

# THE POWER PROJECT

## RAISING AWARENESS ABOUT HIV/AIDS YOUR WAY

### Applicant Information

Name:		
Name of Institution/Affiliation:		
Address:		
City:	State:	Zip:
Phone:	Fax:	Email:
How did you hear about this project?		

### Proposed Event Information

Proposed Event Date and Time:		
Proposed Event Address:		
City:	State:	Zip:

### Proposed Event Information

What is the name of your event? What is the theme of your event?	
What are you doing (activities) in your event to raise awareness about HIV/AIDS and the importance of HIV testing?	
Who do you want to reach primarily? Why?	How many people do you want to reach?
How are you promoting your event?	Whom and/or what institutions are you collaborating with?
Who is helping you with the logistics of preparing, promoting, purchasing supplies, and carrying out the event?	
How would you ensure that your event is carried out as planned?	
What kind of help or support from Public Health would you need?	
Would you be interested in having HIV testing at your event?	

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<b>Proposed Event Budget</b>	
<b>Categories:</b>	<b>Total (\$) by Category:</b>
Supplies/Copying/Printing (list name of items by unit cost, quantity, and total cost)	
Food/Refreshments (list name of items by unit cost, quantity, and total cost)	
Education Materials (list name of items by unit cost, quantity, and total cost) *CAC materials free of charge to grantees	
Other Costs (list name of items by unit cost, quantity, and total cost)	
<b>TOTAL BUDGET REQUEST</b> (Totals from All Categories)	<b>\$</b>

\*Select materials from the California AIDS Clearinghouse/CAC Materials Collection & Guide 2005 free of charge. This guide can be found on the Internet at <http://www.hivinfo.org/> or call project staff for assistance at (925) 313-6775.

## **Applicant Signature/Name/Date**

If your application is successful, you must attend an orientation agreeing to terms of the award.

\_\_\_\_\_  
*Applicant Signature*

\_\_\_\_\_  
*Applicant Name*

\_\_\_\_\_  
*Date*

## **THE POWER PROJECT/MG CONTACT INFORMATION**

Send application to: POWER PROJECT MG/AIDS Program  
597 Center Avenue, Suite 200  
Martinez, CA 94553  
or  
Fax: (925) 313-6798

For more information or questions please call:  
Rhonda Choi (925) 313-6775  
or  
Email: [rchoi@hsd.co.contra-costa.ca.us](mailto:rchoi@hsd.co.contra-costa.ca.us)

