**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: 150 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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| Please indicate the type of EDI for which you are requesting funds: [ ]  Real Estate Initiatives [ ]  Business Incubators and Marketplaces [ ]  Community Development Financial Institutions [ ]  Social Purpose and Training Businesses [ ]  Worker-Owned and Community-Owned Businesses |
| Describe the type of 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 if it has already been established and is in need of expansion support from CCHD. (LIMIT: 200 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? (if yes, explain) |

**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? (if yes, explain) |

**Income and/or Asset Development**
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.

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| Briefly describe the types of assets that will be created by your EDI. (LIMIT: 75 WORDS) |
| Number of full-time jobs: | Number of assets owned by individuals/families: |
| Number of part-time jobs: | Number of assets owned by larger community: |

**Low-Income Benefit**
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.

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| How many people do you anticipate will directly benefit from your EDI? |
| What percentage of these beneficiaries will be low-income? |
| What percentage of your governing board—those who plan, implement, and make policy (including budgets), and hire/fire staff—are low-income? |
| *If your answer to the previous question is less than 33%, and your organization has specific plans to meet this criterion, you may still be considered for application. Please address the following:*1. Explain why low-income people do not have a stronger voice in planning, implementing, policy-making, and hiring/firing of lead staff at this time.
2. Describe any other organizational structures in place to ensure that the board represents beneficiaries, and that beneficiaries have a say in the direction of the organization.
3. What is the timeline for increasing this percentage?
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**Sustainability**It is important to demonstrate that your organization has the capacity to develop and maintain a successful EDI.

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| 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) |

**Business Plan**
If you are invited to submit a full Economic Development grant applications, a complete business plan will be required.

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| Does your organization currently have a business plan? [ ]  Yes [ ]  No If yes, when was the business plan completed? MM/YYYYFor what time frame does the business plan apply? MM/YYYY through MM/YYYYWas a feasibility study done? [ ]  Yes [ ]  No |
| Does your business plan include:1. an assessment and analysis of pertinent community needs, resources, and regional economic conditions that establish the EDI’s strategic direction(s)? ☐ Yes ☐ No
2. a clear, comprehensive and detailed strategy to develop and operate the EDI over the next three to five years?  [ ]  Yes [ ]  No
3. 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? [ ]  Yes [ ]  No
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**Financial Capacity**
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.

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| How many dollars are committed to the EDI for use during the current calendar year? |
| How many dollars are committed to the EDI for subsequent calendar years? |

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.**