**MINNESOTA CATHOLIC DAUGHTERS OF THE AMERICAS**

**HABITAT FOR HUMANITY FUND 2025**

PROGRAM APPLICATION

**Return Application must be postmarked by December 1, 2024**

|  |  |  |
| --- | --- | --- |
| Affiliate Name  |  |  |
|  |  |  |
| Affiliate Address  |  |  |
|  |  |  |
|  |  |  |
| Affiliate Contact Person  |  | Position  |
|  |  | Telephone  |
|  |  | Email: |
| Catholic Daughters Local Contact and Address   |  |  |
|  | Telephone: | Email:  |

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**PROGRAM PROPOSAL**

**1).** Please describe how the history of your affiliate is fulfilling the mission of HABITAT. Identify history of other partnerships your affiliate has in accomplishing this mission.

**2).** Identify Building History:

 Major

 New Rehab

 Indicate the number of homes your affiliate completed in 2023: Indicate the number of homes your affiliate completed in 2024: Indicate the number of homes your affiliate plans to complete in 2025:

**3).** Describe specifically ways your affiliate will be involved with local CDA court members in this awarded grant project. (Reverse side may be used)

**4).** Will you be starting and completing the unit funded by this grant during calendar year 2025?

**\_\_\_ Yes \_\_\_ No**

**5).** Describe the current status of this particular home. Is a lot now available? Are city services in place? Has a family been selected? If not, time line for accomplishing. May the CDA court be involved in selection process? Is there a construction manager assigned to build? Please attach tentative construction schedule. (Reverse side may be used)

**6).** Will you be able to meet all affiliate requirements as described in the overview document?

**\_\_\_ Yes \_\_\_ No**

(If response is "no," please attach an explanation of the affiliate's situation or policy.)

**7).** Please indicate your affiliate's compliance with the Affiliate Covenant.

**\_\_\_Yes \_\_\_No Tithing:** Has the affiliate contributed to HFHI's international work in the last twelve (12) months through tithing?

**\_\_\_Yes \_\_\_No Timely Transfer:** Is title on all Habitat homes built by this affiliate transferred to partner families within six (6) months of occupancy? (If response is "no," please attach an explanation of the affiliate's situation or policy.)

**\_\_\_Yes \_\_\_No House Design Criteria:** Do the homes built or rehabbed by the affiliate conform to HFHI's criteria?

**\_\_\_No \_\_\_Yes Government Funds Policy:** Has your affiliate ever accepted funds from any governmental entity for **construction** purposes? (If the response is "yes," please attach a page explaining the time frame and circumstances under which this occurred.)

**\*\*CDA Court:**

**Please attach an accompanying letter to identify your current working relationship**

**with this affiliate. This may include names of members involved with the local board or it’s**

**committees, history of the local partnership-volunteers and financial support.**

Affiliate Board President (print name) (signature required) (date)

Local CDA Court Regent (print name) (signature required) (date)

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Application must be returned with a postmark no later than **December 1, 2024** to:

**⮚⮚ State Regent ⮚⮚ First Vice State Regent**

Monica Capra Cathy Nelson

300 Jefferson Drive 404 Barney St.

Zumbrota, MN 55992 Owatonna, MN 55960

507-990-4577 507-696-2192

mcapracda@gmail.com cathyncda@gmail.com

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For internal office use only:

**Application approved**

 **$**

**By Amount Date**

**Photo of completed house received: Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**