



The Catholic Diocese of  
*Victoria in Texas*  
*Missions Office*

**Catholic Campaign for Human Development**  
**Building Community, Overcoming Poverty, Defending Human Dignity**

**Local Grant Application Form**

**Due Date: September 15, 2017**

1. NAME OF ORGANIZATION \_\_\_\_\_

2. NAME OF PROJECT (if applicable) \_\_\_\_\_

3. CONTACT PERSON \_\_\_\_\_

4. MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_

5. TELEPHONE (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

6. EMAIL ADDRESS \_\_\_\_\_

7. WEB SITE ADDRESS OF ORGANIZATION \_\_\_\_\_

8. Is the organization a 501(c)(3) organization?  Yes  No

If not, please provide the contact information for the 501(c)(3) fiscal agent for the project:

9a. AMOUNT BEING REQUESTED: \$ \_\_\_\_\_ (limit of \$2,500)

9b. Percentage of request as part of overall project budget: \_\_\_\_\_ % or organizational budget: \_\_\_\_\_ %

10. GIVE A BRIEF DESCRIPTION OF WHAT YOUR ORGANIZATION DOES:

11. BRIEFLY DESCRIBE HOW GRANT FUNDS WOULD BE USED:

12. PROPOSAL NARRATIVE: In less than three pages please describe:

- A.
1. The organizational or project objectives for the grant year, including what structural or institutional changes would be accomplished.
  2. Implementation plans including strategies, activities and tasks to be carried out.
  3. How low-income participants control or otherwise direct the organization or project to be funded. If members of the organization or project group do not have the dominant role in planning and implementation, please explain why, and how members will be involved in leadership of the project.
  4. List names of the organization's or project's governing or advisory board.
- B.
1. Submit a budget specifying how the CCHD funds will be used.

The Diocese of Victoria Missions Committee reserves the right to make decisions on funded organizations and projects and, based on non-fulfillment of CCHD grant criteria, can revoke and recover any unspent grant funding at any time during the funding year. By signing below, I acknowledge the CCHD local grant criteria and understand these responsibilities and obligations as a potential organizational recipient of a CCHD grant.

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Position or title in the organization: \_\_\_\_\_

**THE FORM AND NARRATIVE MUST BE RECEIVED BY September 15, 2017**

PLEASE SEND A SIGNED COPY TO: [missionsdov@gmail.org](mailto:missionsdov@gmail.org) (E-MAIL PREFERRED)

--OR--

CCHD / Missions Office  
Attn. Debbie Vanelli  
704 Mallette Dr  
Victoria, Texas 77904

QUESTIONS? Contact Debbie Vanelli at [missionsdov@gmail.com](mailto:missionsdov@gmail.com) or 361-573-5304 ex 211  
[www.missionsdov.org](http://www.missionsdov.org)