



City of Chesapeake
Funding of Human Services Programs
Fiscal Year 2021-2022
Human Services Grant Application

APPLICANT INFORMATION

Agency Name	<input type="text"/>
Street Address	<input type="text"/>
City, State, Zip Code	<input type="text"/>
Contact Person and Title	<input type="text"/>
Phone Number	<input type="text"/>
E-Mail Address	<input type="text"/>

ORGANIZATION INFORMATION

Program/Project Title	<input type="text"/>
Are you registered in the System for Award Management (SAM)?	<input type="radio"/> Yes <input type="radio"/> No
Please provide proof of your Agency's registration in the System for Award Management (SAM)	
DUNS # and EIN #	<input type="text"/>

Please provide a brief description of your agency to include mission and demographics of the Chesapeake population to be served:	<input type="text"/>
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How will your agency utilize Human Service grant funds to serve Chesapeake citizens? (Not to exceed 4 lines)	<input type="text"/>
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Number of Chesapeake Residents to be served: Of those numbers, how many will be 6-22, or how many are 55+?	<input type="text"/>
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What outcomes do you hope to achieve?
(Not to exceed 4 lines)

How will those outcomes be evaluated?

Amount requested for Human Service Grant?.

Are you a previous Human Service grant recipient?

Yes

No

If yes, how much were you previously awarded?

PROJECT BUDGET SUMMARY

	<u>City of Chesapeake Funds Requested</u>	<u>Funds from Other Sources</u>	<u>Total Funds from all Sources</u>
Personnel	<div style="border: 1px solid black; height: 18px;"></div>	<div style="border: 1px solid black; height: 18px;"></div>	<div style="border: 1px solid black; height: 18px;"></div>
Contracted Services	<div style="border: 1px solid black; height: 18px;"></div>	<div style="border: 1px solid black; height: 18px;"></div>	<div style="border: 1px solid black; height: 18px;"></div>
Other Expenses	<div style="border: 1px solid black; height: 18px;"></div>	<div style="border: 1px solid black; height: 18px;"></div>	<div style="border: 1px solid black; height: 18px;"></div>
TOTAL	<div style="border: 1px solid black; height: 18px;"></div>	<div style="border: 1px solid black; height: 18px;"></div>	<div style="border: 1px solid black; height: 18px;"></div>

Name/Title and Date
(Please type)

Signature of Chief Executive Officer of Applicant Organization _____

Name/Title and Date
(Please type)

Signature of Agency/Board Chair _____

This section used only by the City of Chesapeake Human Services Grant Requests Review Committee.

[] Grant Request Approved [] Grant Request Denied (if denied complete comments)

COMMENTS

Name/Title and Date

Authorized Signature _____