# Island Health STOP HIV/AIDS Community Grants 2023/24 Application Form

## Applicant Information

**Name of Organization/Community/Group:** Click or tap here to enter text.

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

**Name of contact(s) for application:** Click or tap here to enter text.

**What is the total amount of money you are applying for? Maximum amount awarded will be $10,000:** Click or tap here to enter text.

**What date(s) are you planning to hold the activity?** Click or tap here to enter text.

## Brief Outline of Proposal

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| What outcomes do you hope to achieve?  Click or tap here to enter text. |
| What priority group(s) are your activities intended for? (Indigenous, 2SGBTQ people, women, youth)  Click or tap here to enter text. |
| How will you reach and/or invite the priority group(s) listed above to engage in proposed activities?  Click or tap here to enter text. |
| List communities where activities will be delivered.  Click or tap here to enter text. |
| Describe the project including major activities and outputs.  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 in the planning, implementation, and evaluation of your activities?  Click or tap here to enter text. |
| How will you relate the activity to HIV awareness, prevention, testing, treatment, stigma/discrimination and/or healthy sexuality and relationships?  Click or tap here to enter text. |
| How do you plan to evaluate the activity?  Click or tap here to enter text. |
| How do you intend to build community capacity to sustain the outcome(s) of your activities?  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. |

## Financial Details and Timescales

* **Please breakdown the costs where appropriate**
* **Please give details of any matching funding or contribution in kind (planned 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)** | **Amount** |
| *e.g. STOP HIV Program* | *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.