2015/16 Island Health STOP HIV/AIDS Community Grants Proposal Template

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| Applicant Information |
| Name of Organization |
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| Name of contact for application |
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| What is the total amount of money you are applying for? |
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| What date(s) are you planning to hold the activity? |
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| Brief Outline of Proposal |
| What outcomes do you hope to achieve? |
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| Who is your activity intended for? How will you reach and/or invite them? |
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| Describe the project including major activities and outputs. |
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| How many people are you expecting to participate? |
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| How do you plan to collaborate with local members and partners? |
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| How will you relate the activity to HIV awareness, prevention, testing and/or treatment? |
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| How do you plan to evaluate the activity? |
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| How do you intend to sustain the outcome you hope to achieve? |
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| Financial details and timescales:* Please breakdown the costs where appropriate
* Please give details of any matching funding or contribution in kind
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| For Applicant Use |
| Signed: |
| Name: |
| Organization: |
| Position: |
| Date: |

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| For Island Health Administration Use |
| Application: Successful Unsuccessful |
| Amount approved: |
| Signature: |
| Name: |
| Date: |