



2016 Grant Application Form

OUR MISSION:

The Border AIDS Partnership is committed to securing sustainable resources, and mobilizing community services 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](#).

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>).

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 not accept any application submitted after the “Last Day To Submit” date.

Last day to submit an application.	December 9, 2016
Award announcements made.	January 2017
Award checks presented to recipients.	February 2017
Final grant report due.	January 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 enumerated 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 enumerated 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 to be returned to the Border AIDS Partnership at the sole discretion of the Border AIDS Partnership.

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

2. 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):

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3. 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.)*

4. Project Budget

Revenues

<u>Source</u>	<u>Amount</u>	<u>Status (check One)</u>	
		<i>Confirmed</i>	<i>Pending</i>
The Border AIDS Partnership	\$ _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>
_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
Total	\$ _____		

Expenses

<u>Item</u>	<u>Estimated Cost</u>
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.

5. 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.

6. 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 grant submittal? **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