



Excellent health and care, for everyone,  
everywhere, every time.

## Island Health STOP HIV/AIDS Community Grants Proposal Template 2017/18

Applicant Information
<b>Name of Organization/Community/Group</b>
Type here...
<b>Name of contact(s) for application</b>
Type here...
<b>What is the total amount of money you are applying for? Maximum amount awarded will be \$10,000</b>
Type here...
<b>What date(s) are you planning to hold the activity?</b>
Type here...

Brief Outline of Proposal
<b>What outcomes do you hope to achieve?</b>
Type here...
<b>What priority population(s) are your activities intended for? How will you reach and/or invite them?</b>
Type here...
<b>List communities where activities will be delivered.</b>
Type here...
<b>Describe the project including major activities and outputs.</b>
Type here...
<b>How many people are you expecting to participate?</b>
Type here...
<b>How do you plan to collaborate with local members and partners?</b>
Type here...

<b>How will you relate the activity to HIV awareness, prevention, testing and/or treatment?</b>
Type here...
<b>How do you plan to evaluate the activity?</b>
Type here...
<b>How do you intend to sustain the outcome you hope to achieve?</b>
Type here...
<b>Financial details and timescales:</b>
<ul style="list-style-type: none"> <li>• Please breakdown the costs where appropriate</li> <li>• Please give details of any matching funding or contribution in kind</li> </ul>
Type here...

For Applicant Use	
Signed:	
Name:	
Organization:	
Position:	
Email:	
Telephone:	
Date:	

For Island Health Administration Use	
Application:	<input type="checkbox"/> Successful <input type="checkbox"/> Unsuccessful
Amount approved:	
Signature:	
Name:	
Date:	

