AIDS PROJECT SNOHOMISH COUNTY
Grant Application

Choose one category that best fits the project for which you are requesting APSC grant funding:
❒HIV/AIDS Prevention ❒ HIV/AIDS Supportive Services ❒ HIV/AIDS Treatment

ORGANIZATIONAL INFORMATION

Name of Organization:_____ Date: _____

Address:_____ City:_____ State:____ Zip:_____

Contact Name:_____ Title:_____

Email:_____ Telephone:_____ Fax:_____

Website: _____ Tax ID # _____

Mission of organization: _____

_____

_____

PROJECT INFORMATION

Project Name:_____

Total Project Budget:_____ Amount of this Request:_____ Project Timeline:_____

Number of people served by project annually:_____ Project cost per person 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 will this project be managed 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 of this organization to submit this grant application.
(Application must be signed by the President or Executive Director)

_____	_____	_____	_____
Signature	Print Name	Title	Date

Enclosed:

❒ This APSC Grant Application Form and the one additional page.
❒ Project budget, including fiscal year revenue and expenses, and actual revenue and expenses to date.

Send grant application to: APSC, 3616 Colby Avenue PMB 301, Everett WA 98201