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**Shaping a Healthy and Inclusive Future Together (SHIFT) Grant Application**

**ORGANIZATIONAL INFORMATION**

A. Organization Legal Name

B. Employer Identification Number

C. Business Street Address

D. Business City

E. Business State

F. Business Zip Code

G. Business Website

H. Applicant Name

I. Applicant Title

**1. ORGANIZATION OVERVIEW** (*10 Possible Points)*

Provide a brief description of your organization including:

* When was your organization established?
* What is your mission?
* Who do you serve and in what geographic region?
* What type of services do you currently provide?

**2. DEMOGRAPHICS & COMMUNITY REPRESENTATION** *(20 Possible Points)*

- What is the racial demographic breakdown of the area you serve?

- What is the racial demographic breakdown of your client base?

- How is your organizational leadership reflective of the people you serve?

**3. PROJECT NARRATIVE** *(20 Possible Points)*

Describe the proposed project including the following:

- What activities are being proposed?

- How with this project provide stability and/ or dignity to active drug users?

**4. PROJECT TIMELINE** *(10 Possible Points)*

Provide a project timeline, and for each key activity, please list the time period during when it will occur and what staff members are responsible for the implementation of each activity.

**5. INTENT & OBJECTIVES** *(20 Possible Points)*

State the goal of the proposed project and list 3-5 measurable objectives.

**6. PROGRAM BUDGET** *(20 Possible Points)*

Please complete the chart below and describe how your requested funds will be used to meet the objectives of this project and build sustainability for your organizational mission.

|  |  |
| --- | --- |
| **Budget Summary** | |
| **Budget Category** | **Request** |
| **Personnel:** (Please List by Title) |  |
|  |  |
|  |  |
|  |  |
| Fringe Benefits |  |
| **Other Costs:** (Please List Below) |  |
| Travel Reimbursement |  |
| Program Supplies |  |
|  |  |
|  |  |
|  |  |
| **TOTAL REQUEST** | **$0** |

**Applicant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**