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

|  |
| --- |
| Applicant Information |
| Name of Organization |
|  |
| Name of contact for application |
|  |
| What is the total amount of money you are applying for? |
|  |
| What date(s) are you planning to hold the activity? |
|  |

|  |
| --- |
| Brief Outline of Proposal |
| What outcomes do you hope to achieve? |
|  |
| Who is your activity intended for? How will you reach and/or invite them? |
|  |
| Describe the project including major activities and outputs. |
|  |
| How many people are you expecting to participate? |
|  |
| How do you plan to collaborate with local members and partners? |
|  |
| How will you relate the activity to HIV awareness, prevention, testing and/or treatment? |
|  |
| How do you plan to evaluate the activity? |
|  |
| How do you intend to sustain the outcome you hope to achieve? |
|  |
| Financial details and timescales:   * Please breakdown the costs where appropriate * Please give details of any matching funding or contribution in kind |
|  |

|  |
| --- |
| For Applicant Use |
| Signed: |
| Name: |
| Organization: |
| Position: |
| Date: |

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