**INTRODUCTION**

This pre-application is for CCHD’s Community Development grants program in the Archdiocese of Chicago for the 2018-2019 funding cycle. The pre-application is the necessary first step for any organization that wants to be considered for a local grant in the Archdiocese of Chicago and is *NOT* currently a CCHD grantee.

**Guide for CCHD Grant Applicants**

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](http://www.usccb.org/about/catholic-campaign-for-human-development/grants/upload/guide-for-cchd-grant-applicants.pdf), which outlines CCHD’s principles and goals, eligibility criteria for each type of grant, and definitions for various terms used in the application. The Guide also offers tools for applicants to define their eligibility and readiness to apply for CCHD grant support.

**Intent of the Pre-application**

Because the application process is competitive and lengthy, we intend that the pre-application will a) 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 b) help CCHD determine if an applicant’s proposal is in line with CCHD criteria and priorities, and whether the group should be invited to submit a full application. Pre-applications received and reviewed will be considered for a grant disbursed in June of the following year.

**Pre-application Process**

*This pre-application may be submitted between September 1 and October 15.*Please email all completed pre-application forms to eyoung@archchicago.org by 11:59 pm CST on October 15.

*CCHD will review all pre-applications on a rolling basis, and notify organizations of our determination by November 1.* We recommend submitting your pre-application well in advance of the October 15 deadline to help with processing and to give applicants more time to complete the full application if invited to do so.

*If you are invited to submit a full application, it will be due by December 15.*The full application and submission instructions will be sent with your notification email by November 1.

**INSTRUCTIONS**

Fill out all fields as completely as possible, answering ALL questions in a particular field. Answer all questions by providing information with respect to YOUR organization only. Do not answer questions based on activities, members, finances, etc. of related or affiliated organizations

Pay close attention to formatting instructions, word limits, and required fields. Failure to complete all required fields are grounds for request declinations. All sections must be completed.

***If you have any questions or concerns about this pre-application, please contact:*Liz Young, CCHD Coordinator
(312)534-3891 or** **eyoung@archchicago.org**

**CONTACT INFORMATION**

Organizational Contact Information

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| **Legal Name of Organization** (as it appears on its organizing document, e.g., articles of incorporation) |
| **A.K.A Name of Organization** (The A.K.A or “also known as” name, is the acronym or initials the organization uses as a shortened version of the name. If you do not have one, enter N/A) |
| **Street Address of Organization** |
| **City** |
| **State** |
| **Zip Code** |
| **Main Phone Number of Organization** |
| **Web Site Address of Organization** (if none, please enter N/A) |
| **Organizational Status** (Corporation, Trust, Unicorporated association, etc.) |
| **Date of Incorporation or Creation of Organization** |
| **Is your organization exempt from Federal income tax under section 501c3 of the Internal Revenue Code?**  |
| **Date of IRS 501c3 Determination Letter.** |
| **If your organization is not yet a 501c3 tax-exempt organization, please indicate the date on which its Form 1023 was filed with the IRS.** |

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

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| **Prefix** |
| **First Name** |
| **Last Name** |
| **Title** |
| **Mailing Address** |
| **City** |
| **State** |
| **Zip Code** |
| **Mobile Phone** |
| **Office Phone** |
| **Extension**  |
| **E-mail**  |

Primary Contact for this Request (if different from Head of Organization)

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| **Prefix** |
| **First Name** |
| **Last Name** |
| **Title** |
| **Telephone Number for Primary Contact** |
| **E-mail**  |

**ORGANIZATIONAL PROFILE**

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| Briefly summarize the history, mission and focus of your organization. (LIMIT: 200 WORDS) |
| Please indicate any networks coalitions with which your organization is affiliated. |

**CCHD History**

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| Has your organization received funding before? If yes, please list years and level (local or national). |
| How did you hear about the Catholic Campaign for Human Development? |

**Proposed Use of Funds**

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| In a brief paragraph, summarize the organization’s goals for the proposed grant year. (LIMIT: 150 WORDS) |
| CCHD grant awards range from $5,000 to $20,000. How much will the organization request? |
| Provide a brief summary of the proposed use of the CCHD funds. (LIMIT: 150 WORDS) |

**Criteria Descriptions and RESPONSES**

**Catholic Social and Moral Teaching**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, contraception, abortion, euthanasia, or punitive measures towards immigrants ARE NOT ELIGIBLE for CCHD funding.

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

**Partisan Participation**
The organization may not participate or intervene in any political campaign on behalf of or in opposition to any candidate for public office. An organization that engages in political campaign intervention prohibited under section 501c3 of the Internal Revenue Code is 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 voting.

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

**Membership**
CCHD funded groups that apply for community development funding typically have one of two types of members, 1) institutional members, where organizations, parishes, and other institutions are recruited and become members of the organization; or 2) individual membership, where individuals are recruited and become members of the organization.

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| Briefly describe how the organization defines membership in the organization. (LIMIT: 75 WORDS) |
| Number of institutional members: | Number of individual members: |

**Low-Income Control**
People living in poverty must have the dominant voice in the organization. One clear indicator CCHD has used to ensure that low-income people have a dominant voice in the organization is governing board composition. At least 50 percent of your governing board, i.e. those who plan, implement, and make policy and hire and fire staff should be persons who are involuntarily poor (VISTA volunteers, students, etc. are considered by CCHD to be voluntarily poor; Catholic clergy and members of religious orders who live or work in a poverty community may be considered low-income board members). In addition to board composition, CCHD will consider other organizational structures and systems which ensure that people living in poverty have a dominant voice in the direction of the organization. CCHD will evaluate how low-income people are identified, engaged, and developed to take leadership positions in the organization and how the organization’s activities and priorities impact them.

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| What percentage of your governing board—those that plan, implement, and make policy (including budgets), and hire/fire lead staff—are involuntarily poor? |
| If your answer to the previous question is below 50%:1. Please explain why low income people do not yet have the dominant voice in your planning, implementing, policy-making, and hiring/firing staff at this time
2. Please describe any other organizational structures, systems, or processes that are in place to ensure that low-income members are involved in main functions of the organization
3. Is there a plan in place to increase this percentage?
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**Leadership Development**
The organization should demonstrate a commitment to ongoing human development through skills building and training because it is central to CCHD and is essential to the strength, depth, and sustainability of organizations.

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| In one brief paragraph, summarize your organization’s strategy or curriculum for leadership identification, engagement, and development. (LIMIT: 150 WORDS) |

**Institutional Change**
The applicant organization must demonstrate both the intention and capacity to effectively work toward the elimination of the root causes of poverty and to enact institutional change. CCHD defines institutional change as a) modification of existing laws and/or policies; b) establishment of participatory and just social structures and/or redistribution of decision-making powers so that people living in poverty can be involved in policy-making that affects their lives.

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| How does your organization work toward institutional change as defined above?  |
| Does your organization have a track record with institutional change? If so, what was your organization’s most significant institutional change achievement within the last three years and the scope of its impact? (LIMIT: 150 WORDS) |
| Briefly summarize your institutional change goals for the proposed grant year. (LIMIT: 150 WORDS) |

**Financial Capacity**
The organization should demonstrate a clear vision for development of financial capacity. This might include, but is not limited to, membership dues, grassroots fundraising, individual donor solicitation, and foundation/corporate support. In order for CCHD to understand your organization’s fundraising capacity, please provide the total amount raised in your current fiscal year, organized by the following categories:

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| What was the total amount raised in your current fiscal year? (answer in $) |
| What percentage of this total came from each of the following categories? (answer in %)Membership Dues:Grassroots Fundraising:Individual Donors:Foundation/Corporate Grants: |

All applicant organizations must read and indicate their consent to the following agreement as a part of their pre-application submission.

Those submitting responses to the CCHD “Pre-Application” or otherwise interacting with CCHD and/or the Archdiocese of Chicago by way of providing information above, understand and agree that these applications and submissions are accurate and true to the best of their knowledge.

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| Our organization consents to the above agreement. [ ]  Yes [ ]  No |

**For further information, please contact Liz Young, CCHD Coordinator, at** **eyoung@archchicago.org** **or 312.534.3891 or Elena Segura, CCHD Diocesan Director, at** **esuegura@archchicago.org** **or 312.534.5333.**