

2019 Grant Application Form

**OUR MISSION:**

The Border AIDS Partnership is committed to securing sustainable resources, and mobilizing community support to provide funding to organizations that offer education, testing, and social services to individuals affected by HIV/AIDS, or at high risk of infection; as well as prevention services, in our region, to underserved area populations including marginalized youth of all races, sexes, and ages.

Guided by the wishes of our donors, the Border AIDS Partnership awards grants to 501(c)3 nonprofit organizations engaged in the fight against HIV/AIDS by providing education, testing, and support to those affected by HIV/AIDS within our community.

**Use this application to apply**

**for the following RFP’s:**

**From the *National HIV/AIDS Strategy for the U.S., Updated to 2020***

Priority 1: Reduce New HIV Infections

Priority 2: Increase Access to Care & Improve Health Outcomes for PLWA

Priority 3: Reduce HIV Related Disparities & Health Inequities

**What types of programs and projects does BAP support?**

The Border AIDS Partnership provides funding to programs and projects across the greater El Paso, TX, Southern New Mexico, and Ciudad Juarez region that conduct activities which are aligned with the Priorities of the [*National HIV/AIDS Strategy for the U.S.: Updated to 2020*](http://bit.ly/1SOLeEK)*.*

**RFP Descriptions**

**Priority 1: Reduce New HIV Infections**

Examples of eligible programming:

* Focuses on high-risk populations, including: gay, bisexual, and MSM of all races and ethnicities; Black women and men; Latino men and women; people who inject drugs; youth, ages 13 to 24 years; and transgender women.
* Efforts to prevent HIV infection using a combination of effective, evidence-based approaches, including: integrated and patient-centered HIV and related screening; expanded access to effective prevention services (e.g., PrEP and PEP); and prevention programming for PLWA.
* Community-based, educational programming that provides easily accessible, scientifically accurate information about HIV risks, prevention, and transmission, including: social marketing and education campaigns; youth-specific programming; and campaigns that tackle stigma and discrimination to break down barriers to HIV prevention, testing, and care.

**Priority 2: Increase Access to Care & Improve Health Outcomes for People Living with HIV**

Examples of eligible programming:

* Helps establish systems to link people to care after diagnosis.
* Increases the number of culturally competent HIV care providers or strengthens the current HIV provider workforce.
* Promotes access to housing and other basic needs and supportive services for people living with HIV.
* Improves outcomes for women in HIV care by addressing violence and trauma, and factors that increase risk of violence for women and girls living with HIV.

**Priority 3: Reduce HIV Related Disparities & Health Inequities**

Examples of eligible programming:

* Develops/implements/scales structural approaches to reduce HIV infections and improve health outcomes in high-risk communities.
* Mobilizes community to reduce HIV-related stigma.
* Develops and promotes public leadership of people living with HIV.

For more information on each of these priority areas and related indicators of success, please see the [*National HIV/AIDS Strategy for the United States: Updated to 2020*](http://bit.ly/1SOLeEK) at http://bit.ly/1SOLeEK

**What types of programs does BAP NOT support?**

Unless there is compelling reason to do so, BAP generally, does not provide funding to the following types of requests:

* For operating budgets
* Travel expenses
* Endowment campaigns
* Special events, event sponsorships

**How to Complete This Application**

The application begins on page 5 and consists of six sections. All sections of this application must be completed (including all required attachments) and returned by the application deadline.

**Section #1**

Check the box for the RFP that you are applying under. Please complete a separate application for each RFP you respond to.

**Section #2**

Provide the requested information about the organization and the contact person for this application. Additionally, provide a brief description of the primary work performed by your organization.

**Section #3**

Complete the requested information about the project you are seeking funding for. Please provide a summary of the project as well as a summary of the method which you plan to use to measure the success of your project. Please try to limit your responses to 500 words or less.

**Section #4**

Please use this page to provide a project budget. List all revenue sources and all expenses. For your revenues list both confirmed (received funds) and pending funds (funds you reasonably expect to receive). If you need additional space please continue on a separate piece of paper and attach that sheet to this application.

**Section #5**

On this page provide a detailed description (or listing) of how you plan on spending the requested funds. Please note, if your proposal is selected for funding, this will become the basis of the agreement we make with you and will characterize the nature of the work you will be expected to perform within this grant submittal.

**Section 6**

Please read each statement carefully and respond to each by checking off the appropriate box. Finally, an authorized representative will attest to the true and accurate nature of all responses made in this grant application and sign for the organization.

*Please note that the Border AIDS Partnership shall, at its sole discretion, make decisions for funding a proposal. Additionally, the Border AIDS Partnership may decide to fund the whole proposal, or a portion of the proposal. Late applications may not be considered.*

**ATTACHMENTS CHECKLIST:**

**Supporting Documentation**

In addition to this application form, please also submit the following supporting documents by the application deadline:

☐ IRS Tax 501(c)3 Determination Letter, or any other documentation that would support a not-for-profit status, with prior approval by the BAP Board of Directors.

☐ List of all current Board Members.

☐ Position description and resume for any staffing-related expenses covered by the project budget (capped at 25% of total budget).

☐ Current annual operating budget.

☐ Copy of previous years IRS Form 990 (first page only).

☐ Copy of previous year’s financial audit. If not available and with prior approval from the BAP Board of Directors, you may submit a copy of your organization’s most recent financial statements (balance sheet, statement of cash flows), issued sometime within the previous 12 months.

**Key Dates**

Please note that we may refuse any application submitted after the “Last Day To Submit” date.

|  |  |
| --- | --- |
| Last day to submit an application: | January 4, 2019 |
| Award announcements made by: | January 25, 2019 |
| Award checks presented to recipients: | February 15, 2019 |
| Final 2018 grant report due: | December 26, 2018 |

**Grantee Obligations**

Upon board approval, this completed application, along with the “Agreement” constitutes an agreement made between the Border AIDS Partnership and your organization. It is expected that granted funds be used only for purposes described within your application. Any change to the intended use of these funds must be approved in writing by the Board of Directors of the Border AIDS Partnership prior to their use. Any funds used for purposes not described in the grant application, or in the agreement, or approved in writing by the Board of Directors of BAP may be requested to be returned to the Border AIDS Partnership at the sole discretion of the Border AIDS Partnership.

Additionally, any funds not used by the end of the grant period may be requested for return to the Border AIDS Partnership at the sole discretion of the Board of Directors.



**Grant Application Form**

Border AIDS Partnership

PO Box 272, El Paso TX 79943

(915) 533-4020

1. **Check off which RFP you are responding to**. *If you are submitting to more than one RFP, please complete an application for each separate RFP.*

|  |  |
| --- | --- |
|  | Priority 1: Reduce New HIV Infections |
|  | Priority 2: Increase Access to Care & Improve Health Outcomes for PLWA |
|  | Priority 3: Reduce HIV Related Disparities & Health Inequities |

1. **Organization Information**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Organization’s Name | |  | | | | |
| Contact Person’s Name | |  | | | | |
| Contact Person’s Title | |  | | | | |
| Mailing Address | |  | | | | |
| City |  | | State |  | Zip |  |
| Phone |  | | Fax |  | | |
| Email |  | | | | | |
| Web |  | | | | | |

Provide a brief description of your organization’s work (maximum 100 words):

|  |
| --- |
|  |

|  |  |  |
| --- | --- | --- |
| Organization Name |  |  |

1. **Project Information**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Project Name** | |  | | | |
| **Amount Requested** | |  | | | |
| **Start Date** |  | | | **End Date** |  |
| **Geographic Area Served** | | |  | | |
| **Estimated Number of People Served** | | |  | | |

|  |
| --- |
| **Project Summary:** *Please summarize your proposal in the space provided here. Include brief but specific information about the who, what, why, where, when, and how of your project. (500 words, max.)* |
|  |

|  |
| --- |
| **Project Metrics***: Please summarize how you plan to measure the quantity and quality of services provided. Please be brief but specific. Attach any forms or surveys that will be used to support your program evaluation. (500 words, max.)* |
|  |

|  |  |  |
| --- | --- | --- |
| Organization Name |  |  |

1. **Project Budget**

**Revenues**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Source** | **Amount** | | **Status (check One)** | |
|  |  |  | *Confirmed* | *Pending* |
| The Border AIDS Partnership | $ |  | ☐ | ☒ |
|  | $ |  |  |  |
|  | $ |  |  |  |
|  | $ |  |  |  |
|  | $ |  |  |  |
|  | $ |  |  |  |
| **Total** | **$** |  |  |  |

**Expenses**

|  |  |  |
| --- | --- | --- |
| **Item** | **Estimated Cost** | |
| Staff Salaries & Benefits | $ |  |
| Overhead (utilities, rent, office equipment leases, etc.) | $ |  |
| Supplies | $ |  |
|  | $ |  |
|  | $ |  |
|  | $ |  |
|  | $ |  |
|  | $ |  |
|  | $ |  |
|  | $ |  |
|  | $ |  |
| **Total** | **$** |  |

*If more space is needed, use additional sheets of paper and attach to the back of the application.*

|  |  |
| --- | --- |
| Organization Name |  |

1. **Use of Project Funds**

|  |
| --- |
| **Please describe how funds from this proposal will be used**. *Please be specific and list purchases to be made, services to be procured, and any and all other project related expenditures.* |
|  |

|  |  |  |
| --- | --- | --- |
| Organization Name |  |  |

1. **Certifications and Signature**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Has your governing board (or top management) approved a policy stating that your organization will not discriminate as to age, gender, race, religion, color, national origin, disability status, veteran status, or sexual orientation? |  | **Yes** |  | **No** |
| Has your governing board (or top management) reviewed and approved this grant submittal; and are you authorized to submit this grant submittal and represent your organization as to this proposal? |  | **Yes** |  | **No** |

I attest that all information contained in this grant submittal is true and accurate, and I further attest that I am authorized to engage into agreements on behalf of the represented organization.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Printed Name and Title |  | Date |

|  |
| --- |
|  |
| Signature |