

**AIDS Project Snohomish County
Grant Application Form**

Choose one category that best fits the project for which you are requesting APSC grant funding:

HIV/AIDS Prevention HIV/AIDS Support Services HIV/AIDS Treatment

ORGANIZATIONAL INFORMATION

Name of Organization: _____
Address: _____ City: _____ State: _____ Zip: _____
Contact Name: _____ Title: _____
Email: _____ Telephone: _____ Fax: _____
Website: _____ Tax ID # _____
Organization Mission:

PROJECT INFORMATION

Project Name: _____
Total Project Budget: _____ Request Amount: _____ Project Timeline: _____
Number of people served by project annually: _____
Project cost per all persons served: _____
Project Service area (geographic): _____
Have you previously received a grant from APSC: __Yes __No
If yes: year & amount: _____

PLEASE SUBMIT ONE ADDITIONAL PAGE THAT INCLUDES THE FOLLOWING INFORMATION:

- A brief description of your project (100 words or less) including target population, project goals, expected benefits, and what the money will be used for (*this description will be copied exactly for the grant committee summary*).
- Specific community need that project meets.
- Other organizations participating in this project.
- How you plan to manage this project to avoid duplication of services.
- How will you evaluate whether or not this program has been successful?

I certify that the above information is correct and that I am authorized by the Board of Directors and/or the Executive Director of this organization to submit this grant application.

Signature

Print Name

Date

Enclosed:

___ APSC Grant Application Form

___ One additional page of information

___ Project budget, including fiscal year revenue, expenses and actual revenue and expenses to date

Send grant application materials to:

By email: aidsprojectsnoco@gmail.com

By mail:

APSC

3616 Colby Avenue PMB 301 Everett WA

98201