



LOUISIANA COMMUNITY
AIDS PARTNERSHIP

A NATIONAL AIDS FUND COMMUNITY PARTNER

**2010
Challenge Grant Program
Request for Application (RFA)
December 21, 2009**

**Louisiana Community AIDS Partnership
2010 Grant Application
Deadline: January 11, 2010 4:00pm CST**

**Louisiana Community AIDS Partnership (LCAP)
2010 Challenge Grant
Request for Application (RFA)**

TABLE OF CONTENTS

| | |
|---|-----|
| INTRODUCTION | 1 |
| TIMELINE | 1 |
| GRANT OPPORTUNITY | 1 |
| WHO CAN APPLY | 2 |
| RESTRICTIONS | 2-3 |
| SPECIAL CONSIDERATIONS FOR FUNDING | 3 |
| RIGHT TO REJECT APPLICATIONS | 3 |
| REQUIRED ACTIVITY: CAPACITY TRAINING SESSIONS | 4 |
| MONITORING AND EVALUATION DELIVERABLES AND REPORTING | 4 |
| BUDGETARY REQUIREMENTS | 5 |
| APPLICATION INSTRUCTIONS | 6 |
| APPLICATION FORMAT | 6-9 |
| SELECTION PROCESS | 10 |
| COVER SHEET | 11 |
| TABLE OF CONTENTS | 12 |
| LIST OF APPENDICES | 13 |
| SUMMARY OF FUNDING SOURCES AND CURRENT CONTRACTS | 14 |
| PROJECT TIMELINE | 15 |
| INCOME STATEMENT | 16 |
| COLLABORATIVE AGREEMENT TEMPLATE | 17 |

INTRODUCTION

The Louisiana Community AIDS Partnership (LCAP), in collaboration with the National AIDS Fund (NAF) and the Elton John AIDS Foundation (EJAF) as well as local Louisiana based funding partners, is pleased to announce the availability of funding to strengthen organizational or programmatic infrastructure and policy advocacy as they relate to HIV/AIDS issues across Louisiana.

TIMELINE: 2010 LOUISIANA COMMUNITY AIDS PARTNERSHIP GRANTS

RFA TIMELINE

- December 21, 2009: RFA Release
- December 21 – January 5, 2010: Submission of questions related to RFA allowed via email and posted regularly on the LCAP website www.lphi.org/lcap; a complete set of questions and answers will be posted on the LCAP website: January 7, 2010.
- January 11, 2010: Submission Deadline - Grant applications must be received by 4:00pm CST. Faxed and e-mailed applications will NOT be considered.
- January 20, 2010: Award Notification - Applicants will be notified of funding decisions via email.
- January 27, 2010: Agreement signing deadline - Grant contracts signed and returned.
- 4th week of February 2010: First required Technical Assistance Training– Dates, locations and times TBD; please hold this week open for this meeting.

Questions can be submitted to Susan Bergson via phone at 504-301-9836 or email – sbergson@lphi.org

GRANT OPPORTUNITY

Funding Focus Areas

Approximately **\$115,000** available for systems change, targeted interventions, and awareness-focused grants to community based organizations throughout Louisiana. Average grants for the period February 1, 2010 to January 31, 2011 will be between \$10,000-\$25,000.

Grant funds are meant to serve individuals who are either infected with or affected by HIV/AIDS or at risk for HIV.

The LCAP Grant strategic funding goals and priorities fall into the following four categories (not in order of priority):

- **Systems Change:** Support existing systems such as Federally Qualified Health Centers, Rural Health Centers, community clinics and other healthcare providers to make policy and/ or programmatic changes that incorporate HIV/AIDS prevention.

- Targeted Interventions: Innovative evidence-based approaches to reach highly impacted groups.
- Awareness: Increase the general population's knowledge and perceptions of the impact of HIV/AIDS on Louisianans.
- Evaluation Efforts: Implementation of evaluation studies of current programs to measure outcomes and/or sustainability.

Organizations may apply for a grant in more than one category, but should submit a separate narrative and budget for each category (attachments are required only once).

ELIGIBILITY

Eligible applicants for this funding opportunity include:

- Louisiana community groups or organizations (service clubs, faith-based organizations, civic associations etc.) who have access to relevant populations identified in this RFA
- Private, non-profit organizations with 501(c)3 status
- Public, non-profit organizations such as hospitals, educational institutions, etc.
- Grant funds **may, but are not limited to** be used for the following:
 - General operating support (must provide an explanation of how the support will enhance organizational stability and/or growth to support HIV/AIDS services)
 - Direct project expenses, including personnel
 - Emergency medications or medical care

RESTRICTIONS

- LCAP will not fund political parties, candidates or partisan political organizations, or fundraising events.
- Organizations must be private or public, non-profit 501(c)3 organizations. For-profit entities are not eligible.
- Grant funds **may not** be used for:
 - Expenses not directly related to the proposed project
 - Facility acquisition
 - Facility renovation
 - Deficit reduction or debt payment
 - Displacement/loss of existing funding sources
 - Administrative costs that exceed 10% of the total budget request

Note: Payments to Grantees are contingent upon the Louisiana Community AIDS Partnership completing local Partnership matching requirements to receive matching funds from the National AIDS Fund, Elton John AIDS Foundation and local Louisiana based funding partners. The terms and conditions of this RFA may be modified to incorporate any requirements imposed by the National AIDS Fund in connection with the grant award. Also, it is the intent of the Louisiana Community AIDS Partnership to *not* duplicate funding efforts and this will be considered when making funding decisions.

Budget Preparation Guidance

Organizations should prepare a proposed budget using the Budget Worksheet located at the LCAP website under “Funding Opportunities”: www.lphi.org/lcap. Budgets should be based on the best available estimates of time and expense, and expenses itemized should include all estimated expenses for the grant period. A budget narrative must be included in the budget form that clearly describes each planned expenditure and indicates the role each of the items in the budget will play in carrying out the project.

Set up costs are an acceptable part of the budget.

SPECIAL CONSIDERATIONS FOR FUNDING

Special consideration for funding will be given to:

- Applicants who are located within the community or region to be served
- Applicants who partner with other community organizations and who seek in-kind or other sources of support
- Applicants who demonstrate a proven record of HIV/AIDS service provision and advocacy
- Applicants who demonstrate a proven record of working to eliminate health disparities (Examples of populations with health disparities include but are not limited to: low socioeconomic status, youth 11-17 years old, women, African-American, Native American, persons over fifty years old, and/or Medicaid or uninsured populations.)

RIGHT TO REJECT APPLICATIONS

LCAP has the right to reject, in whole or in part, any or all applications, to advertise for new applications, to abandon the need for such services through this RFA, and to cancel this RFA if it is in the best interest of the combined parties.

In the initial Technical Review Process, any Application will be **rejected outright and not evaluated** for any of the following reasons:

- The applicant fails to deliver the application by January 11, 2010 at 4:00pm CST.
- The applicant fails to include required information, or fails to include sufficient information to determine whether an RFA requirement has been satisfied.
- The applicant fails to follow the application format instructions or presents information requested by this RFA in a format inconsistent with the instructions of the RFA.
- The applicant provides misleading or inaccurate information.
- The applicant fails to respond to any requests for supporting information or documents that pertain to the RFA.
- The applicant fails to include any signature, certification, authorization or stipulation requested in this RFA.

REQUIRED GRANTEE ACTIVITIES:

If a project is funded, LCAP will require grantees to participate in the following activities:

1) CAPACITY TRAINING SESSIONS

Since the Louisiana Public Health Institute is the convener and fiscal agent of the Louisiana Community AIDS Partnership along with the Louisiana Office of Public Health HIV/AIDS Program, LCAP has the opportunity to use internal capacity to conduct trainings over the course of the award year through the Louisiana Public Health Institute Center for Community Capacity. Trainings will be designed by LCAP staff members and based on recommendations, expressed needs and interest of the Grantees. Potential topics for the 2010 Grant cycle include Coalition Building, Community Mobilization, Fundraising/Management, Grant Writing, Program Planning, Evaluation and Cultural Competency. Grantees will be required to attend three training sessions throughout the award year and applicants are asked to address this grant requirement as well as their capacity training session topics of interest in their RFA response. In addition, applicants should include travel to and from the trainings, overnight accommodations and meals in their proposed budgets. **In most cases, whenever possible, capacity building trainings will take place in Baton Rouge.**

1. Session 1: 4th week of February 2010; Location: Baton Rouge
2. Session 2: August, 2010; Location: TBD
3. Session 3: January, 2011; Location: TBD

Activities and support offered to the Grantees will include:

- Training in evidence-based outreach to populations highly impacted by HIV/AIDS
- Attendance at Capacity Trainings through the Louisiana Public Health Institute Center for Community Capacity
- Networking and collaboration opportunities with other grantees
- Funding for organizational and programmatic efforts
- Capacity building support for agency infrastructure and access to populations

2) MONITORING AND EVALUATION DELIVERABLES AND REPORTING

Grantee shall submit one (1) Interim Progress Report and one (1) Final/Annual Report, each including all programmatic and financial details, and any other reporting requirement(s) deemed necessary by LPHI (LCAP's fiscal agent). Specific reporting guidelines will be shared with chosen grantees at the signing of the grant contract. Reports will be due from grantees as follows:

| Report | Due Date | Period Covered |
|----------------|-------------------|------------------------------|
| Interim Report | August 31, 2010 | February 1 to July 31, 2010 |
| Final Report | February 26, 2011 | August 1 to January 31, 2011 |

Failure to submit reports in a timely manner will result in non-payment or termination of grant agreement.

3) BUDGETARY REQUIREMENTS

Payment Schedule

Respondents to this RFA can apply for up to \$25,000 for the fiscal period from February 1, 2010 to January 31, 2011. If awarded the funded organization is expected to expend funds in accordance with negotiated line item budget as agreed upon in the signed Grantee Agreement. If shifts are needed that are more than 10% in or between line items, the grantee must request approval for budget revision. It is up to the grantors discretion whether or not to approve the requested budget revision.

Payments will be made in 3 installments at 6-month intervals and a final payment at the end of the grant period. The first payment will be issued upon receipt of the signed contract. The second payment will be paid upon receipt and approval of the mid-term report. The third payment will be made upon receipt and approval of the final report.

Receipts should be maintained for all expenditures. The second payment will be issued based on progress made toward the Required Activities and funds spent to date. The second payment is contingent upon existing expenditures. At least 75% or more of funds must be spent during the first 6 month period in order to receive the entire second payment. If not, grantees will receive the exact amount spent during the designated reporting period. This same standard will apply for the third and final payment.

The Grantee will be required to return all unexpended and improperly expended funds remaining at the end of the project period.

APPLICATION INSTRUCTIONS

Completed applications with all supporting documentation should be mailed to:

Susan Bergson
Louisiana Community AIDS Partnership
Louisiana Public Health Institute
1515 Poydras Street, Suite 1200
New Orleans, LA 70112

Faxed or e-mailed applications will NOT be accepted. Organizations submitting an application are required to send **2 signed copies** of their application. Applications will be date stamped upon receipt and an e-mail will be sent confirming receipt. All applicants must include their main contact person's e-mail address on their Application Cover Sheet (located in the Appendix).

If you have any questions, please call Susan Bergson at 504-301-9836 or email sbergson@lphi.org

Please note that applications that do not adhere to the following will automatically be disqualified for consideration:

- Applications **must be received by January 11, 2010 by 4pm CST**. Postmarked by January 11, 2010 is not acceptable.
- Applications should be typed, single spaced, one inch margins, page-numbered and font should be 12-point Arial, Courier, or Times New Roman.
- Each page should have the organization's name on it
- Applications should not be bound or stapled. This includes clear presentation binders etc. (Binder clips and large paperclips are acceptable).
- All application components must be submitted in the order specified.
- Applications should not exceed 15 pages in length (not including the Cover Sheet, Table of Contents, Appendix Content Sheet, and other required attachments that will be included as appendices).
- Organizations submitting an application are required to send 2 signed copies of their application.

APPLICATION FORMAT INSTRUCTIONS

The application must include the following components (12 pages maximum, excluding appendices):

1. Organization Summary (2 page maximum)

- a) Overview of the organization, including its mission and key activities.
- b) Summary of significant organizational achievements
- c) Explicitly describe what highly impacted community your organization serves and how you serve that population(s)

- d) Describe how your staff and volunteers are reflective of the population(s) you wish to serve
- e) In Appendix D (not included in the page limit), list all types of services your organization has provided or is currently providing to the proposed target population(s) and when provision of each type of service began. **Please be sure to note if you have pending application(s) for the same or similar program(s) with other funders.**

2. Statement of Need (2 page maximum)

Provide an overview of the organizational and/or community needs that will be addressed by the proposed activities. In addition, the following items outline the specific information that should be included for each type of grant request.

- **Systems Change** - Indicate how the grant will enable the organization to impact policy changes that incorporate HIV/AIDS prevention. Include a statement of the challenges and opportunities the applicant organization is currently facing in integrating HIV/AIDS prevention.
- **Targeted Interventions:** Describe the needs in the community that will be addressed by the proposed program. Describe the program's target population(s) (age, gender, race, socioeconomic status, risk group, etc.). Explain how the program is innovative while still being evidenced based and designed to address the specified needs, and how the grant will strengthen the program. Include a discussion of any potential challenges that may be encountered and identify alternative approaches or solutions that will enable the success and sustainability of the program. Describe other programs in your area targeting this/these population(s) and how your proposed program is similar and/or different.
- **Awareness** - Indicate the methods that will be used to increase knowledge and perceptions of the impact of HIV/AIDS. Clearly describe current efforts being implemented towards impacting this issue. Be sure to include which groups (organizations or populations) will be involved the roles and responsibilities of each involved party and how this support will assist in formulating and/or pursuing the previously mentioned awareness agenda.

3. Program Narrative: Goal(s), Objectives and Activities (4 pages maximum)

Briefly describe the proposed program that will be implemented with this funding and provide detail on the goals, objectives and activities. When completing this section of the Application, be sure to list each applicable objective and corresponding activity or activities under the respective goal.

Goal(s) - Please indicate the overall goal(s) to be achieved through the support provided by this grant.

Objectives (maximum of 5 per goal) - What are the objectives of the proposed request? Objectives must be stated in Specific, Measurable, Achievable, Realistic and Time-phased terms.

Activities (maximum of 5 per objective) - Please indicate which activities the organization will undertake to meet each applicable objective during the grant period. This should match your project timeline which should be included as an attachment (Appendix E).

4. Evaluation (3 page maximum)

Describe background and experience the organization has in monitoring and evaluating health and HIV/AIDS-related interventions and programs. What will be the indicators of success for this proposed request? What kind of evaluation tools will be used (e.g., surveys, client interviews, external evaluators, and reports)? What data will be collected and how will the evaluation results be used?

5. Technical Assistance (1 page maximum) – REQUIRED: This section is required on all grant applications.

Please describe in specific terms the type of technical assistance that will be most beneficial to your organization. Grantees selected for funding will undergo a more thorough assessment process to determine and prioritize specific needs. Potential topics for technical assistance include: Coalition Building, Community Mobilization, Fundraising/Management, Grant Writing, Program Planning, Evaluation and Cultural Competency. Please state your understanding of this requirement and confirm your attendance and participation if chosen for a 2010 Grant.

6. Attached Budget Information (3 page maximum but not included in page limit)

a) Budget: Applicants should use the budget form posted in the “Grant Announcements” section on our website- www.lphi.org/lcap. The budget should be for a 12-month period, February 1, 2010 to January 31, 2011. Applicants should only apply for necessary funding up to a maximum amount of \$25,000. Requests for higher amounts may not be approved for the full amount. Please refer to the eligible expenses outlined in the grantee eligibility and selection criteria section. Don’t forget to include expenses related to the three capacity building trainings.

b) Budget Justification: In the space provided on the budget form (column B), provide a brief narrative explanation of the proposed expenses, such as the roles of personnel or consultants, and the use of materials, supplies and equipment requested.

c) Funding Sources: In the space provided on the budget form, please indicate the amount of funding secured and/or pending for this proposed request from other sources. On a separate sheet of paper in the budget section, be sure to provide a listing of other funders or donors (individuals, corporations, foundations, and government agencies) that are being sought to support the systems change, targeted interventions or awareness request.

d) A current organizational income statement is required (**not included in the page limit**). The statement of income should list all sources of financial support (i.e. foundations, government agencies, fund-raising events, individual contributions, in-kind support, etc.) Foundations and government bodies are to be listed by name. Use the Income Statement form in Appendix F to present this information.

7. Required Attachments

_ **Budget** (see the budget form posted in the “Grant Announcements” section on our website- www.lphi.org/lcap)

_ **Budget Justification** (note the justification should be written into column B on the budget form. If there is need for further narrative, it can be written in below the budget section)

_ **Organization Budget** – the organization’s operating budget for the current fiscal year

_ **Summary of Funding Sources & Current Contracts related to the proposed target population(s) for this grant application** (Appendix D) - *please be sure to note if you have pending application(s) for the same or similar program(s) with other funders*

_ **Project Timeline** (Appendix E)

_ **Income Statement** (Appendix F) - note you can either use the form provided or provide your own income statement as long as it contains the same information as the Appendix F form

_ **Audit** – the most recent independent audit. If your organization does not have an audit, submit your most recent IRS Form 990. If you do not have either document, please provide a detailed letter of explanation.

_ **Proof of Tax Exempt Status** – a copy of the IRS letter stating the organization’s tax exempt status

_ **Board of Directors** list with professional affiliations

_ **Board Resolution**- CBOs are required to submit a current (less than 2 years old) board resolution, which designates an agency representative responsible for signing an official contract.

_ **Bio-sketch of key program staff** members (no more than 1 page for each staff member)

_ **Community Referral Agreements** (Appendix G). For each organization you will be collaborating with to coordinate services, make referrals for services, or access their clients, attach a collaborative agreement. These agreements should be included in the Appendices. The following key elements should be reviewed when developing a collaborative agreement¹.

Sample:

Agency X will serve as the lead agency in the implementation of risk management and will collaborate with a services agency, Agency Y to provide the services. Agency X will offer targeted outreach, health education and risk reduction (HERR) activities, and risk management to

¹ Collaborative agreements are formal statements of commitment between organizations/businesses to collaborate or cooperate on a program. The agreement describes specific roles and responsibilities of both organizations involved. Please use the sample as a guide.

devise strategies and interventions that meet the ongoing needs of the target populations. Agency Y will implement the outreach component of the project to build rapport with the community, identify factors that influence the behavior of the target populations, identify barriers, and to refer individuals as needed to other interventions offered by Agency X including PCM. Agency Y will also aid in the recruitment of clients for PCM. Both agencies will serve the other in a mentoring capacity. These collaborations will provide access to harder-to reach populations, increase diversity of staff, eliminate duplication of services and build capacity between both organizations.

SELECTION PROCESS

The Louisiana Community AIDS Partnership will involve a diverse group of experts and advocates from across the state in finalizing award decisions. Applicants will be notified of decisions by January 19, 2010. The following is an overview of the process for review of grant applications submitted in response to the Request for Applications (RFA) for the 2010 Grants Program.

Grants are systematically reviewed and awarded through a four-step process:

1. Technical Review by LCAP Staff – Grant applications are reviewed for compliance with application guidelines; those applications which pass are sent to Primary Review.
2. Primary Review by LCAP Grant Review Sub-Committee Comprised of LCAP Advisory Council Members; funders and community members- Applications that passed initial technical review are evaluated by the Grant Review Sub-Committee using an objective scoring mechanism. This Committee also makes recommendations for funding status and needed modifications.
3. “Best and Final Offer” Calls – During these LCAP communicates needed programmatic and budget changes to potential grantees.
4. Revised Applications are Submitted to LCAP for award. Scores from the primary and secondary panels will be added together and an average score computed. That average score will then be compared across all applicants. The findings from the Grant Review Sub-Committee will guide resource allocation decisions.

APPENDIX A

(For Internal Purposes Only)

COVER SHEET

FY 2010 GRANT APPLICATION

(Please type or print very clearly.)

Organization: _____

Contact Person: _____

Program Director: _____

Address: _____

City: _____ **Parish:** _____ **Zip:** _____

Phone: _____ **Fax:** _____ **Email:** _____

Person Authorized to sign contract: _____

Name Title

Signature of Authorized Person: _____

Type of Organization (select all that apply):

Community-based Group _____ Faith-based _____ Nonprofit _____ Other: _____

Tax Status

Tax-Exempt 501(c)(3) organization (enclose IRS document)

Federal tax identification number _____

Grant category (e.g. Systems Change; Targeted Interventions; Awareness) _____

Grant request amount _____

Was your organization an LCAP Grantee in 2009?

Yes

No

What Louisiana Public Health Region will this project serve? _____

What Parish(es) will this project serve? _____

APPENDIX B

2010 Louisiana Community AIDS Partnership Grant Application

Table of Contents

Organization Name: _____

| Section | Page Number |
|---|-------------|
| Organization Summary | |
| Statement of Need | |
| Program Narrative: Goal(s), Objectives and Activities | |
| Evaluation | |
| Technical Assistance | |

APPENDIX C

Appendix Content Sheet

Organization Name: _____

Please list in order any documents you are attaching in your Appendix. Note, Appendices D, E and F are required as well as the budget, budget justification and any collaborating agreements containing the information in the example Appendix G (if applicable)

| Order | Appendices |
|-------|------------|
| 1 | |
| 2 | |
| 3 | |
| 4 | |
| 5 | |
| 6 | |
| 7 | |
| 8 | |
| 9 | |
| 10 | |
| 11 | |
| 12 | |
| 13 | |
| 14 | |
| 15 | |
| 16 | |
| 17 | |

APPENDIX D Summary of Funding Sources & Current Contracts

Include all HIV/AIDS related contracts/programs & programs to the **proposed target population(s) for this grant application**

| Source of Funds | Amount of Contract | Target Population | Intervention/Service | Geographic Area | Funding Period |
|-----------------|--------------------|-------------------|----------------------|-----------------|----------------|
| | | | | | |

APPENDIX F

INCOME STATEMENT (Include all HIV/AIDS related contracts/programs – even those noted in Appendix D)

| Source of Funds | Amount of Contract | Target Population | Intervention /Service | Geographic Area | Funding Period |
|-----------------|--------------------|-------------------|-----------------------|-----------------|----------------|
| | | | | | |

Appendix G

COLLABORATION AGREEMENT FORM

TO: _____
Name of applicant

Address of applicant

FROM: _____
Name of cooperating agency/business

Address of cooperating agency/business

In the event that the above applicant agency receives funding for HIV prevention activities, we agree to coordinate and collaborate and/or provide the following services:

Applicant Agency will:

Collaborating Agency will:

I understand that personnel from the Louisiana Community AIDS Partnership may verify this information.

Authorized signatory of Proposing Agency Title Date

Authorized signatory of Cooperating Agency Title Date