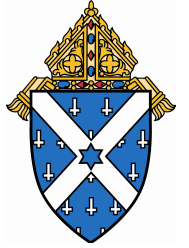




# Catholic Campaign for Human Development



A program of Catholic Charities of Arkansas  
DIOCESE OF LITTLE ROCK  
2500 N. Tyler  
Little Rock, Arkansas 72207

501-664-0340

## FUNDING APPLICATION

CCHD makes a limited number of small grants to provide financial assistance to organizations whose efforts are aimed at serving the needs of low-income people. Projects eligible for funding can either be direct service-oriented or aimed at institutional change. Applications are accepted regardless of religious denomination.

Grants between \$200 and \$2000 are awarded. All grant recipients must provide a follow-up report six months after receipt of funds on the progress of the project and document the use of funds.

Grant awards are at the discretion of the Bishop of Little Rock and dependent on available funds. Applications are accepted between January 1 and May 31 and awards are made in June.

Name of Organization: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Tel # \_\_\_\_\_

Address: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
Street or P.O. Box #

\_\_\_\_\_/\_\_\_\_\_  
City State Zip

Amount of funding request: \$ \_\_\_\_\_

Please attach a copy of your organization's:

1. Current budget
2. Current Board, including addresses and phone numbers

**Date your organization was established: \_\_\_\_\_**

**Is your non-profit organization incorporated under Arkansas law? \_\_\_\_\_**

**If yes, under what tax status? \_\_\_\_\_**

**Describe your organization and its mission:**

**Which priority does your project address?**

**Option for the Poor**

**Life and Dignity of the Human Person**

**Dignity of work and Rights of Workers**

**Solidarity**

**Care for God's Creation**

**See [USCCB.org/themes](http://USCCB.org/themes) of catholic social teaching**

**How do you plan to use the funds?**

**How are low income people involved in your project?**

**Any additional information to support your request:**

**For Applicant:**

\_\_\_\_\_  
Person making request

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**For Office Use Only:**

Date rec'd: \_\_\_\_\_

Reviewed: \_\_\_\_\_  
CCHD Program

Recommendation: \_\_\_\_\_  
Catholic Charities of Arkansas Director

Approval: \_\_\_\_\_  
Bishop of Little Rock

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

**Send to:**

Director, CCHD  
Catholic Charities of Arkansas  
2500 North Tyler Street  
Little Rock, Arkansas 72207  
FAX: 501-664-09186

**For Use by Accounting**

Check #: \_\_\_\_\_

Check Mailed \_\_\_\_\_

Report Due \_\_\_\_\_

Report Rec'd \_\_\_\_\_