

# THE POWER MINI-GRANTS

Application  
Form Due  
4/13/2007

## To Conduct Interactive HIV Prevention Events **APPLICATION FORM**

### Applicant Information

Name of Applicant/Organizer:

Name of Organization/Institution/Affiliation:

Address:

City:

State:

Zip:

Phone:

Fax:

Email:

How did you hear about the POWER Grants?

### Proposed Event Information

Event Date and Time (start time and end time):

Event Address:

City:

State:

Zip:

### Proposed Event Information - All Questions Must Be Answered for the Application to be Complete

What is the name of your event? What is the theme of your event?

Who is the event for? What HIV risks do they have? (Priority: Adult Men and Women with Specific Risks for HIV infection)

How many people are you planning for?

What is the purpose of your event? What would your group come away with from attending your event? What is the timeline of activities or agenda your event? Describe group activities that explore HIV/AIDS complacency and barriers and solutions to prevention.

What are you doing to promote and attract people to your event?

Who is helping you with the logistics of preparing, promoting, purchasing supplies, and conducting the event?  
What other organization will you partner with?

What steps are you taking to insure the success of your event?

If you need more room to write your responses to the questions above, please do so on a separate piece of paper and attached it to this application.

# THE **POWER** PROJECT – RAISING HIV/AIDS AWARENESS **YOUR WAY**

Proposed Event Budget	
<u>Categories (please mark NA if not applicable to your event)</u>	<u>Cost by Category</u>
Supplies/Copies (list name of items by unit cost, quantity, and total cost)	
Education and Prevention Materials (list name of items by unit cost, quantity, and total cost) *CAC education materials are free of charge to grantees.	
Food/Refreshments (list name of items by unit cost, quantity, and total cost)	
Other Costs (list name of items by unit cost, quantity, and total cost; salaries are not allowable)	
<b>TOTAL BUDGET REQUEST</b> <i>(Total amount not to exceed \$1,000)</i>	<b>\$</b>

\*Select materials from the California AIDS Clearinghouse (CAC) free of charge for grantees. CAC is on the Internet at <http://www.hivinfo.org/>.

Applicant Signature/Name/Date		
If your application is successful, you must attend an orientation to accept the award.		
<i>Applicant Signature</i>	<i>Applicant Name</i>	<i>Date</i>

SUBMISSION AND CONTACT INFORMATION	
<b>Submit application to:</b> POWER GRANT/AIDS Program (by mail or fax or email) 597 Center Avenue, Suite 200 Martinez, CA 94553 Fax: (925) 313-6798	<b>For more information or have questions call:</b> Carmen Beyer (925) 313-6783 Email: cbeyer@hsd.cccounty.us
-INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED-	