



APPLICATION FOR CCHD PARISH GRANT

Amount Requested (up to \$5,000): _____ **Date Submitted:** _____

Name of Parish: _____

Address: _____

Person Completing Application: _____

Title/Relationship to the Ministry: _____

Phone: _____

Email: _____

1. Describe the ministry and the population served

2. Outline how the parish CCHD grant would further the mission of empowering the poor to make ongoing life changes to become more self-sufficient in meeting his or her basic human needs versus increasing the ministry's capacity to assist more people through direct assistance

3. Describe the ministry outcomes, and how they will be monitored and assessed

4. If applicable, list other organizations with whom you have a formal partnership and/or significant working relationship in operating this ministry and identify the purpose of that relationship

5. If the parish is not the only entity overseeing this ministry, please describe the parish's involvement in this ministry and how it influences decisions made with the other organizations

6. How would the funding be used?

7. Please describe the future goals and sustainability of this ministry

Signature of Applicant

Signature of Pastor

Send the completed application and Moral Conduct Form to:

**Dan Lester
Catholic Charities of
Central & Northern
Missouri
PO Box 104626
Jefferson City, MO 65110
or
email:
dlester@cccnmo.org**