

GETTING TO ZERO MINI GRANT APPLICATION – YEAR 2

Organization Information

Organization Name or Fiscal Agent, if applicable

Tax ID Organization Type

Address City State Zip Code

Phone Fax Number Web Address

Executive Director Contact

Prefix First Name Middle Initial Last Name

Title

Office Phone Extension

E-mail

Request Primary Contact

Same as Executive Director

Prefix First Name Middle Initial Last Name

Title

Office Phone Extension

E-mail

Background Information

Briefly describe your organization's history, mission, expertise, programs and services, and beneficiaries of your work.

Request Information

Project Title

Project Summary

Request Amount

Project Start Date Project End Date

PROJECT TARGET POPULATION

Please use the dropdowns below to describe the primary population reached through the proposed project.
Ethnicity Target Population Geographical Area Served

PROJECT IMPACT AREAS

The Health Trust regularly meets with elected officials to share both the work of The Health Trust and our grantees.

Please indicate which of the following Districts the proposed project will impact, if any. You may select up to three districts.

Santa Clara County Supervisorial District

City of San Jose Council Districts

Project Description

Please describe how your organization plans to use the grant funds to address any of the four Getting to Zero Objectives: (1) PrEP and PEP Implementation, (2) Universal comprehensive STD Screening and Targeted Testing, (3) Initiation of Care and Retention in Care, and (4) Reduce Stigma.

Describe the target population, group or community sector you plan to engage.

Explain your strategy or how you plan to engage the target population.

Explain why this target population would benefit from your strategy.

Describe your outreach and/or marketing strategy(ies).

If a third party marketing agency will be used, explain how you have vetted it for appropriateness and effectiveness for your strategy.

Describe the location in which you plan to implement your strategy.

Describe your project timeline.

Describe how you will measure impact of your intervention during the grant period. Please describe the tools you will use to measure progress.

What is your organization's capacity to carry out this project? List key staff on the project, their primary role, and their relevant qualifications.

Explain how the project promotes your organization's mission. What is your organization's experience implementing similar project?

Budget Narrative

Refer to the completed Project Budget and respond to the questions below.

State the total grant amount requested and explain how the grant funds will be used. Provide narrative for line items that are not self-explanatory.

If your project requires that you work with a consultant or subcontractor, please explain how those funds will be spent. Please explain how you will ensure financial oversight of grant funds.

Describe other resources that are necessary (cash and in-kind) to achieve the project goal. Note on the budget what resources you have raised and what are pending to meet the total project budget.

Attachments

Project Budget

Download the Project Budget Template at <http://healthtrust.org/grants/health-partnership-grants/>