

CCHD: Bishop Support for Funding Activities Form (Activity in Single Diocese)

To be mailed in to CCHD 3211 4th Street NE Washington DC 20017-1194 OR emailed to CCHD Grants Specialist

APPLICATION ID #:

AMOUNT REQUESTED: \$

Name of Applicant Organization:

Name of Diocese:

Name of Diocesan Director:

Names of person(s) who participated in the evaluation:

- Was a site visit conducted? (check one) yes no date:
- Was the group's website checked for content and affiliations that contradict Catholic Moral or Social Teaching? (check one) yes no date:
- Was an internet search for affiliations/content that contradicts Catholic Moral or Social Teaching conducted? (check one) yes no date:

RECOMMENDATION:

FUND

NO FUND:

AMOUNT: \$

Conditions or other notes, if any:

To be completed by the Diocesan Bishop. Statement of Review by Diocesan Bishop:

I am aware that this organization has applied for national funding to the Catholic Campaign for Human Development and that it is headquartered in and/or plans activities in my own dioceses. I know that this application will be considered along with many other applications and thus may not be selected for funding.

I have reviewed both the local and national staff evaluations for this organization and considered their joint recommendation. Based on this, (Please check one:)

_____ I need more information regarding this grant request and would like national CCHD Staff to contact me regarding this grant.

_____ I need more time to review this grant request. I will submit my decision by _____(date)

_____ I endorse national CCHD funding for this organization. I realize, however, that this application will be considered along with many other applicants and thus may not be selected for funding.

_____ I do not endorse national CCHD funding for this application.

Reason or Comments:

SIGNATURE: _____ **DATE:** _____