



Catholic Campaign for Human Development

Local Economic Development Pre-Application (GY 2020)

Purpose

Since the CCHD application process is competitive and lengthy, this Pre-Application serves to:

- a) help interested organizations gain an understanding of CCHD mission and criteria and determine if their work is a good match for CCHD funding; and
- b) help CCHD make an initial determination about an organization's eligibility for the next step of the application process.

This Pre-Application is the necessary first step for any organization seeking funding that did not receive a CCHD grant in the previous year.

Criteria and Eligibility

Criteria are explained throughout the application that follows. To better understand CCHD's grant programs and the annual application process, we strongly encourage you to review the definitions and guidelines our Local Grant Guide (attached and available at www.CCHDchicago.org).

Timeline

September 1-October 15, 2019: Pre-Applications Accepted
November 15, 2019: Notification of Pre-Application Decisions
January 3, 2020: Full Applications Due

Final decisions for the 2020-2021 grant cycle will be announced in May 2020.
Grants will be disbursed in two payments: July 2020 and January 2021.

Instructions

Complete all fields as thoroughly 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 affiliated, parent, or spin-off organizations. Pay close attention to formatting instructions, word limits, and required fields. Failure to complete all required fields will delay processing and may be grounds for declination.

Pre-Application forms and other inquiries should be emailed to:

Liz Young
CCHD Diocesan Director
(312)534-3891
eyoung@archchicago.org



CONTACT INFORMATION

Organizational Contact Information

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.)		
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, Unincorporated 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?		
Yes	No	
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.)

Prefix	First Name
Last Name	Title
Mailing Address	
City	State
Zip Code	Mobile Phone
Office Phone	Email

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

Prefix	First Name
Last Name	Title
Phone	E-mail



ORGANIZATIONAL PROFILE

Briefly summarize the history, mission and focus of your organization. (LIMIT: 200 WORDS)

Please indicate any networks or coalitions with which your organization is affiliated.

CCHD History

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

<p>Please indicate the type of EDI for which you are requesting funds:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Real Estate Initiatives <input type="checkbox"/> Business Incubators and Marketplaces <input type="checkbox"/> Community Development Financial Institutions <input type="checkbox"/> Social Purpose and Training Businesses <input type="checkbox"/> Worker-Owned and Community-Owned Businesses
<p>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: 150 WORDS)</p>
<p>CCHD grant awards range from \$5,000 to \$20,000. How much will the organization request?</p>

PRIMARY CRITERIA

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.

<p>Do organizational activities of the applicant organization in any way endorse or promote principles that are contrary to Catholic teaching? (if yes, explain)</p>
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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.

<p>Does the organization participate or intervene in political campaigns on behalf of or in opposition to any candidate for public office? (if yes, explain)</p>
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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.



Briefly describe the types of jobs or assets that will be created or developed 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.

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?
<p><i>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:</i></p> <ul style="list-style-type: none"> a) 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. b) 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. c) What is the timeline for increasing this percentage?

Sustainability

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)

Business Plan

If you are invited to submit a full Economic Development grant application, a complete business plan will be required.

Does your organization currently have a business plan? Yes No
 If yes, when was the business plan completed? MM/YYYY
 For what time frame does the business plan apply? MM/YYYY through MM/YYYY
 Was a feasibility study done? Yes No

Does your business plan include:

- a) an assessment and analysis of pertinent community needs, resources, and regional economic conditions that establish the EDI’s strategic direction(s)? Yes No
- b) a clear, comprehensive and detailed strategy to develop and operate the EDI over the next three to five years? Yes No
- c) 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

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.

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.

Our organization consents to the above agreement. Yes No

For further information, please contact Liz Young, CCHD Diocesan Director, at eyoung@archchicago.org or 312.534.3891