

# SHIF: Southern HIV Impact Fund Request for Proposals 2023-2024 Grant Cycle

Proposal Due Date: October 2, 2023 at 6 p.m. EST/ 5 pm CT

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## **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 bring a strategic focus on HIV care and prevention services, advocacy and movement-building, and leadership development efforts in the U.S. South. In partnership with FCAA and with support from Gilead Sciences, Ford Foundation, ViiV Healthcare, Levi Strauss Foundation, and a generous anonymous donor, AIDS United as the fund manager are pleased to invite your organization to submit a full proposal through the Southern HIV Impact Fund (SHIF). Grants of up to \$60,000 will be available for project-specific or general operating support.

### **Background**

The South accounts for roughly one-third of the total U.S. population but over half of new HIV diagnoses each year. For the last decade, the South has had the highest rate of new HIV diagnoses in the country. A substantial proportion of these new diagnoses are among youth and young adults, as 21.7% of people newly diagnosed with HIV in the South were between the ages of 13-24, and 36.3% were between the ages of 25-34 in 2020. Racial disparities are also clearly seen in HIV incidence and prevalence in the South. Black/African American individuals are eight times more likely to receive an HIV diagnosis than white individuals, and 30% of new diagnoses occur among Black gay/same gender loving men. In addition, the rate of Black women living with HIV is 14.2 times that of white women.

Mortality due to HIV can be more than three times higher in some Southern states compared to other regions. Systemic social and structural barriers, including white privilege, racism, poverty, inadequate sexual health education, HIV stigma, homophobia, transphobia, queerphobia, biphobia, sexism, lack of access to health care and specialized HIV care, HIV criminalization, and mass incarceration consistently drive these disparities. In fact, the Deep South has the highest number of uninsured people compared to other regions in the United States. All but one state in the Deep South has not yet opted to expand Medicaid.

Due to shortages of public and private funding and the closure of healthcare facilities, many rural areas in the South do not have access to nearby HIV services. There are also obstacles to HIV prevention in the South.<sup>4</sup> This proves to be particularly challenging for Southerners living with HIV, many of whom live in small metro and rural communities in need of specialty care and social services. Inadequate insurance coverage exacerbates the problem, and the absence of Medicaid expansion in most of the South has crippling effects on efforts to address health disparities in the region.<sup>5</sup>

There are also systemic barriers to HIV prevention in the South. Critical prevention tools for HIV-negative individuals—such as pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP), have proven to be effective in the prevention of HIV—must be easily accessible if the tools are to

<sup>&</sup>lt;sup>1</sup> Centers for Disease Control and Prevention (2019, September). HIV in the Southern United States. Issue Brief. https://www.cdc.gov/hiv/pdf/policies/cdc-hiv-in-the-south-issue-brief.pdf

<sup>&</sup>lt;sup>2</sup> Reif, S., Cooper, H., Warren, M., Wilson, E. (2021). HIV in the US Deep South: Trends from 2008-2019. Center for Health Policy and Inequalities Research, Duke University. https://southernaidscoalition.org/hiv-trends-report/

<sup>&</sup>lt;sup>3</sup> AIDSVu. Regional Data: South. https://aidsvu.org/local-data/united-states/south/

<sup>&</sup>lt;sup>4</sup> 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.

<sup>&</sup>lt;sup>5</sup> Reif S, Pence BW, Hall I, et al. HIV diagnoses, prevalence, and outcomes in nine southern states. *J Community Health*. 2014 Dec; 39(6).

assist people in remaining HIV-negative and 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 folx's communities. This initiative is committed to identifying leaders and organizations that are already engaged in HIV work, as well as those who are new to HIV but are engaged in intersecting racial and social justice work, which effectively address the prevention, care and support, advocacy, and leadership needs of individuals and communities most impacted by HIV.

## **Purpose**

The Southern HIV Impact Fund (SHIF) prioritizes identifying and supporting organizations across intersecting movements to enhance and coordinate HIV prevention, care and support services, and advocacy and movement-building across the South. The Fund supports and funds organizations that are led by and focus on serving folx of trans experience and gender non-conforming + persons of color; Black and Latinx gay, same gender loving, bisexual, and queer + men; youth of color; Black women; other people of color.

For the 2023-2024 cycle, \$1.2 million in funding is available through SHIF. AIDS United anticipates making approximately 25 grants of up to \$60,000 each to community-based organizations, racial and social justice organizations, AIDS service organizations, Federally Qualified Health Centers, Historically Black Colleges and Universities, Black Greek Lettered and Civil and Social Service Organizations and/or networks of People Living with HIV (PLHW) across the South. Grants will be 12-months in length (November 1, 2023 – October 1, 2024), and two types of grants will be offered:

- 1. Project-specific grants to support a distinct project with clear goals, objectives, activities, and measurable outcomes. Project-specific grants aligned with SHIF will support projects such as:
  - a. HIV prevention services
  - b. HIV care and treatment services
  - c. HIV prevention, care, and treatment services
  - d. Supportive services for folk living with HIV
  - e. HIV-focused policy, social action and advocacy
- 2. General operating grants 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. General operating requests must be aligned with SHIF and support activities such as noted in number 1.

## Eligibility

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

- Nonprofit Status Applicants must be nonprofit, tax-exempt organizations, per the guidelines set forth by the Internal Revenue Service, with proper 501(c)(3) status, or hold 501(c)(7) status. Organizations or coalitions that do not hold 501(c)(3) or 501(c)(7) status must have a fiscal sponsor. Note that 501(c)(4) designation is not the same. While it is possible for an organization to have both IRS (c)(3) and (c)(4) status, AIDS United will verify that each applicant organization has a (c)(3) designation.
- **Geographic Location** Applicants must have a staff member located in and provide services within the Southern United States. For this opportunity, the South is defined as: Alabama,

- Georgia, Florida, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee, and Texas.
- **Financial Stability** Organizations should be fiscally stable and viable before submission of the funding application.
- Operating Budget There are not organizational annual operating budget limitations on this funding; organizations are eligible to apply regardless of their annual operating budget amount. However, funding for small, grassroots organizations will be prioritized.
- Equity SHIF recognizes that HIV outcomes are significantly impacted by systemic racism, poverty, homophobia, and transphobia, heterosexism, and misogyny. As such, we will prioritize funding for organizations led by, majority staffed with, and serving Black and Latinx transgender folx; gender-nonconforming and nonbinary + people; Black and Latinx gay, bisexual, queer, and same-gender-loving men +; Black women; youth of color, other communities of color; and gender identities and sexual orientations of people of color that letters and words cannot fully describe.
- **Good Standing** Current or previous grantees of any AIDS United funding portfolio must be in good standing with regard to reporting and all other grant requirements.
- **Grant Period** Applicants must be able to utilize the funds within a 12-month period beginning November 1, 2023 and ending October 31, 2024.
- Protection of Information All applicants will be required to provide a plan to protect patient
  information, including following guidelines in the Health Insurance Portability and Accountability
  Act of 1996 (HIPAA), as applicable.
- Relationship to AIDS United Current AIDS United grantees, including current and past grantees of iFORWARD and/or the Southern HIV Impact Fund, are eligible to apply. Organizations that have not been funded by AIDS United before are also eligible to apply.

## **Approach**

- Meaningful Involvement of People Living with HIV (MIPA)— MIPA ensures that communities most
  affected by HIV are involved in decision-making at every level of the response, including in the
  development, implementation, resolution, and evaluation of programs and policies that impact
  their lives. Competitive organizations will incorporate MIPA into their organizational management,
  staffing, board of directors, and governance, as well as their proposed SHIF project. Applicants can
  leverage resources from AIDS United to strengthen best practices for incorporating MIPA and
  Greater Involvement of People Living with HIV (GIPA) in all areas of programming and operations.
- Intersectionality Racial and Social Justice 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 a person's achievement of optimal health. Systemically, all must be addressed if we are to see an end to HIV in the United States and create real change for folx of color living with HIV and most impacted by HIV. SHIF grantees are expected to address HIV-related disparities through an intersectional framework through their organization's ongoing work and be mindful of the health inequalities in all programming and operations, when implementing your SHIF project and funding. Applicants can leverage the following resources to center this approach in your work:
  - We the People Report (Black AIDS Institute, 2020)
  - A Declaration of Liberation: Building a Racially Just and Strategic Domestic HIV Movement (HIV Racial Justice Now, 2017)

## Requirements

- Participation in Evaluation Grantees will be asked to report the number of unduplicated beneficiaries (for grantees who receive general operating support) or the number of unduplicated beneficiaries within each category of work (for grantees who receive project support), as well as the demographic information (age, race/ethnicity, gender identity, HIV status and sexual orientation) of each beneficiary. Grantees may apply to waive the requirement to collect sensitive information in up to two of these categories if they can provide a reasonable justification about why they cannot collect it. Organizations that cannot collect such data are encouraged to request technical assistance in establishing systems that will support data collection in their application. Applicants will not be penalized for indicating a lower capacity for evaluative activities.
- Participation in Technical Assistance Grantees will be asked to complete a series of virtual courses intended to help strengthen the organization's sustainability and growth, participate in networking with fellow cohort members, grantee convenings, and engage in 1-1 coaching sessions if needed throughout the entire grant cycle.

A summary of the evaluation, technical assistance, and grant management activities are included below. By applying, the applicant acknowledges and agrees to participate in the activities as described.

Activity/Requirement/Deliverable	Timeframe/Deadline
Grant Payments	Grant payments will be made in two installments: 50% upon signing a grant agreement and 50% upon submission of a complete interim report
Welcome Webinar	By November 15, 2023
Participation in evaluation activities, including completion of a baseline, interim, and final report.  Attendance at an in-person All Grantee Convening	A baseline report will be due by November 15, 2023, in addition to the interim and final reports.  April 2023
*Up to 2 people from the each organization will be asked to participate.	
Interim Narrative Report	May 31, 2024
Attendance at a fall virtual All Grantee Convening	October 2024
Final Narrative Report	By December 1, 2024
Expenditure Reports	General Operations and Project- Specific Grants will submit expenditure reports as attachments to the interim and final reports by May 31, 2024 and December 1, 2024
Check-In Calls between AIDS United and the Grantee	Calls will occur on a quarterly basis at minimum for the duration of the grant for general ops and project-specific grantees.
Participation in other grantee meetings (in-person, online, or otherwise), local or regional advocacy or community meetings/events, and any other required grantee meetings.	As applicable
Participation in technical assistance activities, including online courses, peer/cohort networking, and coaching	Completed on a rolling basis throughout the grant period

·	Site visits or audits may be scheduled throughout the grant period
	Grantees must complete one annual all grantee survey

#### **Submission and Timeline**

Applicants have three options to submit responses to this proposal:

- 1. Written applications will be submitted via AIDS United's online <u>Qualtrics</u> by 6 p.m. EST on Oct 2, 2023. Questions do not have a word limit. However, applicants should aim for written responses to the Application Narrative questions to be no longer than ten pages, single-spaced.
- 2. Applicants can submit a pre-recorded video that is no longer than 60 minutes in length, responding to the Application Narrative Questions. Videos should be sent to <a href="mailto:southernfund@aidsunited.org">southernfund@aidsunited.org</a> by 6 p.m. EST on October 2, 2023. Please send an email with a link to your video housed on a file sharing service like Google Docs, Dropbox or a similar service and include the name of your organization both in the filename and in the email subject.
- 3. Applicants can answer all Application Narrative questions in a live 60-minute Zoom call with AIDS United staff by 4:00 pm EST on September 28, 2023. To schedule a Zoom call, please use this Calendly <u>link</u>.

Applicants submitting their responses to the Application Narrative Questions via Zoom call or prerecorded video must submit all required attachments and responses to the Organizational Overview, Organizational Leadership, and Grant Request Overview questions via email to southernfund@aidsunited.org no later than October 2, 2023, at 6 p.m. EST.

Complete applications will be reviewed by a community-based external review committee, who will make funding recommendations to AIDS United. The timeline for the selection process is:

Activity	Date
Application Opens	September 1, 2023
Technical Assistance Webinar	September 14, 2023
Technical Assistance Webinar	September 20, 2023
Application Closes	October 2, 2023
Date of Funding Notification	October 20, 2023
Grant Period Begins	November 1, 2023
Grant Period Ends	October 31, 2024

#### Restrictions

Grant funds may not be used for: direct or grassroots lobbying; medications or medical care; facility acquisition or renovation; deficit reduction or debt payment; displacement of existing funding sources; and indirect expenses outside of the percentage noted in your budget. An in-depth description of direct and grassroots lobbying <u>can be accessed here</u>.

## **Application**

#### **Organizational Overview**

- 1. Organization name
- 2. Organization EIN (Employer Identification Number)

- 3. Organization address
- 4. Organization city
- 5. Organization state
- 6. Organization zip code
- 7. Organization website (if none exists, please enter N/A)
- 8. Primary contact name
- 9. Primary contact title
- 10. Primary contact phone
- 11. Primary contact email
- 12. Fiscal Sponsor Information, if applicable
  - a. Name
  - b. Address
  - c. Contact person name
  - d. Contact person title
  - e. Contact person email
  - f. Contact person phone number
  - g. EIN
  - h. Website
- 13. Organization Type (CBO/ASO/faith-based/human rights/clinic or medical provider/legal aid/health department/college/university/BGLO/reproductive rights/other \_\_\_\_.)
- 14. Total organizational budget, rounded to the nearest dollar (current fiscal year)
- 15. Summarize the organization's mission (two to three sentences)
- 16. Is a member of your staff on AIDS United's Board of Directors or is your organization a member of AIDS United's Public Policy Council (PPC)?
  - a. Yes/No
    - i. Yes (Please provide the name(s) of those/those individuals.)
    - ii. No
- 1. If Yes, do you attest that this person will recuse themselves from any decisions associated with this funding?
  - a. Yes
  - b. No

## **Organizational Leadership**

AIDS United seeks to understand the leadership of the organizations we fund. We define an organization as led by a certain demographic group or community when all of the conditions below are met:

- 1. The executive director/highest paid staff or equivalent identifies as a person of color.
- 2. 51%+ of senior leadership identify as a person of color or a LGBTQIA+/TGNB person of color.
- 3. 51%+ of staff identify as a person of color or a LGBTQIA+/TGNB person of color

While 51%+ is the requirement to be able to apply for SHIF funding, priority will be given to organizations with 75%+ senior leadership and staff identifying as a person of color or a LGBTQIA+/TGNB person of color.

We recognize that these definitions are imperfect. We are committed to continued learning, updating our language and being cognizant of the ways in which HIV status, PrEP status, race/ethnicity, gender identity and sexual orientation impact people's access to power and care.

1. Based on the definition above, is your organization led by people living with HIV?

- a. Yes, we are led by people living with HIV based on the definition above.
- b. No, we are not led by people living with HIV based on the definition above.
- c. We do not collect the data needed to answer this question.
  - Please explain why your organization does not collect this information.
- 2. Based on the definition above, is your organization led by a person of color?
  - a. Yes, we are a person of Color led based on the definition above.
  - b. No, we are not a person of color led based on the definition above.
  - c. We do not collect the data needed to answer this question.
    - Please explain why your organization does not collect this information.
- 3. Based on the definition above, is your organization led by transgender and gender non-conforming people, including nonbinary person of color?
  - a. Yes, we are TGNC/TGNCNB-led based on the definition above.
  - b. No, we are not TGNC/TGNCNB-led based on the definition above.
  - c. We do not collect the data needed to answer this question.
    - Please explain why your organization does not collect this information.
- 4. Based on the definition above, is your organization led by lesbian, gay, bisexual, queer, asexual, aromantic and same-gender-loving + people of color?
  - a. Yes, we are LGBQA+/SGL-led based on the definition above.
  - b. No, we are not LGBQA+/SGL-led based on the definition above.
  - c. We do not collect the data needed to answer this question.
    - Please explain why your organization does not collect this information.

#### **Grant Request Overview**

- 1. Project title
  - For General Operations Support please name the organizational operation/activity this funding will support.
- 2. Total funding amount requested
- 3. One paragraph summary of project or grant request
- 4. Type of grant request (general operating support or project support)
  - a. If project support, please select what type of project:
    - i. HIV prevention services
    - ii. HIV care and treatment services
    - iii. HIV prevention, care, and treatment services
    - iv. Supportive services for folx living with HIV
    - v. HIV-focused policy, social action, and advocacy
- 5. Geographic area to be served by project or grant (urban, suburban, rural, reservation, statewide, region, campus, other). *Select all that apply*.
  - a. Does your organization service majority folx in rural/remote zip codes? (ves/no)
  - b. Does your organization mainly operate in a designated medical/healthcare desert? (yes/no)
- 6. If relevant, how many unduplicated individuals will participate in grant-funded activities? (project-specific grants only)
- 7. Please indicate which of the following groups your proposal and/or organization is designed to reach. *Check all that apply.*

- a. Black/African American
- b. African people
- c. Afro Caribbean people
- d. Latino/Latina/Latinx/Latine people
- e. American Indian, Native American, Native Hawaiian or Alaska Native people
- f. Asian, Asian American, or Pacific Islander people
- g. White people
- h. Young people
- i. People aged 50 and older
- j. Women of trans experience
- k. Cisgender
- I. Men of trans experience/ Trans Masc folx
- m. Gender nonbinary, gender nonconforming or genderfluid individuals
- n. LGBTQA+/SGL people
- o. People living with HIV
- p. People living with viral hepatitis
- q. People on PrEP
- r. Sex workers
- s. A community where English is the second/non-primary language
- t. People who use drugs
- u. System-impacted individuals (i.e., those in jail, prison)
- v. Immigrant populations
- w. People who are homeless or unstably housed
- x. People in rural communities
- y. Additional groups (specify)

## **Application Narrative**

- Statement of need: Identify the need your project will address and the context in which you are
  working. Please share relevant local and/or client-level data describing the HIV epidemic in your
  community (not nationally) and intersectional issues that your project will address or, if you are
  applying for a general operating support grant, that your organization as a whole addresses. (10
  points)
- 2. **Organizational overview:** Please provide a brief overview of your organization and your history implementing similar work/engaging communities of focus for the proposed project. Why is your organization best positioned to implement the proposed project? **(10 points)**
- 3. **Partnerships:** If you will conduct your proposed project in partnership with other organizations, please name your partners, outline the roles and responsibilities of each, and describe any history of past collaboration. **(unscored)**
- 4. **Program description**: Please describe how you plan to use the requested funds, including specific goals and objectives for your project, timelines, and related activities. **(15 points)**
- 5. **Health equity:** How will your project improve health equity and/or address social determinants of health? How has your organization embedded strategies to improve health equity and address social determinants of health in your work to date? **(20 points)**
- 6. **Racial and social justice:** How will your project or organizational work address key social and/or racial justice issues that impact the HIV epidemic in your community? How has your organization been involved in addressing these intersectional issues to date? **(20 points)**
- 7. **MIPA:** How have people living with HIV been involved in the development of your proposed project to date? How do these leaders reflect the local epidemic and communities of focus for the

- project? Will these leaders be involved in the execution of your project/organizational work? (20 points)
- 8. **Evaluation**: Describe your plan for evaluating the proposed project. When and how will you collect data? What are your anticipated outcomes? How will you measure progress towards these outcomes? **(5 points)**
- 9. **Protection of Information:** What is your plan to protect clients', patients' and communities' demographic information and follow guidelines in the Health Insurance Portability and Accountability Act of 1996 (HIPAA)? **(unscored)**
- 10. Exemptions and Technical Assistance: Do you intend to seek an exemption from collecting any of the data requested for the project evaluation? If yes, please describe the exemptions you would seek and provide brief justification(s). What technical assistance would you anticipate requesting to support the implementation of your proposed SHIF grant and evaluating that work? (unscored) (Note that AIDS United does not view applications asking for an exemption or for TA any less favorably than those that don't.)

#### **Attachments**

- 1. **Implementation Plan** (*Project-Specific only*): Please use the implementation plan template to provide an overview of your project found <a href="here">here</a>. Refer to the template's instructions on the first page to complete it.
- 2. **Budget:** Please use the budget template found <a href="here">here</a>. Other budget formats will not be accepted. Please refer to the instructions tab of the budget workbook to complete the template and provide a clear description and justification for each line item. General operating and project specific must submit a budget template.
- 3. **Representation Table:** Please complete the representation table found <a href="here">here</a>. Refer to the workbook's instructions tab to complete it.
- 4. **Annual Operating Budget:** Please provide your organization's current annual operating budget, including both expenses and income.
- 5. **Board of Directors List:** Please attach your current 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.
- 6. Most recent **audited financial statements**, *including cover page and the auditor's notes/findings*. If your organization has a fiscal sponsor, please send your fiscal sponsor's audit. If your organization does not have an audit or a fiscal sponsor, please submit your IRS Form 990 for last calendar year. If you do not have either document, you must provide a detailed letter of explanation.
- 7. **Fiscal Sponsor Agreement (if applicable):** 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.
- 8. **Memoranda of Agreement or Letters of Support (***optional***):** If your organization is partnering with another entity/ies, please provide a letter detailing the relationship.

#### **Technical Assistance During the Application Process**

AIDS United is committed to assisting applicants with the preparation of a complete and responsive application. Our staff will be available to answer any questions and provide technical assistance. Please direct all questions to <a href="mailto:southernfund@aidsunited.org">southernfund@aidsunited.org</a>. Additionally, a webinar will be held on September 14 and 20, 2023, from 3:00 PM-4:00 PM EST/ 2:00 PM – 3:00 PM CT to provide clarification about the grant announcement and key application submission tips. Register <a href="mailto:here">here</a>.

For assistance with navigating the application y or with other technical issues, please reach out to

# grants@aidsunited.org.

Thank you for your interest in Southern HIV Impact Fund and your commitment to ending HIV in the South!