

HIV/AIDS Parish Grant Application Packet
Office of Justice & Peace Ministries, Archdiocese of Atlanta

PURPOSE of the HIV/AIDS Parish Grants:

The purpose of the HIV/AIDS Parish Grant is to provide funds to parishes in support of HIV/AIDS projects and programs that educate on, raise awareness of and promote advocacy for particular HIV/AIDS issues that are unjust, and to assist people to bring about change to those structures that keep them from a quality of life.

FUNDING Allocations:

Funding for these HIV/AIDS Parish Grants comes from a dedicated Archdiocese of Atlanta fund for HIV/AIDS education and awareness and funding is based on both funds available and evaluation of the HIV/AIDS Parish Grant Application.

INSTRUCTIONS: A copy of the entire completed HIV/AIDS Parish Grant application should be returned to Kat Doyle at the Archdiocese of Atlanta Office of Justice & Peace Ministries using the information below. To accelerate the application process, a scanned copy of the application (including actual signatures) may be emailed.

Email completed HIV/AIDS Parish Grant Applications to:

kdoyle@archatl.com

Email Subject Line: HIV/AIDS Parish Grant Application

Mail completed HIV/AIDS Parish Grant Applications to:

Kat Doyle

Director of Justice & Peace Ministries

ATTN: HIV/AIDS Parish Grant Application

2401 Lake Park Drive, SE

Smyrna, GA 30080

Please contact Kat Doyle with any questions or concerns at either
kdoyle@archatl.com or 404.920.7897

APPLICATION
HIV/AIDS Parish Grant Application Packet
Office of Justice & Peace Ministries, Archdiocese of Atlanta

Parish: _____

Pastor: _____

Ministry Organization: _____

Parish Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

Project Coordinator: _____

Phone: _____ E-mail: _____

Name of Project: _____

Amount Requested:

Have you received HIV/AIDS Parish Grant money in the past? _____ Yes * _____ No
____ Year \$ _____ Amount
____ Year \$ _____ Amount
____ Year \$ _____ Amount

**If yes, please submit a report detailing results of stated goals and objectives for the project that received funding.*

How did you hear about the HIV/AIDS Parish Grant?

Preparer's Signature _____ **Date** _____

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1. **Briefly describe the project/program** for which you are requesting HIV/AIDS funds. What are the **goals** of the project? List the **proposed activities**, including a **plan with a timeline**.

2. How are **members of the HIV/AIDS Community** involved in this project/program?

3. How are **parish members** involved in this project/program?

4. How would do you see this project/program **impacting the broader community**? (For this question please feel free to either broaden or narrow your definition of “community” to include your parish, your diocese, or the local non-faith community, etc...)

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5. **BUDGET (sample):** List or estimate the following – for this project/program:

*Income:

Donations: _____

Fund-raising: _____

Fees (if any): _____

HIV/AIDS grant: _____

Other: _____

TOTAL:

=====

*Expenses:

Materials: _____

Printing: _____

Stipends: _____

Refreshments: _____

Other: _____

TOTAL:

=====

*Income should equal expenses.

6. Please indicate where **funds have come from** in the past or **would come from** this year if Parish Grant funds do not cover all of the budgeted expenses.

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7. Pastor's Endorsement of Application

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Keeping this purpose in mind, please give us your thoughts regarding the project/program for which funds are being requested.

I endorse this request because: _____ _____ _____

I do not endorse this request because: _____ _____ _____
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I decline to comment. <i>(please initial)</i> _____

Pastor/Pastoral Administrator's Signature

Date

Parish, City