

**CATHOLIC CAMPAIGN FOR HUMAN DEVELOPMENT**  
**DIOCESE OF SAN JOSE**  
**LOCAL ORGANIZING GRANT APPLICATION**

Submit

Diocese of San Jose  
 Attn: Michael Shirley, Office of Life, Justice and Peace  
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Michael Shirley  
 Diocese of San Jose, Office of Life, Justice and Peace  
 1150 N. First Street San Jose, CA 95112  
 Phone: (408) 983-0100

Name of Project

\_\_\_\_\_

Organization Submitting Proposal

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Website: \_\_\_\_\_

Contact Person: \_\_\_\_\_

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

Position: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Total Amount of Project Budget

\$ \_\_\_\_\_

Total Amount of Organization Budget

\$ \_\_\_\_\_

Total Amount Requested from CCHD

\$ \_\_\_\_\_

Has this organization been funded by CCHD in the past?

Yes

No

\_\_\_\_\_

If yes, give year(s) and amount(s)

Year \_\_\_\_\_ Amount \_\_\_\_\_

Year \_\_\_\_\_ Amount \_\_\_\_\_

Year \_\_\_\_\_ Amount \_\_\_\_\_

Year \_\_\_\_\_ Amount \_\_\_\_\_

**Project Category:**

☐ Economic Justice

Education

Healthcare

Housing

Immigrant Rights

Worker's Rights

Other \_\_\_\_\_

**Channeling Agency (If needed)**

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

**Is the organization a Non-Profit corporation?**

YES

NO

\_\_\_\_\_

Tax-exempt? 501 (c) (3) Yes \_\_\_\_\_ No

Tax Exemption applied for? Yes

## COMMUNITY AND ORGANIZATION CHART

Complete the chart in full. Provide the figures for the organization and community participating in and benefiting from the project. Please provide information about both the organization and the project as requested on the chart.

Representation (Specify)	Total Number	# of persons below poverty indicator	Asian/ Pacific Islands	Black	White	Hispanic	Native American (Specify nation)	Other (specify)	Gender
Board of Directors from applicant organization									
Organization Staff									
Members of applicant organization									
Total number of persons benefiting directly from this project									

### **POLICYMAKING BOARD PROFILE**

Please list members of the project Policymaking Board and give a brief biographical sketch of each. Include information about work and volunteer experience; ethnic/racial background, special skills or knowledge they bring to the organization. Please use only the space provided for each name. Duplicate form if necessary.

NAME: _____ ADDRESS: _____ CITY/STATE: _____	Above or Below Poverty Level	Appointed	Elected
Bio:			
NAME: _____ ADDRESS: _____ CITY/STATE: _____	Above or Below Poverty Level	Appointed	Elected
Bio:			
NAME: _____ ADDRESS: _____ CITY/STATE: _____	Above or Below Poverty Level	Appointed	Elected
Bio:			
NAME: _____ ADDRESS: _____ CITY/STATE: _____	Above or Below Poverty Level	Appointed	Elected
Bio:			

**PROJECT BUDGET****CCHD GRANT YEAR** \_\_\_\_\_

use your present fiscal year for column #1.

	TOTAL PROJECT BUDGET CCHD GRANT YEAR	PROJECTED USE. OF CCHD FUNDS CCHD GRANT YEAR
<b>INCOME</b>		
Grants from corporations, foundations & business		
CCHD grants (local/national)		
Church grants		
Government grants		
Membership		
In-kind contributions (specific)		
Other Income		
<b>TOTAL:</b>		
<b>EXPENSES</b>		
<b>PERSONNEL AND SALARIES</b>		
1)		
2)		
3)		
4)		
5)		
6) Total Salaries & Wages		
Fringe Benefits (insurance)		
a)		
b)		
c)		
d)		
7) Total Fringe Benefits		
Total Personal (6+7)		
<b>NON-PERSONNEL</b>		
<b>OFFICE EXPENSES</b>		
8) Consumable supplies		
9) Equipment purchases		
10) Equipment rentals		
11) Equipment maintenance & repair		
12) Reproduction & Printing		
13) Postage & Freight		
14) Telephone, Telegraph & Fax		
15) In-Kind office expenses		
Subtotal		
<b>TRAVEL EXPENSES</b>		
16) Staff		
17) Board or committee		
Subtotal		

**PROJECT BUDGET****CCHD GRANT YEAR \_\_\_\_\_**

use your present fiscal year for column #1.

OCCUPANCY		
EXPENSES		
18) Utilities		
19) Rent/Lease		
20) Repairs & maintenance		
21) In-kind occupancy expenses		
Subtotal		
PROGRAM		
EXPENSES		
22) Materials		
23) Stipends (training)		
24) Insurance		
25) In-kind program expenses		
Subtotal		
PROGRAM SERVICES		
26) Consultants		
27) Pro-bono outside services		
Subtotal		
MISC. (Be specific)		
EXPENSES		
28) Consultants.		
29) Pro-bono outside services		
Subtotal		
TOTAL EXPENSES		

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

Title: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

Date: \_\_\_\_\_