

# 2010 EAI Computer Program Application

Type or legibly handwrite the answers to all of the following questions. Please feel free to continue answers on separate sheets of paper.

## ORGANIZATIONAL INFORMATION

Name of Organization: \_\_\_\_\_

Street Address: (No P.O. Boxes) \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

Organization's website, if applicable: \_\_\_\_\_

Organization's general e-mail address, if applicable: \_\_\_\_\_

Name of person signing this application: \_\_\_\_\_

Title of person signing this application: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Primary population(s) served (check all that apply):

- |   |                                   |  |   |
|---|-----------------------------------|--|---|
| <input type="radio"/> African American/Black  | <input type="radio"/> Caucasian   | <input type="radio"/> Heterosexual               | <input type="radio"/> Immigrants/New Arrivals   |
| <input type="radio"/> Asian/Pacific Islander  | <input type="radio"/> Caribbean   | <input type="radio"/> Transgender                | <input type="radio"/> Seniors                   |
| <input type="radio"/> Latino/a  | <input type="radio"/> Women       | <input type="radio"/> Homeless                   | <input type="radio"/> Sex Workers               |
| <input type="radio"/> Native American/American<br>Indian/Alaskan Native/<br>Native Hawaiian | <input type="radio"/> Men         | <input type="radio"/> Chemically Dependent       | <input type="radio"/> Youth/Adolescent/Children |
|   | <input type="radio"/> Gay/Lesbian | <input type="radio"/> Incarcerated Populations   | <input type="radio"/> Other: _____              |
|   | <input type="radio"/> Bisexual    | <input type="radio"/> Migrant Farm/Guest Workers | _____   |

Total annual HIV/AIDS budget (current fiscal year): \$ \_\_\_\_\_

Total annual budget (current fiscal year): \$ \_\_\_\_\_

NMAC membership status:  Member  Nonmember  Membership status unknown

(You do not have to be a member of NMAC to apply. If you are interested in joining NMAC, please contact NMAC's Member Services Office at: (202) 483-6622 or [communications@nmac.org](mailto:communications@nmac.org).)

Briefly describe your actual and/or anticipated treatment and prevention education programming for your clients, including the education, services, materials, events, publications, etc. incorporated into this programming, and how you respond to any special client or population-based needs:

\_\_\_\_\_  
\_\_\_\_\_

Does your organization currently provide Internet access to clients and/or frontline staff?  Yes  No

If yes, please describe this access in one or two sentences. Be sure to mention both clients and staff in your response:

\_\_\_\_\_  
\_\_\_\_\_

Does your organization currently provide any computer and/or Internet training for clients and/or frontline staff?  Yes  No

If yes, please describe this training in one or two sentences. Be sure to mention both clients and staff in your response.

\_\_\_\_\_  
\_\_\_\_\_



Please check all the items below that describe how staffand/or clients in your organization use the Internet today:

- Send/receive e-mail
- Read and/or post messages to Usenet (newsgroups)
- Research HIV/AIDS CBO funding
- Subscribe/become members of specific sites on the Internet
- Other: \_\_\_\_\_
- Subscribe to e-newsletters and e-alerts
- Use chat rooms, IRC or other related resources
- Locate HIV/AIDS educational resources
- Browse the Internet

Please discuss how your organization can benefit from this computer system and how you plan to use it:

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Please tell us how you plan to make the new computer system accessible to clients. Include a brief description of the area in which you will place the new system (a public lounge, waiting room, private cubicle, etc.), and how you will schedule clients to use the new system (walk-in, appointment book, etc.). Also be sure to include how the area will be supervised and secure, in addition to the times you plan to make the system available.

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Please tell us about your plans to help clients and frontline staff(if applicable) learn to use the new system effectively. Include one or two-sentence descriptions of any new group instruction or one-on-one training and support you plan to provide for the new system, as well as the staff, volunteers and/or consultants who will lead them. Also, tell us about the frequency with which this instruction will be offered to clients specifically. In considering your response, remember that most Internet-based resources are in English. Discuss how you will meet the needs of your clients (if any) who primarily speak other languages.

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Briefly tell us how you will integrate (or further integrate, if applicable) client access to Internet-based resources into your organization's treatment and prevention education activities. Provide two scenarios to illustrate your response:

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By signing this application and submitting it to NMAC, I agree that if my organization is selected to participate in this program, it will observe all eligibility restrictions and conditions outlined in the Request for Proposals that accompanied this application form. In particular, I agree that my organization will participate in an evaluation by NMAC of the program in December 2010, which will include an online survey and may incorporate direct, confidential interviews with one or more of my organization's clients and/or staff.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name/Title: \_\_\_\_\_

