# Island Health STOP HIV/AIDS Community Grants Proposal Template 2018/19

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

|  |
| --- |
| Brief Outline of Proposal |
| What outcomes do you hope to achieve? |
| Type here… |
| What priority group(s) are your activities intended for? (Indigenous peoples, LGBTQ2+, Women, Youth) |
| Type here… |
| How will you reach and/or invite the priority group(s) listed above to engage in proposed activities? |
| 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… |
| How will you relate the activity to HIV awareness, prevention, testing and/or treatment? |
| Type here… |
| 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:* Please breakdown the costs where appropriate
* Please give details of any matching funding or contribution in kind
 |
| Type here… |

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