

# GETTING TO ZERO MINI GRANT APPLICATION

## 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 Focus areas: (1) PrEP and PeP Implementation Universal, (2) 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).

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

Describe your project timeline.

What is your organization's capacity to carry out this 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.

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.

If grant funds will be directed to other agencies through a subcontract or to consultants, explain how you will ensure financial oversight of grant funds.

## **Attachments**

### **Project Budget**

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