None>

**2.The organization must be fully nonpartisan when engaging in political activities. An organization that engages in political campaign intervention prohibited under section 501(c)(3) of the Internal Revenue code are not eligible to apply for CCHD funding. For example, while holding candidate forums is acceptable, groups who endorse one candidate over another are not eligible for funding.**

**Does the organization participate or intervene in political campaigns on behalf of or in opposition to any candidate for public office?**

<None>



**3. Refer to the Economic Development link above and describe the type of EDI that your organization is proposing.**

**Describe the EDI that your organization is proposing including concept and goals for the prospective grant year. Be certain to indicate whether the initiative is in the early, start-up phase of development or has it already been established and is in need of expansion support from CCHD. (Limit 200 words.)**

**4. The application must focus on an Economic Development Institution (EDI) that will create income and/or assets that are owned by low-income people and communities.**

**Describe the types of assets that will be created by your EDI. (Limit 50 words.)**

**Indicate the total number of jobs that will be created as a result of the EDI (in full-time positions).**

*Please type an integer between 0 and 32,000.*

**Describe the types of jobs that will be created, how many of each type, their wage levels and any benefits each position will include. (e.g. full-time and/or part-time)**

*For example, "10 full-time nanny positions at \$15 per hour and offering health insurance."*

**In a brief paragraph describe the assets that will be owned by individuals or families. (Limit 75 words.)**

**In a brief paragraph describe the asset that will be owned by the larger community. (Limit 75 words.)**

**5. At least one-half of the intended beneficiaries from the EDI must be low-income. At least one-third of those who plan, implement and make policy for the applicant organization (usually the Board of Directors) must be persons who are involuntarily poor (VISTA and/or AmeriCorps volunteers, students, etc. are considered by CCHD to be voluntarily poor). Also, the organization must have structures in place that encourage beneficiaries to contribute to the direction of the organization.**

**✦ How many people do you anticipate will directly benefit from your EDI?**

*Please insert an integer, for example for one hundred beneficiaries, only enter 100.*

**✦ What percentage of those benefitting from the EDI is likely to be low-income?**

*Omit formatting and enter a number only. For example, 50 for 50%.*

**✦ What percentage of your governing board - those that plan, implement and make policy (including budgets), and hire/fire lead staff - are low-income?**

*Omit formatting and enter a number only. For example 33 for 33%.*

**✦ Describe the organizational structures in place to ensure that the board represents beneficiaries, and that beneficiaries have a say in the direction of the organization. (Limit 100 words.)**

*If your organization response was 33% or greater above, skip the next three questions. If your response was less than 33% and your organization has specific plans to meet this criterion, you may still be considered for application. In that case, your pre-application must also fully address the following three questions. (Limit 75 words each)*

**Why do low-income people not have a strong voice in planning, implementing, policy-making and hiring/firing of lead staff at this time?**

**How are low-income people involved in determining their need for the organization's activities and/or programs?**

**What time schedule is planned for low-income people to attain at least one-third of board seats?**

**6. It is important to demonstrate that your organization has the capacity to develop and maintain a successful EDI.**

**If your organization has been involved in developing an EDI before, briefly describe that EDI and the role your organization had in its development. If your organization does not have prior experience, please describe how the organization will make up for the lack of experience. (Limit 100 words)**

**7. All Economic Development grant applications must include a complete business plan that fully documents responses to the questions below.**

**When was the EDI's business plan completed? Insert month and year (MM/YYYY). What is the time frame for which your business plan applies? Insert months and years (MM/YYYY through MM-YYYY).**

**Was a feasibility study done?**

<None>

**Does your business plan include an assessment and analysis of pertinent community needs, resources, and regional economic conditions that establish the EDI's strategic direction(s)?**

<None>

**Does your EDI business plan include a clear, comprehensive and detailed strategy to develop and operate the EDI over the**

next three to five years? The plan must include a) Program description with goals, objectives and anticipated outcomes for job creation and/asset development b) An EDI ownership structure that results in asset ownership within the low-income community and c) A multi-year financial plan for the start-up and ongoing viability of the EDI.

<None>

Does your EDI business plan include a commitment and strategy for ongoing leadership development on the EDI Board of Directors, at least one-third of whose membership is low-income people?

<None>

**8. In addition to any in-kind contributions, matching funds must be committed to the EDI at a level that is at least equal to the request for CCHD funds.**

How many dollars are committed to the EDI for use during the current calendar year? (\$ AMOUNT)

How many dollars are committed to the EDI for subsequent calendar years? (\$ AMOUNT)

**9. All applicant organizations must read and indicate their consent to the following agreement as a part of their Pre-Application submission.**

*Those submitting online grant or refund applications, submitting responses to the CCHD "Pre-Application" or otherwise interacting with CCHD and/or USCCB by way of providing information above, understand and agree that these applications and submissions are all made in the District of Columbia. It is further understood and agreed that all grants, awards, refunds or business decisions regarding these issues, are made in the District of Columbia. Further, it is understood and agreed that any and all claims arising from these grant or refund applications, the CCHD "Pre-Application", or otherwise relating to the provision of information above, will be governed by and construed in accordance with the laws of the District of Columbia.*

*It is further understood and agreed that the sole jurisdiction and venue for any litigation arising out of or relating to any such applications, grants, refunds, participation in the "Pre-Application" or the provision of information above, will be in an otherwise appropriate federal or local court located in the District of Columbia.*

*In the event that any portion of this Agreement is held unenforceable, that unenforceable portion will be construed in accordance with applicable District of Columbia law so as to, as nearly as possible, reflect the expressed original intentions of the parties, and the remainder of the provisions will remain in full force and effect.*

*By submitting the above application for a grant or refund, submitting responses to the "Pre-Application" or otherwise providing information, the submitter or provider agrees to all of the above conditions.*

**Our organization consents to the above agreement.**