

# **Conexiones Positivas / Positive Connections Fund**

# Request for Pre-Application 2023-2024 Grant Cycle

Pre-Application Due Date: November 12, 2023, at 11:59 pm Eastern Standard Time

# **Table of Contents**

| Executive Summary  | 2 |
|--|---|
| Background   | 2 |
| Purpose  | 3 |
| Eligibility  |   |
| Approach   |   |
| Requirements   |   |
| Submission and Timeline                                  | 7 |
| Restrictions   | 7 |
| Pre-Application  | 7 |
| Technical Assistance During the Letter of Intent Process | 8 |



#### **Executive Summary**

In partnership with ViiV Healthcare, AIDS United as the fund manager, is pleased to invite your organization to submit a pre-application through the Conexiones Positivas/Positive Connections Fund (CPPCF). Grants of up to \$25,000 will be available for project-specific or general operating support. CPPCF is a collaborative grantmaking initiative that invests in the leadership and capacity development of Latinx people living with HIV across intersecting movements to address the reduction of HIV stigma, enhance and coordinate HIV prevention, care, and support services, and advocacy and movement-building.

## **Background**

Latinx people have been disproportionately affected by the HIV/AIDS epidemic, accounting for 29% of new HIV diagnoses despite only accounting for 18.3% of the total U.S. population. Several significant factors contribute to unsatisfactory HIV prevention and treatment outcomes for Latinx communities. Significant individual, meso-, and macro-barriers to Latinx engagement in HIV services at each step of the care continuum have long been well-documented. Individual barriers include HIV-related stigma, knowledge gaps regarding HIV and HIV risk, language barriers, comorbid health conditions, and substance use. Meso-barriers include mistrust of health care systems, a lack of culturally appropriate services, and integration of HIV specialty care within multidisciplinary services, such as primary care, behavioral, and sexual and reproductive health care services. At a macro level, the most significant barrier was insurance-related access to health care. Latinx people remain the most underinsured and uninsured racial/ethnic group in the U.S.

The HIV care continuum is a valuable framework for assessing progress in achieving national prevention and treatment goals. Unfortunately, racial and ethnic disparities persist. According to Levinson et al.<sup>1</sup>, compared with the general population, Latinx people are less aware of their HIV-positive status, use less preexposure prophylaxis (PrEP), and receive HIV care at a significantly lower rate. More than half of all Latinx people have never been tested for HIV, and Latinx people are more likely to report never having been offered an HIV test compared with non-Hispanic Whites and African Americans. As a result of inadequate HIV testing, 17% of HIV-positive Latinx people are unaware of their status, a higher proportion than reported for HIV-positive non-Hispanic Whites and African Americans. It has also been shown that Latinx people access PrEP and HIV treatment services at a disproportionately lower rate than other populations.

Same-gender-loving Latinx men represent the largest affected population in the current Latinx HIV crisis, accounting for 80% of the estimated HIV incidence among Latinx people. It is estimated that one in four transgender Latinas is HIV positive. In addition, individuals born outside the continental United States accounted for at least one in three new HIV diagnoses for Latinx people, according to HIV surveillance data from 2017. Representing a frequently overlooked vital population affected by the Latinx HIV epidemic, it has been suggested that the majority of foreign-born Latinx people living with HIV acquired

<sup>&</sup>lt;sup>1</sup>Levison, J.H., Levinson, J.K. & Alegría, M. A Critical Review and Commentary on the Challenges in Engaging HIV-Infected Latinos in the Continuum of HIV Care. *AIDS Behav* **22**, 2500–2512 (2018). https://doi.org/10.1007/s10461-018-2187-1



the condition in the U.S. Recent Latinx immigrants face several challenges related to language barriers, immigration status, differences between host culture and that of their country of origin, and distinct social norms regarding health care seeking and utilization, exacerbating their vulnerability to HIV transmission and limiting their access to prevention and treatment services.

The sustained, widening, and largely unrecognized HIV disparity among U.S. Latinx people is a pressing public health emergency. As part of the recent reappraisal of the national strategy for HIV, renewed federal efforts to eliminate the U.S. HIV/AIDS epidemic have focused on four key components:

- Increased testing.
- Improved treatment delivery.
- Expanded access to PrEP.
- Interventions designed to interrupt chains of transmission.

However, the proposed efforts must go beyond a narrow focus on testing, biomedical prevention and treatment, and molecular surveillance to address long-standing HIV prevention and treatment-related disparities among Latinx communities. Crucially, consideration of the underlying drivers of increased HIV incidence among Latinx people is warranted across health and social service sectors, along with focused investment in HIV awareness and culturally competent prevention and treatment service delivery, to achieve the 2030 HIV/AIDS goals.

Understanding the challenges facing Latinx people disproportionally affected by HIV is critical to developing strategies to end the epidemic. However, it is equally essential to recognize Latinx people's strengths and commitment to creating effective, culturally relevant programs, initiatives, and services to address the HIV/AIDS epidemic in their 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 Latinx people and communities most impacted by HIV.

## Purpose

The Conexiones Positivas/Positive Connections Fund (CPPCF) invests in proven and effective community-driven leadership and capacity development of Latinx people living with HIV across intersecting movements to address the reduction of HIV stigma, enhance and coordinate HIV prevention, care, and support services and advocacy and movement-building. Funding will prioritize organizations serving, led by, and advocating with and for Latinx people living with and affected by HIV from communities of gay, bisexual, queer, and same-gender-loving men and people of transmasculine experience, including binary trans men, nonbinary men, demiboys, multigender people, genderfluid people who identify as masculine more often than other genders, and nonbinary people if they identify with masculinity.

For the 2023-2024 cycle, \$150,000 in funding is available through CPPCF. AIDS United anticipates making approximately 6 (six) grants up to \$25,000 each to community-based organizations, racial and social justice organizations, AIDS service organizations, Federally Qualified Health Centers, Hispanic Serving



Institutions (HSIs), and networks of People Living with HIV across the United States, Puerto Rico, and other U.S. Territories. Grants will be eight months in length (February 29, 2024 – October 31, 2024)

AIDS United will award CPPCF grants this round in two categories.

- 1. Project-specific grants to support culturally relevant distinct projects with clear goals, objectives, activities, and measurable outcomes that are applied with a lens of cultural humility. Project-specific grants aligned with CPPCF will support projects such as:
  - a. HIV prevention services
  - b. HIV care and treatment services
  - c. Supportive services for Latinx people living with and affected by HIV from communities of gay, bisexual, and same-gender-loving men and people of transmasculine experience.
  - d. HIV-focused policy, social action, and advocacy
- 2. General operating grants will provide financial resources to organizations to support their 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 CPPCF and support activities, as noted in number 1.

## Eligibility

To be eligible through CPPCF, the applicant must meet the following criteria:

- Nonprofit Status Applicants must be nonprofit, tax-exempt organizations, either, per the guidelines set forth by the Internal Revenue Service, with proper 501(c)(3) status, hold 501(c)(7) status, or via the Certificado de cumplimiento corporativo del Departamento del Estado de PR "good standing" certification. Organizations or coalitions that do not hold a 501(c)(3) or 501(c)(7) status or Puerto Rico's nonprofit certification must have a fiscal sponsor. Note that 501(c)(4) designation is different. While an organization can 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 be located and provide services within the United States, Puerto Rico, or U.S. Territories.
- **Financial Stability** Applicants should be fiscally stable and viable before submission of the funding application.
- Operating Budget Applicants submitting a pre-application should have an annual operating budget that does not exceed \$1 million. This parameter applies to the applicant organization, not the organization's fiscal sponsor; the organization's fiscal sponsor can have an annual operating budget exceeding \$1 million.
- Equity CPPCF recognizes that HIV outcomes are significantly impacted by systemic racism, poverty, homophobia, transphobia, ableism, xenophobia, heterosexism, and misogyny. As such, CPPCF will prioritize funding for organizations led by, majority staffed with, and serving Black, Indigenous, and people of color (BIPOC) gay, bisexual, queer, and same-gender-loving men and people of transmasculine experience, including binary trans men, nonbinary men, demiboys,



multigender people, genderfluid people who identify as masculine more often than other genders, and nonbinary people if they identify with masculinity; BIPOC people with disabilities; BIPOC youth and older adults; 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 grantee partners of any AIDS United funding portfolio must be in good standing concerning reporting and all other grant requirements.
- Grant Period Applicants must be able to utilize the funds within eight months, beginning February 29, 2024, and ending October 31, 2024.
- Protection of Information All applicants must 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 grantee partners, including current and past
  grantee partners of People Organizing Positively and the Conexiones Positivas/Positive
  Connections Fund, are eligible to apply. Organizations not previously funded by AIDS United 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
  developing, implementing, resolving, and evaluating programs and policies that impact their
  lives. Competitive organizations will incorporate MIPA into their organizational management,
  staffing, board of directors, governance, and proposed CPPCF 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 achievement of optimal health. Systemically, all must be addressed to see an end to HIV in the United States and create real change for communities of color living with HIV and the most impacted by HIV. CPPCF grantee partners 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 CPPCF project and funding. Applicants can leverage the following resources to center this approach in their work:
  - We the People Report (Black AIDS Institute, 2020)
  - A Declaration of Liberation: Building a Racially Just and Strategic Domestic HIV <u>Movement</u> (HIV Racial Justice Now, 2017)



#### Requirements

- Participation in Evaluation Grantee partners will be asked to report the number of
  unduplicated beneficiaries (for grantee partners who receive general operating support) or the
  number of unduplicated beneficiaries within each category of work (for grantee partners who
  receive project support), as well as the demographic information (age, race/ethnicity, gender
  identity, HIV status, and sexual orientation) of each beneficiary. Grantee partners may apply to
  waive the requirement to collect sensitive information in up to two of these categories if they
  can reasonably justify why they cannot collect it. Organizations that cannot collect such data are
  encouraged to request technical assistance in establishing systems supporting data collection in
  their application. Applicants will not be penalized for indicating a lower capacity for evaluative
  activities.
- Participation in Technical Assistance Grantee partners 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, convening, and engaging in 1-1 coaching
  sessions if needed throughout the grant cycle.

Below is a summary of the evaluation, technical assistance, and grant management activities. By applying, the applicant acknowledges and agrees to participate in the activities as described.

| Activity/Requirement/Deliverable                  | Timeframe/Deadline   |  |
|---|--|--|
|   | Grant payments will be made in two installments.                   |  |
| Grant Payments                                    | 75% upon signing a grant agreement and 25%                         |  |
|   | upon submission of a complete interim report.                      |  |
| Welcome Webinar                                   |  |  |
| Participation in evaluation activities, including | Baseline Report: March 31, 2024                                    |  |
| completion of a baseline, interim, and final      | Interim Report: July 7, 2024                                       |  |
| report.   | Final Report: November 15, 2024                                    |  |
| Attendance at a Grantee Partner Convening         | October 1-2, 2024  |  |
| Expenditure Reports                               | Submitted alongside the interim and final reports.                 |  |
| Check-in Calls between AIDS United and the        | Calls will occur on a quarterly basis at minimum                   |  |
| Grantee Partner                                   | for the duration of the grant period.                              |  |
| Participation in other grantee partner meetings   |  |  |
| (in-person, online, or otherwise) local or        | otherwise) local or  |  |
| regional advocacy or community                    |  |  |
| meetings/events, and any other required           |  |  |
| meetings.   |  |  |
| Participation in technical assistance activities, | Optional. Completed on a rolling basis through the grant period.   |  |
| including online courses, peer/cohort             |  |  |
| networking, and coaching.                         |  |  |
| Site Visits or Audits by AIDS United staff        | Site visits or audits may be scheduled throughout the grant period |  |



#### **Submission and Timeline**

Applicants have two options to submit responses to this pre-application:

- Applicants can submit written applications will be submitted via AIDS United's online Qualtrics by 11:59 pm Eastern Standard Time on November 12, 2023. Questions do not have a word limit. However, applicants should aim for written responses to the Pre-Application Narrative questions no longer than one page, single-spaced.
- 2. Applicants can submit a **pre-recorded video** that is no longer than 20-30 minutes, responding to the Application Narrative questions. Video submissions should be uploaded to a personal server (e.g., Dropbox, Google Drive, iCloud, OneDrive/Sharepoint), and a link to the video be included in the pre-application by 11:59 pm Eastern Standard Time on November 12, 2023.

Pre-applications will be reviewed by an external community-based review committee which will make funding recommendations to AIDS United. The timeline for the selection process is:

| Date              | Activity  |
|-------------------|---|
| October 16, 2023  | Pre-Application Open.   |
| November 12, 2023 | Pre-Application Closes.   |
| December 18, 2023 | Complete-Application Open. Applicants will be notified if they have |
|                   | been invited to submit a complete application.                      |
| January 9, 2024   | Technical Assistance Webinar (invitation only)                      |
| January 28, 2024  | Complete-Application Closes.  |
| February 28, 2024 | Notification of Award   |
| February 29, 2024 | Grant Period Begins   |
| October 31, 2024  | Grant Period Ends   |

#### 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 can be accessed here.

# Pre-Application: Click here to submit a pre-application

Fields with an \* are required.

#### **Demographics**

- Organization name, address, city, state, and zip code\*
- 2. Is your organization fiscally sponsored? \*
  - If No, proceed to question 3.
  - o If yes, proceed to question 4.
- Organization's Employer Identification Number (EIN) \*



- 4. Fiscal Sponsor Name & Employer Identification Number (EIN) \*
- 5. Primary contact name, email address, phone number, and preferred contact method. *Note: This contact will receive updates regarding the status of this grant via email.*
- 6. What is your organization's annual operating budget? \*

  Note: Applicants submitting a pre-application should have an annual operating budget that does not exceed \$1 million. This parameter applies to the applicant organization, not the organization's fiscal sponsor; the organization's fiscal sponsor can have an annual operating budget exceeding \$1 million.
- Please indicate which category of funding you are applying for: \*
  - o Project-Specific (if selected, proceed to question 8)
  - o General Operating (if selected, proceed to question 9)
- 8. What is the name/title of the proposed project? \*
- Please describe your proposed project and briefly outline your objectives and expected outcomes. Describe how your organization and this project implement and embody MIPA principles. \*
- 10. Attachment: Representation Table, using AIDS United's form (Download in English or Spanish) \*

#### **Technical Assistance During the Letter of Intent Process**

AIDS United is committed to assisting applicants with preparing a complete and responsive application. AIDS United staff are available to answer questions and provide technical assistance. If you have questions about this funding opportunity or the content of your pre-application, please reach out to Jessica Martinez at <a href="martinez@aidsunited.org">jmartinez@aidsunited.org</a> or Christopher J. Cuevas, <a href="martinez@aidsunited.org">ccuevas@aidsunited.org</a>. For assistance navigating the application or other technical issues, please get in touch with grants@aidsunited.org.

Thank you for your interest in the Conexiones Positivas / Positive Connections Fund and your commitment to ending the HIV epidemic.