Southern HIV Impact Fund

2022 Special Project’s Grant Cycle

Applicant Information & Request for Proposals

iFORWARD: Equipping Organizations in the South through Technology to End the HIV Epidemic

**Executive Summary**

In 2016, Funders Concerned About AIDS (FCAA) convened a group of funders interested in a collaboration to leverage funding impact on the HIV epidemic in the U.S. South. This pooled fund and coordinated approach brings a strategic focus on HIV care and prevention services, advocacy and movement-building, and leadership development efforts in the U.S. South. AIDS United, in partnership with FCAA and with support from Gilead Sciences, Levi Strauss Foundation, ViiV Healthcare, Janssen Pharmaceutical Companies and a generous anonymous donor have administered the Southern HIV Impact Fund support its fifth year. iFORWARD is supported by a charitable contribution from Janssen Pharmaceutical Companies of Johnson & Johnson.

**The Southern HIV Landscape: Disparities, Strength, and Resiliency**

The South has a disproportionate burden of HIV disease when compared with other regions of the U.S. In 2018, the Southern region accounted for an estimated 38 percent (one-third) of the total U.S. population.[[1]](#footnote-2) An estimated 51 percent of all new HIV diagnoses (at any stage of the disease) occurred in the South[[2]](#footnote-3) and eight of the 10 states with the highest rates of new HIV diagnoses are in the South.[[3]](#footnote-4) [[4]](#footnote-5)￼

Many Southerners living with HIV also face an array of overwhelming challenges that have been exacerbated by the COVID-19 pandemic. Social determinants such as poverty, lack of transportation, income inequality, and lack of insurance have shown to be predictive indicators for an HIV diagnosis.

Due to shortages of public and private funding and the closure of health care facilities, many individuals living in rural areas in the South do not have access to nearby HIV services.[[5]](#footnote-6) This proves to be particularly challenging for Southerners living with HIV, many of whom live in small metro and rural communities and need specialty care and social services. Inadequate insurance coverage exacerbates the problem and the absence of Medicaid expansion in most of the South has damaging effects on efforts to address health disparities in the region.[[6]](#footnote-7) Overall, the region receives insufficient resources— compared with other areas — of federal, state, and private HIV funding to redress this chronic problem.

There are also obstacles to HIV prevention in the South. The barriers to accessing HIV treatment detailed above also impact the effectiveness of preventative treatments. People living with HIV attaining undetectable viral loads through effective treatment leads to the reduction or elimination of new HIV transmission and infection. When people are not able to access HIV treatment, it is not only an unacceptable blow to personal health, but also hampers prevention efforts. To truly move Southern communities toward the end of the epidemic, Southerners must have unfettered access to both HIV care and prevention.

Understanding the challenges faced in the South is critical to developing strategies to end the epidemic. However, it is equally important to recognize the strengths and commitment that Southerners possess in creating effective, relevant programs and initiatives to address the HIV epidemic in their communities. There is a strong legacy of social justice work in the South that has long focused on racial and gender equality. Organizations working in the intersecting fields of racial and social justice, gender equality, reproductive rights and justice, LGBTQ rights, immigration, detention, and mass incarceration, among others, are well-positioned to positively impact the social determinants of health that have significant implications for people living with or at risk of HIV in the South.

When speaking of structural and social barriers, iFORWARD recognizes that technology and infrastructure are a barrier in the Southern United States, specifically rural areas. Many organizations do not have the capacity to meet the needs of people living with HIV (PLWH) through their existing technology and digital infrastructure. A recent blog post on the Funders Concerned About AIDS (FCAA) website highlights barriers that prevent the telehealth solutions adopted during the pandemic from being successful, including low patient access and a lack of trust in telehealth services. However, providers who have created patient-centered telehealth solutions see significant reductions in patient disengagement from care, and technological innovations are promising solutions for community education, peer support, and more ([Funders Concerns About AIDS, 2021](https://www.fcaaids.org/2021/04/28/lessons-learned-from-covid-continuud-uses-technology-to-eliminate-barriers-to-hiv-care-and-treatment-during-the-pandemic/)). These solutions could be particularly impactful in the South, where HIV is disproportionately concentrated in rural and suburban areas (CDC, 2019). To this end, iFORWARD aims to aid community-based organizations by providing funding for technology centered initiatives.

**Purpose**

This special project, iFORWARD, recognizes the barriers that Southern organizations face in accessing appropriate technology to carry out their services and achieve their mission. In this special grant cycle, AIDS United expects to provide a combination of cash grants and technical assistance to 8 - 10 community-based and social justice organizations and coalitions in the Deep South.

Additionally, iFORWARD’s purpose is to

1) improve access to information,

2) enhance organization's ability to communicate,

3) maintaining a sense of social and emotional support,

4) establishing and maintaining a virtual community,

5) extending organizations geographic reach, and

6) Stigma reduction

**Eligibility Requirements**

To be eligible for funding through **iFORWARD**, the applicant must meet the following criteria:

* **Geographic Location** – Applicants must have a staff member who is based in ***and*** who also provides services or focuses their work specifically in the Southern states that are impact by HIV, as defined by the Centers for Disease Control and Prevention (CDC): Alabama, Arkansas, Delaware, District of Columbia, Georgia, Florida, Kentucky, Louisiana, Maryland, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia, and West Virginia.

As part of our commitment to ending the HIV epidemic, AIDS United will prioritize outreach to organizations working in the jurisdictions established in the Phase I priority jurisdictions for Ending the HIV Epidemic. This includes the states of Alabama, Arkansas, Kentucky, Mississippi, Oklahoma, and South Carolina as well as five counties in Texas, two counties in Louisiana, one county in Tennessee, four counties in Georgia, seven counties in Florida, one country in North Carolina, and the District of Columbia.

* **Non-Profit Status** – Applicants must be non-profit, tax-exempt organizations, per the guidelines set forth by the Internal Revenue Service (IRS) with proper 501(c)(3) status. Appropriate verification of this federal status will be undertaken by AIDS United before final grant decisions are made. Organizations or coalitions that do not hold 501(c)(3) status must have a fiscal sponsor.
* **Financial Stability** – Organizations should be fiscally stable and viable before submission of the funding application. These funds are not intended to serve as a replacement for discontinued funding.
* **Operating Budget** - Only organizations with an annual operating budget of $1 million or less are eligible to apply.
* **Target Population** – The target population for this project is people living with and vulnerable to HIV in the U.S. South. Because iFORWARD recognizes that HIV outcomes are significantly impacted by poverty, racism, homophobia and transphobia, heterosexism, and misogyny, we will prioritize supporting organizations led by and working in communities who are most affected by the HIV epidemic, including Black women, Black and Hispanic/Latinx same gender loving people, and the transgender and nonconforming/nonbinary communities. Furthermore, we will fund both HIV service organizations as well as organizations with allied historical focus (e.g., syringe services, racial justice, sexual and reproductive health). Finally, Young people This project will also target youth who are living with or vulnerable to HIV.
* **Grant Period** – March 21, 2022 – November 30, 2022.
* **Reporting Status** - Current or previous grantees of any of AIDS United’s funding portfolios must be in good reporting status.
* **Program Evaluation** – Applicants must be *willing* to work towards the evaluation goals set out under the type of grant for which they apply (see “Infrastructure Support,” “Project Specific Support” and “Evaluation” below). We recognize that grantees have a range of evaluation capacities and, as such, technical assistance for meeting the evaluation goals is prioritized by need, and then prioritized to organizations that have been operating for fewer years, are smaller, and have less experience with evaluation.
* **HIPAA and Protection of Information -** All applicants will be required to provide a detailed plan on how they will protect patient information, following guidelines in the Health Insurance Portability and Accountability Act of 1996 (HIPAA). This **federal law** requires the creation of national standards to protect sensitive patient health information from being disclosed without the patient's consent or knowledge

**Grant Categories**

**iFORWARD** offers cash grant support under two categories: Infrastructure support and Project-specific support. AIDS United encourages applicants to review the two categories below carefully before determining the grant category under which they will apply. Individuals will be able to apply for funding up to $10,000.00 in a cash grant.

**Infrastructure Support**

Applicants may choose to request Infrastructure Support through this funding opportunity. Infrastructure Support provides financial resources to an organization in support of its mission and overall activities, including operating expenses and overhead, rather than providing support for specific projects or programs. Funds from this grant category do not have restrictions on how they may be used, except for the prohibited use of fund for grassroots or direct lobbying activities.

* Infrastructure Support grants will be awarded to support:
  1. The support of social media or other digital content staff
  2. Building infrastructure for Wi-Fi (Wireless Fidelity)
  3. Expansion of telehealth services, including live video conferencing, mobile health app (mHealth) or other mobile health apps, “store and forward” electronic transmission, remote patient observations and teletherapy, telemedicine, and telepharmacy.
  4. Subscriptions to Zoom or other teleconferencing platforms
  5. Purchase of infrastructure building tools, such as hotspots

**Project-Specific Support**

Applicants may choose to request project-specific support through this funding opportunity. Project-specific support is intended to provide cash grant funds for a distinct project with clear goals, objectives, activities, and measurable outcomes.

* Project-Specific grants will be awarded to support:
  1. Digital campaigns that promote linkage to care and/or treatment as prevention
  2. Digital campaigns that address barriers to care
  3. Digital campaigns and/or hybrid events addressing social and structural determinants of health
  4. Creation of digital health literacy materials
  5. Digital and hybrid advocacy events
  6. Digital and hybrid workshops/events with high-impact populations

**Alignment with Core Values**

All funded projects and organizations must be aligned with the following core values.

**Social Justice & Intersectionality**

“*There is no such thing as a single-issue struggle because we do not live single-issue lives.*” This quote by writer, feminist, and civil rights activist Audre Lorde perfectly describes the way AIDS United approaches its grantmaking in this current political and cultural landscape. It is important to look holistically at the experiences of people living with and affected by HIV and not solely at their health status. The HIV movement has been historically siloed; however, to end the epidemic it is necessary to work in coalition with diverse sectors, including social justice movements, to affect real change for people living with and affected by HIV.

Through the **iFORWARD**, AIDS United continues its focus on the application of an intersectional social justice approach to HIV. Intersectionality is a framework for understanding how interrelated systems of oppression support discrimination among people who share overlapping social identities. For example, a person living with HIV may face racism and homophobia, in addition to HIV stigma, all of which may present barriers to that individual’s access to care and their achievement of optimal health. Systemically, all must be addressed if we are to see an end to HIV in the United States. Core human rights values of dignity, equity, and wellness extend across racial justice, poverty alleviation, criminal justice reform, affordable housing, and related movements.

Systems change often begins with grassroots organizing at the local level in support of critical issues that directly impact the health and wellness of the community. Through engagement with the broader social justice movement, grantees under this initiative will go beyond traditional HIV advocacy, prevention, and care by addressing HIV-related disparities where they meet: at the intersection of public health and social justice. For example, case managers that work regularly with housing, job training, and food security organizations take an intersectional approach in meeting the critical needs of individual clients beyond HIV care and treatment. Organizations that reach the communities that can be the most advantaged by access to prevention tools like PrEP may choose to work with community clinicians to integrate PrEP awareness with existing care and service provision. Increasing prevention efforts and accessing diverse community entry points for disseminating sexual and reproductive health information and resources must happen beyond only traditional HIV providers.

Additional Resources:

* [We the People Report](https://blackaids.org/we-the-people/) (Black AIDS Institute, 2020)
* [A Declaration of Liberation: Building a Racially Just and Strategic Domestic HIV Movement](https://hivracialjustice.wixsite.com/framework) (HIV Racial Justice Now, 2017)

**Meaningful Involvement of People Living with HIV (MIPA)**

Those organizations that can explain how meaningful involvement of people living with HIV/AIDS (MIPA) is reflected in the organization’s culture, hiring practices, leadership development, and project design will be the most competitive. The expertise of people most affected by the HIV epidemic must be connected to and help inform grantees’ work.

**What is MIPA?**

MIPA is the meaningful involvement of people living with HIV in the development, implementation, resolution, and evaluation of programs and policies that impact their lives.

MIPA asserts that:

* People living with HIV are subject matter experts in the issues that they face and have the right to participate in decision-making processes about issues that affect their lives;
* Those most affected by issues are integral to identifying sustainable solutions to address them;
* People living with HIV who are involved must be reflective of the local community affected by HIV; and
* Efforts to ensure meaningful involvement should emphasize populations often ignored or excluded from decision-making.

**MIPA also asserts** that all people living with HIV cannot be represented by a single person and that perspectives are not race- and gender-neutral. Because disclosure of HIV status can be dangerous, MIPA does not require disclosure of HIV status for participation. MIPA is more than tokenistic representation and participation.

**True meaningful involvement requires that** people living with HIV understand their role at the table, have a decision-making voice (including the capacity to say no without repercussions), and are resourced appropriately to participate. Efforts should be made to ensure that all people living with HIV affected by a decision can participate in making that decision, including addressing accessibility concerns. Thus, MIPA builds in the processes necessary for effective and productive coalitions of people living with HIV.

For more information on what this means to AIDS United, please view the MIPA webinar [here](https://aidsunited.org/meaningful-involvement-of-people-with-hiv-aids-mipa-2/).

**Evaluation**

AIDS United will retain an evaluation partner to evaluate the performance of this program. In addition to reporting the number of unduplicated beneficiaries (Infrastructure Support) and the number of unduplicated beneficiaries within each category of work (Project Support), grantees will also be asked to collect demographic information (age, race/ethnicity, gender identity, HIV status, and sexual orientation) on each beneficiary, and social media reach and engagement metrics. You may apply for an exemption to collect sensitive information in up to two of these categories if you can provide a reasonable justification about why you cannot collect it, for example, if the information is so sensitive that your beneficiaries would avoid services to avoid providing it. Organizations that cannot collect such data are encouraged to request technical assistance in putting in place systems that will support data collection in their application. Funding will be directed towards organizations that will make sincere and efforts to collect and report data on beneficiaries and report honestly on findings; the actual number of beneficiaries and activities is much less important than the effort to learn.

It is not a requirement that you be able to complete a rigorous evaluation with exact numbers and you will **not** be penalized if you indicate a lower capacity for evaluative activities. We want to be able to offer as much support as possible if you have concerns about completing evaluation-related questions.

**Professional Development & Technical Assistance**

A representative from each awarded organization will receive professional development through six online focused sessions that will provide a dive deep into specific topics facilitated by advanced practitioners in the field. Courses include sessions of digital inclusion, data management, and digital literacy and accessibility. Each course includes pre-readings, a 90 minute live online training, and homework. In total, organization representatives will receive 18 hours of professional development.

Each organization, based on their proposal, will be assigned a Tech Coach in one of the following three areas:

1) digital campaigns and digital health literacy,

2) Telemedicine and Telehealth and

3) Infrastructure, Marketing and Communications

Tech Coaches will be assigned based on project needs and outcomes. Each organization will receive one hour of TA to meet with their Tech Coach during the grant cycle. Additional hours may be assigned based on availability and need.

***Each section below will be weighted for the grant review process. You will find the weighted amount next to each section.***

#### Applicant Questionnaire (40 points)

***About the Organization & Grant Request***

1. About the Organization

* Name
* EIN
* Year organization was founded
* The main population of focus at the time it was founded (New applicants only)
  + How many years has the organization done HIV work? (New applicants only)
* Was the applicant organization funded by AIDS United's Southern Fund as part of the 2021-2022 Southern HIV Impact Fund cohort?
  + Yes
  + No
* Are you or any member of your organization a member of AIDS United’s Board of Trustees or Public Policy Council (PPC)?
  + Yes, please provide name
  + No
  + If Yes, do you attest that this person will recuse themselves from any financial decisions associated with this funding?
    - Yes
    - No
* Are you currently funded by any COMPASS Coordinating Center (i.e., EMORY University Public, Southern AIDS Coalition, University of Houston, and/or Wake Forest School of Divinity)?

\_\_\_ Yes

\_\_\_No

* If yes, is this grant a continuation of your work from a 2018-2021 Compass award or is it a new program or service that was not funded under the 2018-2019 grant? *Please rate this on a scale of 1 to 5 (1 = being completely new; 5 = being completely a continuation)*
* Organizations often receive funding from different funding sources. Please indicate how many of each funding category prosvides financial resources to your organization.
  + Public or Private Foundation
  + Federal Government
  + State Government
  + Local Government

1. Is the application for Infrastructure support grant or project specific?

\_\_Infrastructure Support

\_\_Project Specific Support

3.    Based on the category of work you selected in the previous question, which of these describes the project(s) for which you are applying for funding? You may choose as many as apply and you may choose “other” and fill in your activities. *Please note that the application portal will automatically offer which of the following options you may choose based upon your selection.*

|  |  |
| --- | --- |
| **Project Specific Grants**   * Digital campaigns that promote linkage to care and/or treatment as prevention * Digital campaigns and/or hybrid events addressing social and structural determinants of health * Creation of digital health literacy materials * Digital and hybrid workshops/events with high-impact populations | **Infrastructure Support**   * Support for social media or content creation staff * Building infrastructure for Wireless Fidelity (Wi-Fi) * Expansion of telehealth services, including live video conferencing, mobile health app (mHealth), “store and forward” electronic transmission, remote patient observations and teletherapy, telemedicine, and telepharmacy. * Subscriptions to Zoom or other tele-conferencing platforms * Purchase of infrastructure building tools, such as hotspots |
|  |  |

4. Amount Requested? (select one)

\_\_\_\_ $1,000.00

\_\_\_\_$3,000.00

\_\_\_\_$5,000.00

\_\_\_\_$7,000.00

\_\_\_\_$10,000.00

***Who will you serve for this grant?***

1. How will you define and distinguish "direct beneficiaries" for the support provided by this grant? (300 words)

Please be as specific as possible, remembering that project grantees must document at least one service to include beneficiaries in the reported totals. Some previous examples have included "Anyone who receives onsite services and completes an intake" or "Anyone who attends one of our training." Some Infrastructure Support definitions might include "Anyone considered an active member, which is defined by us as someone who either volunteers for us or attends at least one event"

*Please note that the application portal will automatically offer the following options depending upon your prior selection under (2) above:*

Total Number of Beneficiaries: Infrastructure Support

Total Number of Beneficiaries: Project Specific Support

1. In reviewing the *Ending the HIV Epidemic in the U.S.* Plan, which key strategy does your project align with? You can find the Ending the HIV Epidemic in the U.S. plan [here](https://www.cdc.gov/endhiv/index.html).

\_\_ **Diagnose** all people with HIV as early as possible.

\_\_**Treat** people with HIV rapidly and effectively to reach sustained viral suppression.

\_\_**Prevent** new HIV transmissions by using proven interventions, including pre-exposure (PrEP) and syringe services programs (SSPs).

\_\_**Respond** quickly to potential HIV outbreaks to get needed prevention and treatment services to people who need them.

1. In reviewing the National HIV/AIDS Strategy for the United States 2022 – 2025, which goal does your project align with? You can find the National HIV/AIDS Strategy for the United States 2022 – 2055 [here.](https://www.hiv.gov/federal-response/national-hiv-aids-strategy/national-hiv-aids-strategy-2022-2025)

\_\_Goal 1: Prevent New HIV Infections

\_\_Goal 2: Improve HIV-Related Health Outcomes of People with HIV

\_\_Goal 3: Reduce HIV-Related Disparities and Health Inequities

\_\_Goal 4: Achieve Integrated, Coordinated Efforts That Address the HIV Epidemic among All Partners and Interested Parties

***Partnership and Meaningful Input***

* + - 1. If you are creating partnerships, please provide the number of new partnerships, the name of partner organizations; the number of existing, expanded partnerships; and the names of these organizations
      2. Meaningful involvement of affected communities is a requirement of this grant. This section will ask how you plan to conduct meaningful involvement and give those selected for funding the opportunity to request assistance in learning new techniques. The following are methods of meaningful input. Please select all that you intend to use under this grant:

\_\_Focus groups with members of affected communities

\_\_Surveys of members of affected communities

\_\_Larger input sessions, such as town halls

\_\_We would like meaningfully involve communities but are not sure which method is appropriate or how to do it (see next section on TA needs)

\_\_Some other method of meaningful involvement. Please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Evaluation Capabilities & Technical Assistance Needs***

1. This section is about how you currently collect data about your clients (e.g., demographic information). If you have multiple systems, please enter information only for the ones that would be relevant if you were awarded this grant.

Please select all that apply to you:

\_\_Our beneficiaries (clients, members, constituents) fill out demographic information on paper

\_\_Our beneficiaries (clients, members, constituents) fill out demographic information online, on a mobile device or on a computer

\_\_Someone in our program enters demographic data into a database or spreadsheet from a paper form

\_\_We store beneficiary demographic information in a spreadsheet (such as Excel)

\_\_We store beneficiary demographic information in a database or use an online tool to store data

\_\_We can generate reports summarizing the demographics of beneficiaries

\_\_Project only: We can generate reports summarizing the services or programs we provide (activities)

\_\_None of these is applicable to us

1. How will you collect data virtually?
2. Do you intend to seek an exemption from collecting any of the following data: demographics (age, race/ethnicity, gender identity, sexual orientation, HIV status) (all applicants) or activities (project grantees)?

1. Given what you know about the evaluation requirements for this grant, if you are selected to receive funding, do you anticipate needing any technical assistance for it?

\_\_We could use assistance choosing software or hardware that will help in data collection, storage, or analysis.

\_\_We have quantitative data but cannot enter it.

\_\_We have quantitative data entered, but we cannot analyze it in the way you describe.

\_\_We have quantitative data, but we cannot get access to it because it is kept in a proprietary database or web portal.

\_\_Staff need to learn more about evaluation as a concept so that they participate more enthusiastically.

\_\_Staff need training in skills related to evaluation, such as data management or questionnaire administration.

1. Are there any other areas of technical assistance you anticipate needing? Please answer for all areas, not just those that include evaluation and input gathering. This information will help us to plan effective convenings and capacity building in other areas of technical assistance as well as evaluation.

#### Proposal Narrative (50 points)

When developing your application, please note that grant reviewers may not be familiar with any of your organizations. Therefore, be sure to fully describe the proposed activities and strategies as well as previous relevant experience in a way that will help people who may be unfamiliar with your organization understand work-to-date and what your proposed work will entail. Each section will be weighted for the grant review process. You will find the weighted amount next to each section.

Proposal Page Limits and Guidelines:

* Please refer to the word limits specified for each question.
* Letters of commitment, budget documents, and other attachments are **not** included in these length requirements.

***Budget Information***

1. 2021 organizational budget
   * Please provide the amount of the organization’s total budget for 2021.
2. What percentage of your overall budget would this grant represent?

***Purpose & Context***

1. Please provide a summary of no more than two sentences describing the purpose of the grant.
2. Please state the need you are trying to address and how you will meet this need. (500-750 words)
3. General Reach
   1. What are the primary geographic areas to be served under this grant (urban, suburban, rural, reservation-based)?
   2. What best describes the reach of your work?
      * Local, State, Regional, or National
      * If Local, please specify the city/town
   3. Please indicate which of the following demographics your proposal is mainly designed to reach through this project. Check all that apply:
      * Black/African American; young people; women of trans experience; men of trans experience; men who have sex with men (MSM); Latino/a; People Living with HIV or AIDS (PLWHA); sex workers; people who use drugs (PWUD); system impacted individuals (i.e. jail, prison); LGBTQ; Immigrant populations; cis men; cis women; other (specify)
   4. Please describe the priority population(s) served by this project. Why is your organization best suited to reach your priority population(s)? Please highlight and describe your organization’s background and/or commitment to serving your proposal’s focused demographic. (500 words max)
4. Understanding the HIV epidemic in the region
   1. Please describe the local HIV epidemic and how it intersects with other key social and/or racial justice issues. (250-500 words)
   2. Please describe the role your organization plays regarding the intersection between HIV and other key social/racial justice issues. If your organization does not have a history of intersectional work, please describe how you plan to integrate a more intersectional approach to addressing HIV in your community. (250-500 words)
   3. This grant acknowledges the gap between those who have access and those that not, this is often described as a “digital divide”.  Please describe the “digital divide” in your community (250-500 words)
5. Briefly describe your organization’s core activities. Include information on the programs your organization supports, populations served, and your role in the current HIV and justice movements. (250-500 words)
6. Please describe any major changes your organization has undergone in the past year (i.e., in response to the COVID-19 pandemic, leadership or staff changes, project changes, etc.). (250-500 words)

***For Project-Specific Requests***

1. Name of Project
2. About the Project
   1. Please describe the project’s overall strategy. (500-1000 words)
   2. Using the [template provided](https://aidsunited.org/wp-content/uploads/2022/01/Implementation-Plan-Template-iFORWARD-2022.docx), Please provide the project’s SMART (**S**pecific, **M**easurable, **A**chievable, **R**elevant, and **T**ime-based) goals, outline the objectives and the processes you will administer to obtain them. In your narrative, reference the activity category(ies) you selected in the “Applicant Questionnaire” section listing all objectives and associated activities. **Other implementation plan formats will not be accepted.** You will find in the template that an example has been provided for you. Note: each goal must have its own chart. Therefore, adding additional pages is allowable.
   3. Please describe the opportunities to implement the project. Are there things happening politically or socially in your local community that might provide opportunities for success? (250-500 words)
   4. Please describe the challenges to implementing the project. What resources are necessary to address them? (250-500 words)
   5. Please describe how the proposed project will be staffed and/or managed. (250-500 words)

***For Infrastructure Support Requests***

Organizations applying for funding to support infrastructure costs will need to demonstrate an understanding and history of intersecting HIV and social, racial, and/or gender justice work. For organizations without a clear and demonstrable history of that intersectional work, we recommend applying for project-specific funding.

1. Please describe your organization’s overall strategy and goals. How will the strategy and goals improve the lives of people living with and affected by HIV in the community(ies) the organization serves? (500 words)
2. Please describe how your work will lead to the expected long-term outcomes for each focus area under which you are applying. (500 words)
3. Please describe the benchmarks that will determine success. (500 words)
4. Please describe challenges to meeting your organization’s identified goals and benchmarks for success. What resources are necessary to address them? (500 words)

***Conclusion***

* 1. Sustainability and Growth
     1. Please describe how your organization plans to sustain the proposed project beyond this iFORWARD funding (500 words max)
  2. Partnerships *(Please note that partnerships are optional)*
     1. Will you work with a partner organization(s) on this project?
        + Yes or No
     2. Using the list below, please indicate the type of organization/affiliates you will partner with:
        + Clinics or health care providers; Community based organization; Government; Private Clinic; Academic Setting; Advocacy-Based Organization; Faith-Based Organization; Other Direct Service Organization; Other (specify)
     3. Describe the roles and responsibilities of each partner, and how collaboration will be coordinated and managed. Please provide a letter of support from each of your collaborative partners for this proposal by uploading it to the attachments section of the applicant portal. (250 words)
  3. Please provide information on your current evaluation process. If you have a logic model or theory of change for your project, please upload it to the Application Attachments section (5) of the portal *(Please note that this is optional)*. (500 words max)
     1. How will the evaluation of your program be conducted?
     2. Who will you collect information from?
     3. What methods will be used to collect information about project progress and outcomes?
     4. How frequently will you collect data?
     5. If you do not have an existing evaluation structure, please specify why.
  4. Please include here any other relevant information not covered in the other sections or in the attachments of this proposal. (optional) (300 words)

**Award Information and Timeline**

Applications for grants will be reviewed by an external review committee**.** The grantmaking timeline is outlined below.

***Timeline***

January 24, 2022 Submission portal is open

February 4, 2022 RFP Technical Assistance Webinar, 3:00 pm EST ([Register here.](https://zoom.us/meeting/register/tJ0vcu2pqz8vHdwIu66fYoYVN_n_oopKp4qR))

February 17, 2022 Complete applications ***due by 5:00pm ET***

 March 21, 2022 Grant period begins

April 26 & 28 2022 Virtual Grantee Convening

July 31, 2022 Interim grantee progress reports due

November 30, 2022 Grant period ends

Janaury 15, 2023 Final grantee progress reports due

***Eligible******Expenses***

Grant funds may be used for the following:

* Direct personnel expenses or consultant costs to implement the proposed project.
* The purchase of technological need, and
* Indirect expenses related to the proposed project activities **(up to 20% of project-specific direct expenses)**.

***Prohibited Use of Funds***

Grant funds may **not** be used for:

**X** Direct or grassroots lobbying (please see *Explanation of Lobbying* on page 16 for a

complete description);

**X** Medications or medical care;

**X** Facility acquisition or renovation;

**X** Deficit reduction or debt payment;

**X** Displacement of existing funding sources; and

**X** Indirect expenses outside of the percentage noted in your budget.

***Respectability in Digital Marketing Expectation***

Digital campaigns under this initiative are prohibited from using explicit and/or profane language, nudity, sexual acts, or any imagery or language that may be deemed inappropriate by Tech Coaches and/or AIDS United staff. AIDS United and iFORWARD staff retains the right to review and/or approve digital marketing campaigns prior to public release.

***Lobbying and Budget Requirements***

Funds under this initiative may **not** be used for lobbying activities. Where an applicant intends to avoid lobbying activity entirely (as, for example, by having program activities fall under one or more of the exceptions noted in the *Explanation of Lobbying* section), it is not necessary to split the budget between lobbying and non-lobbying activities. However, in some cases, applicants may choose to engage in lobbying activities in order to move policy forward. In this instance, applicants must demonstrate that financial resources outside of this initiative are sufficient to support permissible lobbying activities. We strongly recommend applicants review *Explanation of Lobbying* on page 20.

Applicants must describe the following requirements in the budget template:

* A breakdown of lobbying and non-lobbying activities;
* Representation that funds from this initiative will not exceed the non-lobbying amount; and
* Explanation that funding outside of **iFORWARD** are sufficient to support lobbying activities.

*Please refer to page 16 for an explanation of lobbying activities and additional clarification on what constitutes lobbying costs.*

*Those applicants requesting infrastructure support must note in the narrative that grant funds will not be used for lobbying purposes.*

***Selection Process***

All applications will be reviewed by an external committee of subject matter experts. The reviewers’ task is to evaluate the merit of each proposal using several criteria, including the goals outlined in this RFP, and make recommendations on whether to fund applicants’ proposals.

#### Attachments (10 points)

1. Budget

* Please use the budget template included with the RFP documents.The template is downloadable from the Application Attachments section of the online portal and can be found [here](https://aidsunited.org/wp-content/uploads/2022/01/Application-Project-Budget-Template-iFORWARD-2022.xlsx). **Other budget formats will not be accepted.** Please refer to the instructions tab of the budget workbook to complete the template.
* Clearly describe project expenses including justification for each line item. Please refer to the eligible expenses outlined on page 16.
* If applicable, lobbying activities should be described using the split budget as outlined in the **Lobbying & Budget Requirements** section above.
* If applicable, please indicate other funding sources—secured or pending—in support of this project.
* ***Note:*** Due to this being a mini-grant, no indirect cost are required in your budget.

1. Annual Operating Budget: Please provide the current annual operating budget, including expenses and income.
2. Organizational chart: Please show all staff positions within the organization on one page.
3. Audit: Please attach your most recent independent audit, including all auditor’s notes. If your organization does not have an audit, submit your 2020 IRS Form 990.If neither document is available, a letter of explanation is required.
4. List of Board of Directors: Please attach your most recent list of Board of Directors with their professional or community affiliations. If your organization does not have a Board of Directors, please send your fiscal sponsor’s Board information. If neither is available, a letter of explanation is required.
5. Fiscal Sponsor Agreement: If your organization has a fiscal sponsor for this grant application, please attach the fiscal sponsorship agreement signed by both your organization and your fiscal sponsor.
6. Memoranda of Agreement or Letters of Support: If your organization is partnering with another entity/ies, a letter detailing this relationship is required. Other letters that show support for your organization are welcome but not required.

8***)*** Respectability in Digital Marketing Expectation

9) HIPPA Protection and Information: Your organization must develop a plan of how you will protect clients, patients, and communities' demographic information.

10) Implementation Plan: Complete the Implementation Plan using the template provided. You can download it [here](https://aidsunited.org/wp-content/uploads/2022/01/Implementation-Plan-Template-iFORWARD-2022.docx). **Other formats will not be accepted.**

11) Theory of Change/Logic Model: Describe your organization’s north star to understanding process, achievement or failure. (optional)

**Alternative Application Criteria and Guidelines**

AIDS United strives to reduce barriers to accessing resources by creating alternative methods for applying for funds. For the iFORWARD grant opportunity, applicants may utilize an alternative process that allows for the accepting of applications via phone or video conference. Please see below for the eligibility criteria and process. Available slots for this alternative method are limited to five organizations and will be accepted on a first-come, first-served basis.

***Eligibility Criteria***

Organizations must meet one of the following criteria to be considered for this opportunity:

* Total annual operating budget is $500,000 or less AND at the time of submitting application, applicant has a fiscal sponsor; OR
* Total annual operating budget is $200,000 or less.

***Scheduling a Phone Call/Video Conference***

1. If your organization meets the above criteria, and you would like to apply via the phone, please email [iforward@aidsunited.org](mailto:iforward@aidsunited.org) placing in the subject line: **iFORWARD Alternative Application**.
2. An AIDS United team member will confirm receipt of email and notify you if space is still available. If space is available, an AIDS United team member will provide a link to schedule your call.
3. Once a time is mutually agreed upon, a calendar request will be sent by iFORWARD staff.
4. If a time is given by iFORWARD staff, confirmed by your staff, and missed, you will forfeit your spot and the opportunity will be given to someone else on the waiting list.
5. No phone or video conference interview requests will be accepted after February 9, 2022.

***Preparing for the Phone Call/Video Conference***

1. The Program Director or equivalent and leadership staff for the grant should plan to be on the call for no more than an hour.
2. Individuals on the call should be able to speak to the following:
   1. Organizations target population, geographic area served & history
   2. Project Title, Summary and Objectives
   3. Discuss Objectives
   4. Intersectional components of Project
3. Read the complete RFP
4. Be able to respond to all application questions listed above.

***After the Phone Call/Video Conference***

You will be requested to provide the following documents*by Friday, February 11, 3:00 pm ET***.**

* Organizational Chart
* Board of Directors (or fiscal sponsors Board of Directors information)
* Implementation Plan
* Project Budget
* Audit (or fiscal sponsors audit)
* Fiscal sponsor agreement
* Memorandum of Understanding/ Letters of Support
* Acknowledgement of Respectability Clause

HIPAA and Protection of Information Plan

**Application Checklist**

* Applicant Questionnaire
* Proposal Narrative
* [Implementation Plan](https://aidsunited.org/wp-content/uploads/2022/01/Implementation-Plan-Template-iFORWARD-2022.docx) (*Infrastructure* ***AND*** *Project Specific* Support)
* [Project Budget](https://aidsunited.org/wp-content/uploads/2022/01/Application-Project-Budget-Template-iFORWARD-2022.xlsx) (Infrastructure***AND*** *Project Specific Support*)
* Current Annual Operating Budget
* Audit
* Board of Directors List
* Organizational Chart
* Acknowledgement *of Respectability in Digital Marketing Expectation*
* HIPAA and Protection of Information Plan
* Fiscal Sponsorship Agreement *(if applying with a fiscal sponsor)*
* Memoranda of Agreement or Letters of Support (optional)
* Theory of Change/Logic Model (optional)

**Technical Assistance During the Application Process**

***Virtual Meetings***

AIDS United will convene a one-hour virtual meeting to provide clarification about the RFP and key application submission tips. We ask that you register at least one business day in advance.

[Register here](https://zoom.us/meeting/register/tJ0vcu2pqz8vHdwIu66fYoYVN_n_oopKp4qR) for **Friday, February 4, at 3:00 pm ET/ 2:00 pm CST**

AIDS United is committed to assisting eligible applicants with the preparation of a complete and responsive application to **iFORWARD**. Staff are available to answer questions and provide technical support. Please submit questions and requests for assistance to [iforward@aidsunited.org](mailto:iforward@aidsunited.org), with your organization’s name in the subject line of the message.

Thank you for your interest in  **iFORWARD** and your ongoing commitment to ending HIV/AIDS in the South.

**Explanation of Lobbying**  
**Funds from this grant opportunity may not be used for lobbying activities. Please review the following definition of lobbying, what is not considered lobbying, and the parameters surrounding lobbying for more information.**

**Definition of Lobbying.** Lobbying is generally defined as attempting through communications with legislators or the public to influence specific legislation, whether pending or proposed. The legislation can be federal, state, local or foreign. Under the regulations, “legislation” includes all of the following:

1. specific legislative proposals, including referenda and ballot initiatives, even if they have not yet been introduced (such as model legislation);
2. treaties requiring Senate ratification become “legislation” under the regulations beginning when the Administration begins negotiating the U.S. position with other treaty parties;
3. Senate confirmation of Administration appointees (e.g. federal judges and Cabinet-level officials);
4. Congressional appropriations; and
5. Congressional resolutions, even if they have no binding effect.

**Types of Lobbying.** There are two types of “lobbying” under the regulations: “direct lobbying” and “grass roots lobbying.” Each has a specific and technical meaning.

**Direct Lobbying**

1. Direct lobbying is communication with a federal, state, local or foreign legislator, staffer, or other official participating in the legislative process, that:
   1. refers to specific legislation; and
   2. takes a position on that legislation.
2. Ballot Initiatives and Referenda. Communications with the general public that refer to and take a position on referenda or ballot initiatives constitute direct (not grassroots) lobbying. No “call to action” is required for these communications to be lobbying because in this case, the public is the legislature.
3. Executive branch officials. Most communications with executive branch officials are not lobbying for the purposes of the tax regulations. A communication with an executive branch official is direct lobbying only if: the communication refers to and takes a position on specific legislation (but not executive branch enforcement or interpretation action); and the primary purpose of the communication is to influence legislation (e.g., preparing testimony for an executive branch official for hearings on proposed legislation.)
4. ***Some examples***of direct lobbying include:

* meeting with legislators or their staff to discuss specific legislation;
* drafting or negotiating the terms of a bill;
* discussing the potential contents of a sense-of-the-Senate resolution with legislators or staff;
* meeting with officials of an administrative agency to influence testimony on a legislative proposal;
* providing comments to legislators on confirmation of an administration appointee, such as the Secretary of State; and
* urging a Presidential or gubernatorial veto or signing of a bill.

**Grassroots Lobbying**

1. Grassroots lobbying is a communication with the public that:
   1. refers to specific legislation; and
   2. reflects a view on that legislation; and
   3. includes a “call to action” (except in specific cases, when a call to action isn’t necessary).

***Some examples*** of a call to action include:

* urging the recipient to contact a legislator or staffer (e.g., “Tell Congress what you think,” “Call your Representative”); or
* providing the address or telephone number of a legislator; or
* providing a petition, tear-off postcard, other mailing or email communication, addressed to a legislator; or
* identifying a legislator as opposing the legislation, as being undecided, as being a member of the committee considering the legislation, or as being the recipient’s representative. Note: Simply identifying the sponsor of the legislation does not count as a call to action.

***Important exception to the call to action requirement.*** The one circumstance in which a communication with the general public about specific legislation might be considered lobbying even without a call to action involves paid mass media advertisements on highly publicized legislation. The regulations presume that such paid communications are lobbying if:

they occur within two weeks before a legislative vote (including a committee vote); and

they reflect a view on the general subject of the legislation; and

they either refer to the legislation or encourage the public to communicate with legislators on the general subject of the legislation.

Legislation is “highly publicized” if it receives frequent coverage on television, radio, and in general circulation newspapers during the two weeks preceding the vote by the legislative house or committee; and (2) the pendency of the legislation or its general terms, purpose or effect are known to a significant segment of the general public (as opposed to the particular interest groups directly affected) in the geographic area where the advertisement appears.

1. ***Some examples***of grassroots lobbying include:

* Sending an Action Alert urging recipients to contact their legislators about a pending bill.
* Attending a coalition meeting to help plan a grassroots lobbying communication addressing pending legislation.

**Exceptions to the Definition of Lobbying or Safe Harbors**

Below are the significant exceptions to the definition of lobbying:

1. Nonpartisan analysis and research. It is not lobbying to make materials available that present a sufficiently full and fair exposition of a public policy issue to allow the public to form its own conclusions about the issue. This is true even if the materials both refer to and take a position on a specific legislative proposal. To qualify for this exception, materials distributed to the public may not include a “call to action” and may not be distributed only to people interested in one side of the issue.
2. Administrative Agencies. Executive action, judicial processes, or the work of administrative agencies such as school boards, housing authorities, sewer and water districts, and zoning boards, whether elective or appointive are not determined to be “legislation.” Attempts to influence the actions of regulatory agencies are accordingly entirely protected, even where the agency is primarily concerned with promulgating regulations to effectuate legislative mandates. A grant applicant that intends to direct its efforts toward regulatory action should state the objectives of its project, describe the process by which it intends to influence the administering agency, and provide an explanation of how its objectives may be attained without resort to a legislative process.
3. Technical assistance. Oral or written responses to written requests for technical assistance from a legislative committee, subcommittee, or other governmental body likewise do not constitute lobbying for tax purposes. The response may include facts, analysis, and recommendations, even on specific legislation. To qualify for this exception, the written request must be from a committee or subcommittee, not from an individual legislator asking on her own behalf or an informal caucus of legislators.
4. Discussions of broad social issues. Communications addressing broad social, economic, and similar issues are excluded from the definition of lobbying, even if the issues discussed are the subject of pending legislation, but communication may not refer to specific legislation.
5. Self-defense. Communications by an organization to officials involved in the legislative process do not constitute lobbying if they concern legislation that could affect the organization’s existence, powers, duties, tax-exempt status or right to receive tax-deductible contributions. This exemption is not transferable and does not apply to grass roots lobbying.
6. Jointly funded projects. Discussions with legislators exchanging information about a project that is, or might be, funded by both the organization and the government do not constitute lobbying. This exception does not include discussions of legislative topics other than the jointly funded project. In addition, it applies only to actions taken by the co-funding organization or its agents, not by grantees.

**Determining the Costs of Lobbying Communications**

In general, all costs related to the preparation and distribution of a lobbying communication must be treated as lobbying expenditures. This includes all direct costs—including an appropriate share of the current and deferred compensation of all participating personnel—of research, drafting, review, copying, publishing, mailing, or otherwise distributing the lobbying communication. It also includes an allocable share of overhead costs.

Research is not a lobbying expenditure if its primary purpose is not for a lobbying communication or if the costs were incurred more than six months before the first lobbying use.

*This section is not intended to provide legal advice to applicants. Applicants should consult a lawyer or tax expert for specific questions regarding the information contained herein.*

*Information contained in this section taken from Open Society Foundation, Alliance for Justice, and the Brainerd Foundation.*

1. United States Census Bureau. State Population Totals 2018. <https://www.census.gov/popest/data/state/totals/2018/index.html> [↑](#footnote-ref-2)
2. Centers for Disease Control and Prevention. HIV Surveillance Report Volume 31. https://www.cdc.gov/hiv/pdf/statistics/overview/cdc-hiv-geographic-distribution.pdf [↑](#footnote-ref-3)
3. National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention Division of HIV/AIDS Prevention. *HIV in the Southern United States Strengthening Prevention and Care in the Nation’s Most-Affected Region*. 2015. [↑](#footnote-ref-4)
4. Centers for Disease Control and Prevention. HIV Surveillance Report Volume 30 <http://www.cdc.gov/hiv/pdf/library/reports/surveillance/cdc-hiv-surveillance-report-us.pdf> [↑](#footnote-ref-5)
5. Zuniga MA, Buchanan RJ, Chakravorty BJ. HIV education, prevention, and outreach programs in rural areas of the Southeastern United States. *Journal of HIV/AIDS & Social Sciences*. 2006;4(4):29–45. [↑](#footnote-ref-6)
6. Reif S, Pence BW, Hall I, et al. HIV diagnoses, prevalence, and outcomes in nine southern states. *J Community Health*. 2014 Dec;39(6). [↑](#footnote-ref-7)