

Project Sponsor: \_\_\_\_\_ Name of Project: \_\_\_\_\_

**BORDER AIDS PARTNERSHIP  
Applicant Data Sheet**

**ORGANIZATION:**

Project Sponsor: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Street Address (If different): \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email address: \_\_\_\_\_

What year was the applicant organization incorporated (USA) or chartered (México)? \_\_\_\_\_

**PROPOSED PROGRAM:**

Name of Project for which you are requesting funds: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Project Area: \_\_\_\_\_ Dona Ana County \_\_\_\_\_ El Paso County \_\_\_\_\_ Juárez, México

When was the proposed project established? \_\_\_\_\_ Month \_\_\_\_\_ Year

(If New) When will the proposed project be established? \_\_\_\_\_ Month \_\_\_\_\_ Year

**TOTAL AMOUNT REQUESTED FROM THE PARTNERSHIP: \$** \_\_\_\_\_

PLEASE ELABORATE ON THE 3-SCENARIOS LISTED BELOW AND TELL US HOW YOU MIGHT EXECUTE THE PROJECT DEPENDING ON YOUR BUDGET.

<b>Scenario 1:</b>	<b>Total Project Budget</b>	<b>Total Project Funding from Other Sources</b>	<b>Estimated Number to be Served</b>	<b>Estimated Cost per Participant</b>
You Receive Total Amount Requested				
<b>Scenario 2:</b>	<b>Total Project Budget</b>	<b>Total Project Funding from Other Sources</b>	<b>Estimated Number to be Served</b>	<b>Estimated Cost per Participant</b>
You Receive Half of Amount Requested				
<b>Scenario 3:</b>	<b>Total Project Budget</b>	<b>Total Project Funding from Other Sources</b>	<b>Estimated Number to be Served</b>	<b>Estimated Cost per Participant</b>
You Receive 50% More than Amount Requested				

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Has this project received Border AIDS Partnership funding in the past? \_\_\_\_ Yes \_\_\_\_ No

If yes, please complete the following:

Year Funded	Project Funding from BAP	Project Funding from Other Sources	Total Project Budget	Number Served	Cost per Participant
2007					
2008					
2009					

The authorized official of the applicant organization must sign below<sup>1</sup>.

\_\_\_\_\_  
Name Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

**I. MISSION STATEMENT**

**2. BRIEF DESCRIPTION OF PROJECT (limit 250 or less words):**

<sup>1</sup> Agency's Executive Director or President of the Board  
Border AIDS Partnership, RFP, P O Box 272, El Paso, TX 79943

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### **3. TARGET POPULATION:**

Describe the population to be served, including the specific neighborhoods or population sub-groups targeted, the projected number of service recipients (children, youth, and adults), and the specific needs being addressed. Provide a demographic profile of your community, including the population(s) affected by HIV/AIDS and your specific target population

### **4. GOALS and OBJECTIVES:**

**Describe specifically how BAP funds will be used to support the project components.**

- Goal(s)
  
- Measurable Objective(s) and Expected Results
  
- Type of Service (e.g. prevention, education, testing, counseling)
  
- Frequency of Activities
  
- Supervision (e.g. Project Director, Program Coordinator)
  
- Mode of Service Delivery

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**5. ASSESSMENT AND EVALUATION:**

Describe how you intend to evaluate **the effectiveness** of the proposed project. How will you measure the results described in Section 4 above? Please include information about materials such as surveys, attendance sheets, agendas and presentation points.

**6. COMMUNITY RESOURCES/COLLABORATIONS:**

a. List ALL HIV/AIDS service organizations, programs and resources available in your community, including the populations they serve.

b. Describe how you are (or will be) collaborating with these other organizations.

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**7. BUDGET** (*Organizations must use the budget form that is included in this packet*):

**8. SUSTAINABILITY** (Please respond to the questions listed below):

- If you do not receive full funding, how will you accomplish goals?
- If you receive more funding than requested how will the project be affected?
- How will the project be sustained in future?