Women's Giving Circle Grant Application

Grant Budget Request

College or Unit Affiliation: **COEHP**

Proposal Title: Evaluation of the Get Yourself Tested program

Primary Contact Name: Dr. Heather Vinti

(Itemized summary of planned expenses for 2017 grant cycle & estimated income for the period.)

Expenses

Item	Total Proposal Budget (1)	Amount Already Funded (2)	Amount Needed	Amount Requested from WGC (3)
Personnel				*
Fringe Benefits				*
Travel				*
(e.g. airfare)				
Student Compensation				
Equipment				
Supplies / Materials	8000		8000	8000
(e.g. medical syringes)	STI testing for 200 students			
Marketing	400		400	400
(e.g. brochures)	Flyers and t-shirts to promote PWHC GYT evaluation			
In-Kind Goods/Services	Pat walker nurses and staff to conduct testing; faculty time and effort			
Other				
Total Expenses	8400		8400	8400

Funding Commitments to Date

Source	Amount Committed (2)	Open Grant Requests (Grants requested but not committed)
Subtotal	*0*	*0*
Total Income	0	

Minimum funds requested from WGC
8,400.00

*
Black boxes represent line items the WGC does not fund.

Comments: Please use this section to explain / clarify any line item.

We are not requesting any compensation for any of the personnel who will be working on this project. The nurses, doctors, and staff at PWHC will be covered through their salary for typical duties. Faculty researchers will utilize part of their dedicated research time to implement this project, and are not requesting any additional salary. Students will receive course credit (PBHL333V - research in public health) for their participation, thus we are not requesting student compensation. Student participants will receive STI testing at no cost, but are not being offered additional compensation.