

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

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**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\*\*](mailto: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\*\*](mailto: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?

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**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.

<b>I endorse this request</b> because:  _____  _____  _____
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<b>I do not endorse this request</b> because:  _____  _____  _____
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<b>I decline to comment.</b> <i>(please initial)</i>  _____
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**Pastor/Pastoral Administrator's Signature**

**Date**

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**Parish, City**