

## 2018-19 IH Peer Program Community Grants Funding Proposal Template<sup>1</sup>

Applicant Information
Name of Organization
Type here...
Name of contact for application
Type here...
What is the total amount of money you are applying for?
Type here...
What date(s) are you planning to hold/complete the activity?
Type here...

Brief Outline of Proposal
A brief summary of your proposed initiative:
Type here...
How do you intend to use the Peer Program Toolkit?
Type here...
What outcomes do you hope to achieve?
Type here...
What priority population(s) are your activities intended for? How will you reach and/or invite them?
Type here...
List communities where activities will be delivered.
Type here...
Describe the project including major activities and outputs.
Type here...
How many people are you expecting to participate?
Type here...
How do you plan to collaborate with local members and partners?
Type here...

<sup>1</sup> Template adapted from Island Health STOP HIV/AIDS Community Grants Proposal

How do you plan to evaluate the activity?
Type here...
How do you intend to sustain the outcome you hope to achieve?
Type here...
Financial details and timescales:
<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:
Date:

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