

2023 APPLICATION FOR CCHD PARISH GRANT

Due Friday, March 10, 2023

| Amount Requested: | Date Submitted: |
|---|---|
| Name of Parish/Cluster: | |
| Address: | |
| Person Completing Application: | |
| Title/Relationship to the Ministry: | |
| Phone: | Email: |
| 1. Please briefly describe the ministry an | d the population served. |
| 2. Outline how the parish CCHD grant would further the goal of empowering the poor or marginalized to make ongoing changes to become more self-sufficient in meeting basic human needs. (Merely increasing a ministry's capacity to assist more people through direct assistance is not an objective of this grant program.*) | |
| 3. Describe the projected ministry outcor | nes, and how they will be monitored and |

| 4. If applicable, list other organizations with whom and/or significant working relationship in operatin purpose of that relationship. | · | |
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| 5. If the parish is not the only entity overseeing this parish's involvement in this ministry and how it in other organizations. | · - | |
| 6. How are those served involved in the conduct of included in the ministry's decision-making process | • | |
| 7. How would the funding be used? | | |
| 8. Please describe the future goals and sustainabilit | ty of this ministry. | |
| 9. We get many requests and are not always able to fully fund projects/ministries, so are you able to operate the ministry/project without receiving your fully requested amount? If so, what minimum amount is needed? | | |
| Signature of Applicant | Signature of Pastor | |

Send the completed application and Moral Conduct Form by Friday, March 10, 2023 to:

Deacon Francis Daggett Catholic Charities Maine PO Box 10660 Portland, ME 04104-6060

OR email to fdaggett@ccmaine.org OR fax to: 523-2764

^{*}For assistance with this grant application, including project development and determining possible alternative funding, contact the Parish Engagement representative for your parish, or e-mail psm@ccmaine.org.