



The Roman Catholic Archdiocese *of* Washington

Archdiocesan Pastoral Center: 5001 Eastern Avenue, Hyattsville, MD 20782-3447

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THE ROMAN CATHOLIC ARCHDIOCESE OF WASHINGTON PARISH PRO-LIFE GRANT APPLICATION FY 2023-2024

Kathryn Yanik, Director

Office of Life Issues

Roman Catholic Archdiocese of Washington

P.O. Box 29260 - Washington, DC 20017

You may type your answers into this Grant Proposal.

Please return by email to GallagherMC@adw.org by August 31, 2023

A. Name and # of Parish:

B. Pro-Life Ministry Group:

C. Amount requested from ADW (limit \$2,000): \$

D. Contact Information:

Name of Contact Person:

Parish Street Address or P.O. Box:

Street Address 2:

City, State Zip:

Parish Phone Number:

Contact Person Number:

Contact Person E-mail:

E. Please give brief answers to the following questions.

1. Briefly describe the project for which the parish is requesting funds.

What are the objectives for this project? Specify the length of time needed to complete this project.

2. Subsidiarity is the Christian organizing principle that reminds us to focus on service to the most local community. This principle reminds us to empower the persons who are most impacted by social issues so that they can be self-advocates for justice.

Describe briefly how this grant will support the parish and local community. How will it empower women and families?

3. The Office of Life Issues supports pro-life initiatives that promote a consistent life ethic. The *Consistent Life Ethic* embodies our Catholic obligation to defend life and dignity across a wide spectrum of social issues.

How will this project support a consistent life ethic in the parish community?

4. What are some of the challenges anticipated in organizing this project?

5. Aside from financial assistance, how can the Roman Catholic Archdiocese of Washington further support the mission and work of this program? (i.e., training opportunities, networking with parishes and/or similar agencies, assistance with advertising/referral support, etc.)

6. How does the parish envision this project or program growing in the future?

7. Please attach an estimated budget for your project or program. Thank you for your application.

Signed: _____

(Signature of Parish Contact)

(Date)

Signed: _____

(Signature of Pastor)

(Date)