

**APPLICATION FOR HUMAN LIFE and DEVELOPMENT FUND (HLDF)  
PARISH BASED ORGANIZATION GRANT**

**Please Print or Type**

**Sponsoring Parish:** \_\_\_\_\_  
*(Grant checks will be made payable to sponsoring parish)*

**Project/Applicant Name:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Parish Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Web Page (if applicable):** \_\_\_\_\_

**Amount Requested (up to \$1000):** \_\_\_\_\_ **Project Budget:** \_\_\_\_\_

*Please attach an itemized budget for your project.*

**Please respond to the following questions as concisely and briefly as possible, using no more than two pages total.**

**1. Describe the project for which HLDF mini-grant funding is requested.  
How does this project fill a need in the parish or local community?**

**2. How will the HLDF mini-grant money be used? Be specific.**

**3. Who is the target population for the project? Who is being served and who is serving?**

**4. What other support, resources, and/or experience do you have that will ensure success in this project?**

**5. How will support from Human Life Development Fund be acknowledged or made visible?**

*The Human Life and Development Fund Committee will contact the applicant to request additional information, if needed.*

**To be completed by  
the local Roman Catholic Pastor**

Indicate if the project is consistent with Catholic teaching. \_\_\_\_ Yes \_\_\_\_ No

Do you have any reservations, concerns or any other information you think the Human Life and Development Fund Committee should have about this project/applicant?

\_\_\_\_\_  
Pastor's Signature

\_\_\_\_\_  
Date