



DIOCESAN CAMPAIGN FOR
JUSTICE AND HOPE

Diocesan Campaign for Justice and Hope
1615 West Washington Street
Springfield, IL 62702
217-321-1161

INSTRUCTIONS FOR COMPLETING 2022 GRANT APPLICATION

1. **The period of the grant is from July 1, 2022 – June 30, 2023.**
2. **Application must be typed legibly (fillable form can be found on our webpage or by request). Please do not staple any part of the application.**
3. Organizations must be incorporated as a non-profit 501 (c) 3. **Enclose a copy of your Illinois tax exemption letter. (Not necessary if documents are already on file or if part of a Catholic parish)**
4. Enclose a copy of your organization's or fiscal agent's **current IRS tax exempt certification. (Not necessary if documents are already on file or if part of a Catholic parish)**
5. Enclose a copy of your organization's Articles of Incorporation, Constitution, and By-laws, unless we have them on file from a previous DCJH grant request. **This is not necessary if your organization or fiscal agent is a Catholic parish or diocesan organization.**
6. If you wish to include pertinent attachments to the application, these should **not exceed three sheets**, e.g., a news article regarding your group, letters of endorsements, etc.

7. All questions applicable to your project or program must be answered and projected revenue sources included to the best of your ability. **Grant applications with incomplete information will not be considered.**
8. **Grant may be requested up to \$3,000.**
9. If you received previous DCJH grant funding your **Final Expense Report** for those funds should have been submitted two months after the end of the grant period. For example, if you received funding in July 2020 your Final Expense Report for grant year 2019-2020 should have been submitted by August 31, 2021. Applications will not be considered if Final Expense Reports for previous funding have not been submitted. If you need a copy of the **Final Expense Report**, please contact us at DCJH@dio.org
10. Questions regarding the application process may be addressed to: DCJH@dio.org or by calling 217-321-1161. **Completed application must be received by February 7, 2022.**

Return Application to:
Office for Pro-Life, Missions and Special Ministries
Diocesan Campaign for Justice and Hope
1615 West Washington Street
Springfield, IL 62702

Email the application to:
DCJH@dio.org

**DIOCESAN CAMPAIGN FOR JUSTICE AND HOPE
2022 GRANT APPLICATION**

ORGANIZATION/PARISH NAME: _____

ORGANIZATION ADDRESS: _____

ORGANIZATION CITY/ZIP: _____

CONTACT PERSON: _____

TELEPHONE: _____ EMAIL: _____

WEBSITE: _____

PROJECT TITLE: _____

GRANT REQUEST AMOUNT: _____ TOTAL PROJECT BUDGET: _____

1. Please provide a brief description and the objectives of the project/program. For example: the services provided, the number of people to be served, target population and your diocesan or parish affiliation. **If you need more room, please use another sheet of paper.**

2. Has this specific **project** received a previous *Diocesan Campaign for Justice and Hope* grant? (yes or no) _____

If yes, please give the year (s) and amount (s):

Year:		Amount:	
Year:		Amount:	
Year:		Amount:	

(2 continued) If you received a DCJH grant last year, please ensure your **Final Expense Report** has been completed and sent to the Office for Pro-Life, Missions and Special Ministries. (Your application will not be considered without this Final Expense Report)

3. Are you affiliated with *Catholic Charities*? (yes or no) _____

4. If yes, describe how you are affiliated or have a relationship with Catholic Charities:

5. Has this specific project received previous funding from *Operation Rice Bowl*? (yes or no) _____

If yes, please give the year (s) and amount (s): _____

Year:		Amount:	
Year:		Amount:	
Year:		Amount:	

6. Is the organization incorporated as a non-profit 501(c) 3? _____

Please enclose a copy of the Illinois tax exemption letter and current IRS tax exempt certification if one is not already on file in our office.

7. If the project is ongoing, how do you plan to sustain the project/program after the grant year? **If you need more room, please use another sheet of paper.**

8. Please list the names of two people or organizations who are not involved in your project/program who could give information regarding your efforts:

1) Name: _____

Phone: _____ Email: _____

2) Name: _____

Phone: _____ Email: _____

9. Please complete the table of the sources of revenue for your organization:

REVENUE SOURCES	Projected Total for Project 7/1/22-6/30/23	Projected Total for Organization 7/1/22-6/30/23
Governments Grants – Federal/State		
-Local		
United Way		
Foundations/Trusts		
Private Grants		
Service Fees		
Rice Bowl Grant		
Diocesan Campaign for Justice and Hope grant		
Miscellaneous: donations, food		
Other		
Other		
Other		
TOTAL PROJECTED BUDGET		

SIGNATURE PAGE – REQUIRED

Applicant Signature: _____ Date: _____

Printed Name: _____ Title: _____

AUTHORIZATION	
This application is approved by the organization’s Board of Directors. (Only one signature required)	
Board President _____	_____
Date: _____ (Signature)	(Print Name)
OR	
Executive Director _____	_____
Date: _____ (Signature)	(Print Name)

Applications require the signature of the pastor of a Catholic parish within the Diocese of Springfield in Illinois or an active parishioner of a Catholic parish within the Diocese of Springfield in Illinois who serves on the board of the applying organization.

PARISH: _____

PASTOR/PARISHIONER NAME: _____

SIGNATURE: _____ DATE: _____

(End of Application)
Completed application must be received by February 7, 2022