



City of Chesapeake
Funding of Human Services Programs
Fiscal Year 2019-2020
Human Services Grant Application

APPLICANT INFORMATION

Agency Name	Contact Person	
Address	Telephone No.	
City	State	Zip Code
Email address		

Program/Project Title:	Are you registered in the System for Award Management (SAM)?	Yes
		No

DUNS #:	EIN #:
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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. of Grant Request:

Total Program Cost:

Amt. of Recent Human Svcs. City Grant:

Fiscal Year:

PROJECT BUDGET SUMMARY

	City of Chesapeake <u>Funds Requested</u>	Funds from <u>Other Sources</u>	Total Funds from <u>All Sources</u>
Personnel			
Contracted Services			
Other Expenses			
TOTAL			

Name/Title

Date

(Please type)

Signature of Chief Executive Officer of Applicant Organization _____

Name/Title

Date

(Please type)

Signature of Agency/Board Chair _____

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

Grant Request Approved
 Grant Request Denied *(if denied complete comments)*

COMMENTS

Name/Title

Date

Authorized Signature _____