

Funding and Support Team (FAST)
Community HIV Prevention / Sexual Health Awareness
Project Application 2012-2013

By filling out this application, we can determine how your project plans to implement community HIV prevention and sexual health awareness activities. Please take the time to fill in each of the questions, and provide as much information as possible. It is okay if you respond to the questions in bullet form as long as the right information is provided.

If you have any questions filling out this application, or would like help developing your project, please contact us at: 1-888-234-4485. It is our intent to respond to the approval status of this application no later than two weeks after we receive it. We thank you in advance for taking the time to fill out this application.

1. Please fill out the following information about the Applicant:

Name of Organization	
Contact Person	
Mailing Address	
Phone Number	
Fax Number	
Email	

2. What would you like your project to do in order to promote prevention and awareness of HIV and promote sexual health?

3. Who do you plan to target with your project (please check all that apply)?

- Children aged 0 – 7
- Youth aged 8 – 12
- Teenagers aged 13 – 19
- Young Adults aged 20 – 29
- Adults aged 30 – 59
- Seniors aged 60+
- All community residents
- Other (please specify): _____

4. These next questions will help you plan your project. When you have to report on your project, you will reference these questions to determine if what you said you were going to do, actually happened. To help you organize your questions, an evaluation tool example and template are provided in Appendix A on page 6 of this application. You **do not** have to fill this out. It is only provided to help you if you wish to use it.

(a) Who will help you carry out your project?

(b) Do you have other funding sources that will help you carry out your project?

(c) What activities will you do to carry out your project, and when will you do those activities?

(d) Who will be responsible for doing your activities?

(e) What would you like to see happen at the end of your project?

- (f) How will you know that what you did on this project actually worked?
 (There is a Participant Survey in this application package that you can hand out during your project as a way of telling us how your project actually worked. You do not have to summarize the responses. You just send in copies of the filled out survey with your report.)

5. Referencing the Budget **example** below, please identify how much money you are requesting (maximum is \$10,000 per year), and how you plan to spend that money. You may attach a separate piece of paper if the space below is not enough for you.

Budget Example

Budget Item	How much you plan to spend
TOTAL Budget Request	

In the space below please describe how community residents and/or community organizations support this project. Where possible, please provide letters of support.

Appendix A

Evaluation Tool Sample

Project Applicant: Inuvik Youth Centre					
Project Title: HIV Workshop for Youth					
Current Resources	Activities	Timeframe	Responsibility	Outcomes	Measures
What funding, materials, staff you currently have in place to carry out the project	How you plan to carry out your project	When you will do the activities	Who is responsible for implementing the activities	What you would like to see happen at the end of your project	How you will know that your outcomes were achieved
<ul style="list-style-type: none"> • Coordinator – salary paid for by Inuvik Youth Centre • Facility – in kind from Aurora College Learning Centre • Sexual Health Expert • Community Partners 	Identify workshop components and develop workshop agenda	January 2008	Coordinator in collaboration with Sexual Health Expert	<ol style="list-style-type: none"> 1. 100 youth participants 2. Youth participants report an increased awareness of: <ol style="list-style-type: none"> (a) what HIV is (b) what risky sex behaviour is (c) how HIV can be prevented 3. Youth participants report that they will implement safer sex practices 	<ol style="list-style-type: none"> 1. Track the # of youth participants that attend workshop 2. Conduct a participant survey at the end of the workshop that asks them specific questions about the outcomes we hope to achieve 3. Fill out the project evaluation and budget report
	Advertise workshop	January-February 2008	Coordinator in collaboration with community partners		
	Deliver workshop in Inuvik	February 2008	Sexual Health Expert		
	Project evaluation	March 2008	Coordinator		

Evaluation Tool Template

Project Applicant:					
Project Title:					
Current Resources <small>What funding, materials, staff you currently have in place to carry out the project</small>	Activities <small>How you plan to carry out your project</small>	Timeframe <small>When you will do the activities</small>	Responsibility <small>Who is responsible for implementing the activities</small>	Outcomes <small>What you would like to see happen at the end of your project</small>	Measures <small>How you will know that your outcomes were achieved</small>