



City of Chesapeake
Funding of Human Services Programs
Fiscal Year 2020-2021
Human Services Grant Application

APPLICANT INFORMATION

Agency Name

Street Address

City, State, Zip Code

Contact Person and Title

Phone Number

E-Mail Address

ORGANIZATION INFORMATION

Program/Project Title

Are you registered in the System for Award Management (SAM)? Yes No

DUNS # and EIN #

Brief Project Summary:
(Not to exceed 4 lines)

Program Goal:
(Not to exceed 4 lines)

Program Outcomes:
(Not to exceed 4 lines)

How Outcomes are to be Evaluated:
(Not to exceed 4 lines)

Number of Chesapeake Residents to be Served: Of those numbers, how many are 6-22 yrs., how many are 55+?

Amt.-Grant Request and Total Program Cost

Recent Hum .Svc. Grt. Amt. and Fiscal Year

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; width: 180px; height: 15px;"></div>	<div style="border: 1px solid black; width: 180px; height: 15px;"></div>	<div style="border: 1px solid black; width: 180px; height: 15px;"></div>
Contracted Services	<div style="border: 1px solid black; width: 180px; height: 15px;"></div>	<div style="border: 1px solid black; width: 180px; height: 15px;"></div>	<div style="border: 1px solid black; width: 180px; height: 15px;"></div>
Other Expenses	<div style="border: 1px solid black; width: 180px; height: 15px;"></div>	<div style="border: 1px solid black; width: 180px; height: 15px;"></div>	<div style="border: 1px solid black; width: 180px; height: 15px;"></div>
TOTAL	<div style="border: 1px solid black; width: 180px; height: 15px;"></div>	<div style="border: 1px solid black; width: 180px; height: 15px;"></div>	<div style="border: 1px solid black; width: 180px; height: 15px;"></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 _____