



Name of Organization\*

Address\*

Address Line 1

Address Line 2

City

State

Zip Code

Contact Person\*

First Name

Last Name

Email \*

Phone\*

Website\*

# Organization and Proposal

Please give a brief description of your organization's mission and activities. \*

Does the leadership of your organization reflect the people your organization serves? (i.e. race, ethnicity, socioeconomic status, shared experience, etc.) \*

Please give a brief description of the project/activity for which you are seeking local CCHD funding. \*

Please describe how many individuals the proposed activity would benefit, and any larger community impact it may have.\*

How would the proposed activity address CCHD's goal of breaking the cycle of poverty through empowerment of individuals who are marginalized? \*

## Catholic Teaching

CCHD funds proposals that empower individuals to work for positive social change. Funded organizations are not required to identify with any particular faith tradition. However, CCHD requires that the organization's activities conform to Catholic teaching in that they promote respect for the sanctity of human life and protect the dignity of the human person.

Please take a moment to read the CCHD Basic Principles of Catholic Mission available online at this address: <https://www.usccb.org/committees/catholic-campaign-human-development/cchd-basic-principles-catholic-mission> and check below if you understand and comply with the principles:

I have read and understand CCHD's policies relating to non-partisan activity and Catholic teaching. \*

Yes

No

CCHD stipulates that organizations engaging in any of the following activities are not eligible for funding:

- Promotion or support of abortion, euthanasia, the death penalty, or another affront to human life and dignity.
- Activities that promote or support, violence, racism, sexism, or any other form of prejudice.
- Partisan political activities supporting a particular political party or candidate.

Does your organization engage in any activity that would cause ineligibility for funding? \*

Yes

No

# Funding

What is the total dollar amount of funding requested for this project/activity? \*

Please attach an itemized budget showing how this funding would be used. \*

Signature \*

Date/Time \*

Once this form is complete, send to [kateri.mancini@ccstcloud.org](mailto:kateri.mancini@ccstcloud.org).

If you have any questions, please contact:

Kateri Mancini  
Director of Social Concerns  
Catholic Charities of St. Cloud  
911 18th St. N.  
St. Cloud, MN 56303  
Phone: 320.229.6020  
Email: [kateri.mancini@ccstcloud.org](mailto:kateri.mancini@ccstcloud.org)