

# Catholic Campaign for Human Development Local Grant 2025

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## 1. Contact information

### 1.1 Organization information

Name of Organization	CEO/President/Executive Director
<input type="text"/>	<input type="text"/>
CEO Phone Number	CEO Email
<input type="text"/>	<input type="text"/>
Program Name	
<input type="text"/>	

### 1.2 Grant contact information

Name	Email
<input type="text"/>	<input type="text"/>
Address	Address2
<input type="text"/>	<input type="text"/>
Phone Number	City
<input type="text"/>	<input type="text"/>
State	Zip
<input type="text"/>	<input type="text"/>

2. Do the program goals align with the social teachings of the Catholic Church?

☐ Yes

☐ No

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### 3. Organization details

3.1 Is your organization a registered 501(c)(3)

☐ Yes

☐ No

3.2 Tax ID Number

3.3 Mission Statement

3.4 Vision Statement

**3.5 Number of employees in your organization**

**3.6 Website address**

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**4. Program details**

**4.1 Provide a brief program description**

**4.2 Is this a new or existing program**

☐ New

☐ Existing

**4.3 Program start and end dates**

**4.4 Number of program employees**

4.5 Approximate number of program volunteers

4.6 List the desired outcomes of the program

4.7 Proposed program implementation timeline

4.8 What challenges do you expect the program to face during the next year and how do you plan to overcome those challenges

4.9 How are low-income individuals involved in the program's operations

**4.10 Percentage of program recipients expected to be low income**

**5.1 Program annual budget**

**5.2 Amount of grant funding requested**

**5.3 List the program's major funders over the past two years**

**5.4 I attest that the information provided in this application is true and accurate to the best of my knowledge.**

☐ Yes

☐ No