**Expression of Interest Form**

**Caritas PNG Integral Human Development Program**

**Background**

***“Safer, resilient and prosperous communities” is the desired result of Caritas PNG’s Integral Human Development (IHD) Program.***

We are now inviting Catholic dioceses to apply for the opportunity to partner with Caritas PNG in rolling out its inaugural IHD Program, targeting marginalised communities.

To be eligible, you must in turn, partner with the diocese in which your program activities or target beneficiaries will be located. The full application eligibility checklist is provided on the next page.

For more information on the IHD Program, you can contact our Project Officer on email: projects@caritas.org.pg

Hard copies of your completed Expression Of Interest forms (and relevant attachments) can be submitted to the office of your Diocesan Caritas Coordinator or emailed to the address provided above.

|  |  |
| --- | --- |
| Project Proposal Details |  |
|  |
| Community Name |  |
| Parish & Diocese Name |  |
| Parish Priest Name |  |
| Ward / LLG / District |  |
| Population | Males: Females: Total: |
| Provide a general description of your community (existing services and/or resources, economic activity, social issues, etc.: |
|  |
| What is the objective or expected outcome of your project? |
|  |
| What is the main issue/s you are trying to address? |
|  |
| How will you address the issue/s through this project? |
|  |
| Does your community receive grants from other donor agencies? Please give brief details. |

|  |  |
| --- | --- |
| Budget Proposal |  |
| How much funding support are you seeking? List your activities with corresponding estimate costs. |
| Activity / Item 1: | Cost: KActivity / Item 2: | Cost: KActivity / Item 3: | Cost: KActivity / Item 4: | Cost: KActivity / Item X: | Cost: K Total | Cost: K |
| What is your counter support or contribution to the project? |
|  |
| How will you partner with the diocese in which you are located? |

|  |  |
| --- | --- |
| Contact Details |  |
| Date of Application |  |
| Contact Person Name |  |
| Role in Community |  |
| Phone Number |  |
| Email Address |  |

|  |
| --- |
| Community Leader Authorisation |
| Name |  |
| Title |  |
| Signature |  |
| Date |  |

**Application Eligibility Checklist:**

🞎 Must be a community lacking basic services or in a remote location

🞎 Must have genuine interest in IHD and be willing to take ownership and responsibility

🞎 Must have an active Parish Pastoral Council (PPC) inclusive of a Caritas representative

🞎 Must provide letter of support by the Parish Priest

🞎 Must have an active Diocesan Caritas Coordinator

🞎 Must work in collaboration with the respective Diocesan Caritas Office

🞎 Must not be a recipient of a current CPNG funded project

🞎 Must be open to providing counter-support

|  |
| --- |
| Bishop or Diocese Administrator Authorisation |
| Name |  |
| Diocese |  |
| Signature |  |
| Date |  |