



## EHE Community Engagement Application

Application due date: January 29th, 2021, by 11:59 PM

Please fill in the following fields, \* denotes a required field. Please email your completed application to [healthcouncil@healthcouncil.org](mailto:healthcouncil@healthcouncil.org) along with the required documents listed at the end of the application. Include subject line "EHE Community Engagement Application" in your email.

### Organizational Profile

*Organization Information*

*Organization Executive Director or President*

Name\*

Name\*

Address Line 1\*

Email Address\*

Address Line 2

Phone Number\*

City\*

*Contact Person for Application (if different from CEO)*

Zipcode\*

Title

Phone Number\*

Name\*

FEIN/TIN#\*

Email Address\*

Website

Phone Number\*

Please tell us about your organization. This could include the mission statement of your organization, or a brief summary of your organization's goals and values.\* (200-word limit)

## **Project Proposal**

Please select the funding level you are applying for (you may only select one option):\*

**Level 1: \$10,000 - \$49,999**

*Education and outreach*

**Level 2: \$50,000 - \$99,999**

*Level 1 activities + referrals to prevention and essential support services, social media, and marketing*

**Level 3: \$100,000 - \$150,000**

*Level 2 Activities + HIV testing and linkage to care*

**Level 4: \$125,000 - \$175,000**

*Level 3 Activities + PrEP*

The proposed program for funding is:\*

**New program**

*Funding will be used to create a new program*

**Expansion of a current program**

*Funding will be used to increase capacity and/or implement new services of current program*

**Continuation of a current program**

*Funding will be used to keep an existing program, which would otherwise be discontinued*

Project Title\*

### Statement of Need\*

*Please define the statement of need regarding your community and proposed project. Your statement should include a description of your target population and answer the following questions: What is going on in your community? Who do you intend to serve? Why is this project necessary in your target area/population? How will your project meet the needs of the community? How does your project align with EHE strategies and activities? (750-word limit)*

### Target Areas\*

*Identify the specific geographic area(s) your proposed project will serve. List either by county, city(ies), or neighborhoods. (100-word limit)*

### Qualifications\*

*Please explain your experience working with the target population proposed in your project. (300-word limit)*

Project Overview\* (1,500-word limit)

*Summarize your organization's project by providing an overview to address the following:*

- Identify name and title of key personnel working with the initiative.*
- Include activities, timeline and deliverables of the funded initiative.*
- How does the project further your organizational mission?*
- What resources is the organization itself committing to the project?*

Program Reach\*

*How many people is your organization projecting to reach/help with your project? Please provide an explanation as to how you arrived at this estimate. (300-word limit)*

Project Evaluation Plan\*

*How will you measure success for your project? (500-word limit)*

Proposed Collaborations and/or Partnerships

*If your proposed project involves any collaborations or partnerships with other organizations, please provide the names of the collaborators/partners and their roles and responsibilities. Please upload a current confirmed Letter(s) of Support or Letter(s) of Agreement for the collaboration(s)/partnership(s) in the "Upload Documents" section. (300-word limit)*

It is required to submit the following completed documents with your application. The templates of the documents can be found in the associated ZIP file which was sent out with this application. You can also request the template files by sending an email to [healthcouncil@healthcouncil.org](mailto:healthcouncil@healthcouncil.org), or accessing the files in the application portal at <https://portal.ehemiami.org>.

Required Documents:

- *Project Timeline*
- *Budget*
- *Budget Narrative*
- *Nonprofit Status (IRS Letter)*
- *Financial statement or audit (alternative organization budget)*

If you filled out the "Proposed Collaborations and/or Partnerships" question on the previous page, please also submit any Letters of Support or Letters of Agreement (maximum 5).

To submit the completed PDF application, please send the application along with the required documents in an email to [healthcouncil@healthcouncil.org](mailto:healthcouncil@healthcouncil.org) with the subject line (EHE Community Engagement Application).