Island Health STOP HIV/AIDS

2024/25 Community Grant - Application Form

## To apply for a STOP HIV/AIDS Community Grant, complete the application form below. Use the application guide for reference. Please ensure you have provided information in all fields. Concise answers and bullet points are encouraged with the completed application being a maximum of five pages.

## We want to ensure a supportive and transparent process. If you have questions please contact: Anita Brassard at [anita.brassard@islandhealth.ca](mailto:anita.brassard@islandhealth.ca) or 250-619-5532

## The deadline for applications is February 26, 2024. Completed proposals can be emailed to [angelica.ubando@islandhealth.ca](mailto:angelica.ubando@islandhealth.ca)

## Brief Outline of Proposal

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| What is the name of your initiative?  Click or tap here to enter text.  Describe your initiative including activities and milestones.  Click or tap here to enter text. |
| Which goal from Hope to Health will your initiative be supporting? See section 1.1 of the application guide.  Click or tap here to enter text. |
| List the community or communities where activities will be delivered.  Click or tap here to enter text. |
| What priority group(s) are your activities intended for? (Indigenous, 2SGBTQ people, women, youth) See section 2.2 of the application guide.  Click or tap here to enter text. |
| How will you reach and/or invite the priority group(s) listed in the application guide to engage in the proposed activities?  Click or tap here to enter text. |
| What outcomes do you hope to achieve? Outcomes are the things you are trying change – think about the things you are hoping to increase, improve or decrease that support the goal from Hope to Health. e.g. Increased awareness, decreased stigma or improved access to prevention services  Click or tap here to enter text. |
| How do you plan to evaluate your activity and measure your outcomes?  Click or tap here to enter text. |
| Is your initiative a project (with a beginning, middle and end)? Or will it be part of an ongoing program?  Click or tap here to enter text.  If the grant will support an ongoing program, how will you sustain the work at the conclusion of your grant?  Click or tap here to enter text. |
| How many people are you expecting to participate?  Click or tap here to enter text. |
| How do you plan to collaborate with local members and partners?  Click or tap here to enter text. |
| Will your initiative support HIV prevention, testing, and/or treatment? Tell us what area(s).  Click or tap here to enter text. |
| Is any work being conducted that is similar to this grant proposal? If so, please explain how this grant will complement existing efforts.  Click or tap here to enter text. |
| How will your initiative build community capacity to address HIV issues?  Click or tap here to enter text. |

## Budget

## Please let us know the budge for your initiative and the revenue (potential or confirmed).

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| Category | Details | Amount |
| *Expenses* | | |
| *e.g. Project supplies, lunch, guest speaker, rental fees, etc.* | *e.g. Two facilitators ($500 x 2), Lunch for 40 persons ($30 x 40)* | *e.g. $1,200* |
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| *Revenues* | | |
| Source(s) | **Details (cash or in-kind services/ potential or confirmed)** | **Amount** |
| *e.g. STOP HIV grant* | *e.g. Cash - to be confirmed* | *e.g. $7,500* |
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## Contact Information

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Name:** Click or tap here to enter text.

**Organization:** Click or tap here to enter text.

**Position:** Click or tap here to enter text.

**Email:** Click or tap here to enter text.

**Telephone:** Click or tap here to enter text.

**Date:** Click or tap here to enter text.