

THE **POWER** PROJECT – RAISING HIV/AIDS AWARENESS **YOUR WAY**

Proposed Event Budget	
<u>Categories (please mark NA if not applicable to your event)</u>	<u>Cost by Category</u>
Supplies/Copies (list name of items by unit cost, quantity, and total cost)	
Education and Prevention Materials (list name of items by unit cost, quantity, and total cost) *CAC education materials are free of charge to grantees.	
Food/Refreshments (list name of items by unit cost, quantity, and total cost)	
Other Costs (list name of items by unit cost, quantity, and total cost; salaries are not allowable)	
TOTAL BUDGET REQUEST <i>(Total amount not to exceed \$1,000)</i>	\$

*Select materials from the California AIDS Clearinghouse (CAC) free of charge for grantees. CAC is on the Internet at <http://www.hivinfo.org/>.

Applicant Signature/Name/Date		
If your application is successful, you must attend an orientation to accept the award.		
<i>Applicant Signature</i>	<i>Applicant Name</i>	<i>Date</i>

SUBMISSION AND CONTACT INFORMATION	
Submit application to: POWER GRANT/AIDS Program (by mail or fax or email) 597 Center Avenue, Suite 200 Martinez, CA 94553 Fax: (925) 313-6798	For more information or have questions call: Carmen Beyer (925) 313-6783 Email: cbeyer@hsd.cccounty.us
-INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED-	