# COVID-19 INFECTION PREVENTION

# grant APPLICATION FORM

**Yes, my project addresses unmet needs in the prevention of infection and we have gaps in our ability to implement the project that a small grant can address.**

**Applicant Information**

Name of Applicant Organization

Click here to enter text.

Address of Applicant Organization

Click here to enter text.

Website Address

Click here to enter text.

Name of Primary Contact

Click here to enter text.

Telephone Number(s) of Primary Contact

Click here to enter text.

E-mail Address of Primary Contact

Click here to enter text.

What is the Organization’s Primary Purpose?

Click here to enter text.

**Project Information**

Project name

Click here to enter text.

Project Area (city/area/country)

Click here to enter text.

Who is your target audience/community/beneficiary?

Click here to enter text.

What are the objectives of your Project? What unmet need is your target group facing?

Click here to enter text.

How will your target community be impacted should you not be able to secure this grant (or others applied for)?

Click here to enter text.

How will you be implementing your project?

Click here to enter text.

Who else are you partnering with on the project in order to implement it (if applicable)?

Click here to enter text.

Describe how you will you be measuring impact. What can be measured within your project and what can’t be?

(Do note we recognize and accept that not all programs have easy metrics, especially given the short time-frame. We also recognize that outcomes within the target group may not all be attributed to your project.)

Click here to enter text.

Describe how you will measure success. (Monitoring and evaluation, lessons learned.)

Click here to enter text.

Describe how the project will be implemented under current COVID-19 restrictions (travel, social distancing).

Click here to enter text.

**Financial Information**

What size grant are you applying for?

Click here to enter text.

What will the funding cover?

Click here to enter text.

Describe your other sources of funding for this Project (if any)?

Click here to enter text.

Please provide at least one grant reference (name and contact information) for a previous grant you have received and implemented. Up to two grant references can be included.

Click here to enter text.

**Submissions**

Please ensure you set out clear answers to all questions asked on the form, as incomplete proposals will be rejected.

If you are unsuccessful this round of funding, do you wish your application to stay in the pool for the subsequent round?

Choose an item.

Please email your documents to grants@cmf.ca.