

**COVID-19 Equity Grant Application**

**Organization Information**

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| Organization Name:  |
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| Organization Primary Address:  |
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| Additional Location Addresses (if applicable):  |
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| Organization Phone Number:  |
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| Primary Grant Contact Name:  |
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| Primary Grant Contact Email:  |
|  |
| Primary Grant Contact Phone Number:  |
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| Organization Website (if applicable):  |
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| Organization Classification:  |
|  Non-Profit Organization Government Organization Faith-Based Organization School Organization Other:  |

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| Provide a brief high level description of the mission of your organization, the population you serve and any experience related to community health, education and outreach that your organization engages in. Please specify if any work has been related to COVID-19, and in particular, the mental health issues as a result of the pandemic. |
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| List the geographic areas of focus of your organization and your organization’s history working within the health district’s service area of Virginia Beach. If able, specify by neighborhood or zip code. |
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**Project/Program Information**

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| Your Project/program title: |
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| Your projected grant funding request amount: (Min: $1,000 – Max: $2,500) |
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| Briefly describe the organizations alignment with the goal of this project (200-character max):  |
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| What priority population(s) will be primarily served by the project:  |
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| Explain if this project/program is an extension of current projects you’re managing. If so, please describe how they will intersect.  |
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| What outcomes are anticipated from this project? Please include the anticipated number of individuals to be reached and how your organization plans to reach and engage this group to participate. |
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| Detail your anticipated timeline for this project/program:  |
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| Describe your organizational capacity to meet the needs of this program/project:  |
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| Grant Template: Complete the following budget table as it related to you proposed grant request for VBDPH consideration. Please download and complete the budget template and upload/attach your complete document to the application.  |
| Budget Line Items | **Cost** | **Total** |
| Personnel Costs | $ | $ |
| Supplies | $ | $ |
| Equipment | $ | $ |
| Travel | $ | $ |
| Rental Fees | $ | $ |
| Other  | $ | $ |
| TOTAL | **$** | **$** |

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| Please describe and justify your project/program budget:  |
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I, as a representative of my organization, have reviewed the request for the proposal and the answers to this application and have answered each question to the best of my ability and agree that the above information herein is true and correct. I accept the requirements and expectations should the application be approved for a grant.

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| Printed Name:  |
|  |
| Signature:  |
|  |
| Date: |
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