

**ARCHDIOCESE OF SANTA FE  
LOCAL COMMITTEE  
CATHOLIC CAMPAIGN FOR HUMAN DEVELOPMENT**

**Small Grant Application**

The Campaign is carried out on the Archdiocesan level through the allocated portion of the national CCHD collection taken up annually the weekend before Thanksgiving. The Campaign's prospective is derived from church teachings:

“Flowing from our God-given dignity, each person has basic rights and responsibilities. These include the rights to freedom of conscience and religious liberty, to raise a family, to immigrate, to live free from unfair discrimination, and to have a share of earthly goods sufficient for oneself and one’s family. People have a fundamental right to life and those things that make life truly human: food, clothing, housing, health care, education, security, social services and employment. Corresponding to these rights are duties and responsibilities—to one another, to our families, and to the larger society, to respect the rights of others and to work for the common good.” The common good is “the sum of those conditions of social life which allow social groups and their individual members, relatively through and ready access to their own fulfillment.”

**Application Instructions:**

- a) Applications are accepted twice a year for the Archdiocesan Small Grants program, and must be postmarked by June 1<sup>st</sup> or December 1<sup>st</sup> of the year they are intended. Generally, amounts awarded do not exceed \$3,000. They are to be mailed to: Office of Social Justice, Archdiocese of Santa Fe, 4000 St. Joseph Place NW, Albuquerque, NM 87120.
- b) Please follow the instructions and numbering on the application, providing the requested information in the order requested.
- c) The Committee may request an in-person interview and site visit following the application deadline.
- d) The Committee will notify applicants of their status approximately two to three months following the filing of the application.
- e) If you have any questions, contact Anne Avellone, Diocesan Director at 505-831-8167 or [justice@archdiocesasantafe.org](mailto:justice@archdiocesasantafe.org)

# **CCHD Application**

## **Small Grants Application**

### **Instructions:**

- ◆ Please follow the instructions and numbering on the application, providing the requested information in the order outlined here.
- ◆ Answer the questions in sections A and B on a separate sheet of paper in a maximum of four pages, numbering and labeling each section in proper order.
- ◆ Fill in the Chart for Section C and complete the Board profile.
- ◆ Section D has no limit on the number of pages. Fill in financial chart for Section D.
- ◆ Use type no smaller than 12 pt. with one inch margins all around.

### **A. ORGANIZATIONAL DESCRIPTION**

1. Please provide the following information: Organization name, address, city, state, zip code, telephone number, fax number, contact name, contact position, contact telephone number and e-mail.
2. What is your organization's mission?
3. Describe your organizational history. Highlight significant accomplishments. Outline current programs and activities.
4. Who is your constituency?
5. How are low-income people involved or in control of this project? How do you determine whether or not they fit the low-income category? Be specific.
6. What do you do to develop leadership in your organization? In your community?
7. Do you have 501(C)(3) status? If not, what is the name, address and contact phone number for the organization that is your fiscal agent?
8. The organizational activity for which funding is requested must be in conformity with the teachings of the Catholic Church. Does your organization's activity conform to the moral and social teachings of the Catholic Church?
9. The organization must be fully non-partisan when engaging in political activities. Organizations engaged in partisan political activity are not eligible.
  - A. Does your organization participate in any political campaigns on behalf of or in opposition to a candidate for elective public office?
  - B. Does your organization endorse or support a political party?

### **B. PROJECT DESCRIPTION**

8. Project Name:

9. What need or problem does this project address? How have you determined the need for this project?
10. If you are not requesting funding for your general operating budget, and not a specific project, please proceed to Section C.
11. Describe the project to be funded and how it will impact the problem or need identified in question #8.
12. List the key project objective(s), action plans and activities you plan to accomplish during the 12 months of funding from CCHD. Objective should be specific, measurable, achievable, prioritized and time-referenced. Action plans should identify what activities are proposed, who is going to carry out the activities and how the project objectives will be met. A well stated, clear objective looks like this sentence: (WHO)\_\_\_\_\_ will do (WHAT)\_\_\_\_\_ by (WHEN)\_\_\_\_\_. An action plan tells specifically (HOW)\_\_\_\_\_ and (AT WHAT COST)\_\_\_\_\_ will the objective be done. *Example: Objective: Our training team of 5 adults and 5 youth will work with community groups, schools and churches to identify 10 youth leaders in Santa Fe, Albuquerque, Española and Taos and hold 1 weekend of training in each of those 4 cities by January 2007. Action Plan: We will use the pool of already trained youth and adults, funds from CCHD, operation funds already designated for this project and grant money already committed from the McCune foundation to accomplish this. The pool of trained leaders will meet twice a month to design the training weekends and to recruit local youth to participate.*
13. How will you evaluate these project objectives? Clear, unambiguous, precise and specific measurements of outcomes and performance should be addressed. *Example: We will know we have accomplished our objectives when we have 10 trained youth leaders by January 2007 in each of those cities who are skilled facilitators, empowered and able to recruit and train additional youth, and when we have used a written evaluation tool to identify areas of recruiting and training strength and weaknesses and make changes to our recruiting and training based on those evaluation tools.*
14. What is the intended long-term impact of this project in the community?

**C. DEMOGRAPHIC INFORMATION/BOARD PROFILES.**

15. Please fill in the chart for demographic information and complete the board profile list on the attached pages and return it with your application. Please attach resumes of your key staff people as well.

**D. FINANCIAL INFORMATION**

16. Provide a copy of your organization's last completed fiscal year financial statement (balance sheet, income / expense statement).
17. Provide a copy of your organization's current year income/expense statement and balance sheet.
18. What is the total cost of this project?        \$\_\_\_\_\_.

19. How much are you requesting from CCHD? Note: Small grants awarded have generally been between \$500 and \$3,000. \$\_\_\_\_\_.
20. Please show us how the CCHD funding will be used. Please fill in the budget form provided on the attached page and return it with your application.
21. If the total **project** cost is larger than the CCHD request, specify the other sources of income and whether received, committed, or projected.  
(For example: If the total project budget is \$11,300 and you are requesting \$3,000 from CCHD, then the remaining funds to be raised will be \$8,300. The income sources might look like this:
- |                         |  |
|-------------------------|--|
| Goodfriends Foundation: | \$2,000 (received)   |
| XYZ Company Foundation  | \$2,000 (committed)  |
| Fundraising Dinner:     | \$1,000 (projected)  |
| Individual Donations:   | \$1,500 (received), \$1,300 (committed),<br>and \$500 (projected). |
22. Other Materials Needed: Please attach 3 references for your work from community organizations or individuals with which you work.

**Instructions:** Use your present fiscal year for columns #1 and #2. These two columns may contain the same amounts. For column #3, indicate the proposed use of CCHD funds. You do not need to adjust column #3 to your fiscal year. You may add or edit the expenditure line items as necessary.

CCHD Grant Year	Column #1 Organization Budget	Column #2 Project/Initiative Budget	Column #3 Proposed Use of CCHD Funds
<b>INCOME</b>			
Member Dues			
Grassroots Fundraising			
Individual Donors			
Foundation Grants			
CCHD Local Grants			
CCHD National Grants			
Corporate Donations			
Government Support			
Other Income			
<b>TOTAL INCOME \$</b>	0	0	0
<b>EXPENSES</b>			
A. Personnel & Salaries			
<i>(List names and titles)</i>			
1)			
Total Salaries/Wages \$	0	0	0
B. Fringe Benefits, Taxes, Pension			
C. Office Expenses			
<i>(i.e. telephone, supplies, printing, etc- please list)</i>			
D. Occupancy Expenses			
<i>(i.e. utilities, rent maintenance, etc.)</i>			
E. Travel Expenses			
F. Program Expenses			
<i>(i.e. stipends, training expenses, etc.)</i>			
G. Outside Services			
<i>(i.e. consultants, technical assistance providers)</i>			
H. Other			
<b>TOTAL EXPENSES \$</b>	0	0	0
<b>SURPLUS/DEFICIT \$</b>	0		



**Development  
Board Member Profile**

Please list members of the organizational Board of Directors and give a brief biographical description of each. Include information about the person's work and volunteer experience; ethnic/racial background, and special skills or knowledge they bring to the organization. Use only the space provided for each name. You may add additional names as necessary. Please note that someone who chooses voluntary poverty (like a religious sister, brother or priest) does not qualify for living below poverty level for the purposes of this grant application.

<b>Name:</b> <b>Address:</b> <b>City/State:</b>	<b>Above or Below Poverty Level</b>	<b>Appointed</b>	<b>Elected</b>
<b>Name:</b> <b>Address:</b> <b>City/State:</b>	<b>Above or Below Poverty Level</b>	<b>Appointed</b>	<b>Elected</b>
<b>Name:</b> <b>Address:</b> <b>City/State:</b>	<b>Above or Below Poverty Level</b>	<b>Appointed</b>	<b>Elected</b>

<b>Name: Address: City/State:</b>	<b>Above or Below Poverty Level</b>	<b>Appointed</b>	<b>Elected</b>

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<b>Name Address: City/State:</b>	<b>Above or Below Poverty Level</b>	<b>Appointed</b>	<b>Elected</b>

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<b>Name: Address: City/State:</b>	<b>Above or Below Poverty Level</b>	<b>Appointed</b>	<b>Elected</b>

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<b>Name: Address: City/State:</b>	<b>Above or Below Poverty Level</b>	<b>Appointed</b>	<b>Elected</b>

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