

**Consolatrix Afflictorum**

**Grant Application**

**CRS Local Solidarity**

**FOR THE DIOCESE OF PHOENIX**

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| Amount Requested:(Not to exceed $3,000) |  |
|  |  |
| Organization/Parish Applying: |  |
| Program/Project Title: (If Applicable) |  |
| Organization’s Address: |  |
| City, State, Zip: |  |
| Website Address: |  |
|  |  |
| Designated Contact Person: |  |
| Title: |  |
| Phone: |  |
| Email: |  |
|  |  |
| Program References |
| Reference 1: |  |
| Phone / Email: |  |  |
|  |  |
| Reference 2: |  |
| Phone / Email: |  |  |

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| Program Description |
| Total Program Income Last Year: | $ | Total Program Expenses Last Year: | $ |
| If expenses are greater than income, please briefly comment: |  |
| Total Spent on Food Last Year: | $ |
| Current Funding Sources:(For Food Only. Include Source and Amount funded) |  |
|  |  |
| Number of Paid Staff: |  | Hours of Paid Staff: |  |
| Annual Salary (of Each Paid Staff Member): |  |
| Number of Volunteers: |  |
|  |  |
| Number of Persons Served Last Year: |  |
| Number of Families Served Last Year: |  |
| Hours of Operation of Program: |  |
| Are Persons Served Allowed to Return for Assistance? (Yes or No) |  | If yes, how frequently can they receive assistance? |  |
| Does the “Number of Persons Served Last Year” include those who have been assisted multiple times?(Please briefly elaborate)  |  |
| Briefly describe your criteria for discerning who can receive assistance from your program: |  |
| Please describe services offered by your Program:(Please use ONLY this space on this form and DO NOT attach additional information.) |  |
| Names of those who will oversee the use of funds:(i.e., committee or board members) |  |
| (Additional financial information welcomed) |
| Strengthening Solidarity:Explain how your project will strengthen solidarity, educate parishioners to the needs of your community, and encourage them to act. |  |

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| FOR CATHOLIC PARISHES ONLY: For applications made by a Catholic parish or St. Vincent de Paul Conference, the pastor’s approval and signature are REQUIRED.\*\*Applications without pastor’s signature will NOT be considered.\*\* |
| Parish:  |  |
| Pastor’s Name:  |  |
| Pastor’s Signature: |  |
| For Non-Catholic Applicants: |
| A letter of support is included with the application from: (name of Catholic stakeholder) |  |
| Relation to the Catholic stakeholder (who wrote the letter): |  |

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| **Prohibitions** |
| As an initiative of the Catholic Church, CRS and the Diocese of Phoenix **cannot** fund organizations that engage in activities that contradict fundamental Catholic moral or social teaching (e.g., promotion or support of contraception, abortion, same-sex marriage, euthanasia, racism, the use of the death penalty or punitive measures toward immigrants, etc.). Prohibited activities include participation in or endorsing actions that promote legislation, ballot initiatives (including voter guides and other written materials) that contradict fundamental Catholic moral and social teaching.CRS and the Diocese of Phoenix cannot fund groups that knowingly participate in coalitions that have a part of their organizational purpose or coalition agenda or actions that contradict fundamental Catholic moral or social teachings.For more information, refer to <http://www.crs.org/about/catholic-identity> and <http://www.usccb.org/about/catholic-campaign-for-human-development/grants/cchd-basic-principles-of-catholic-mission.cfm>  |
| **Does your organization *currently refrain* from activities or coalitions that contradict fundamental Catholic moral and social teaching?**Yes No**Will your organization refrain from activities or coalitions that contradict fundamental Catholic moral and social teaching?**Yes No |
| **Failure to refrain from activities that contradict Catholic moral and** **social teaching will result in the FULL REPAYMENT of the** **local seed grant funds to the local CCHD office.** |

My signature indicates that I have read, understood, and agree to the prohibitions listed above. I have answered the above questions truthfully. I understand that failure to refrain from activities that contradict Catholic moral and social teaching will result in the full repayment of grant funds.

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

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

**DEADLINE: April 30**

Mail to: Diocese of Phoenix – CCHD / CRS

400 E. Monroe Street

Phoenix, AZ 85004

**Approval notices for applications will be available by mid-May.**

**If your application is approved**, the process for receiving the award check will be done in the following manner:

**Parishes (including St. Vincent de Paul Society conferences):** The check will be made payable to your parish, designated for the program, and mailed to the parish office. ***A copy of the disbursal letter will be sent to the contact person.***

**ALL OTHER ORGANIZATIONS:** The check will be made payable to and mailed to the organization or its fiscal agent. Checks will not be made payable to an individual.

**CHECKS WILL BE SENT BY JUNE 30.**