

Southern HIV Impact Fund 2017–2018 Request for Proposals

*“There is no such thing as a single-issue struggle, because we do not live single-issue lives.”
-Audre Lorde*

Executive Summary

In 2016, Funders Concerned About AIDS (FCAA) convened a group of funders interested in a collaboration to create leveraged impact on the HIV epidemic in the U.S. South. This newly-established, pooled fund brings a strategic focus on HIV care and prevention services, advocacy, and leadership development efforts in the U.S. South, with a coordinated approach among funders. With generous support from Gilead Sciences, Ford Foundation, Elton John AIDS Foundation, and ViiV Healthcare, AIDS United as the fund manager, in partnership with FCAA, is pleased to release this request for proposals for grant support through the **Southern HIV Impact Fund**.

The Southern HIV Landscape: Disparities, Strength and Resiliency

The South has an extremely disproportionate burden of HIV disease when compared with other regions of the U.S. In 2015, the Southern region accounted for an estimated 38 percent of the total U.S. population,¹ yet an estimated 50 percent of all new HIV diagnoses (at any stage of the disease) occurred in the South;² a rate that is alarmingly disproportional to its population. The South also has the highest rate of stage-three HIV infections (AIDS) as an estimated 9.2/100,000 people living with HIV in the South are living with AIDS, and survival rates from AIDS are also the lowest nationally.³ Nationally, 40 percent of all people living with AIDS reside in the South.

Many people living with HIV in the South face an array of overwhelming challenges in their day-to-day lives. Structural barriers such as poverty, inadequate education, persistent HIV stigma, racism, homophobia and transphobia, and unequal access to insurance and specialized HIV care, all pose significant obstacles to individuals accessing needed treatment and support. Not only are Southerners more likely to contract HIV, they are dying at higher rates of AIDS as well⁴. The death rate among people living with HIV is higher in Southern states than in any other U.S. region.⁵ In some Southern states, people living with HIV are three times as likely to die as those in other states.⁶ According to the Centers for Disease Control and Prevention (CDC), 52 percent of all AIDS deaths occur in the South. This indicates people living with HIV in the region are not getting the care they need to stay healthy, particularly in non-urban areas. Most states with the lowest levels of linkage to care for people living with HIV are in the South.⁷

Due to shortages of public and private funding, many rural areas in the South do not have nearby HIV services.⁸ This proves to be particularly challenging for Southerners living with HIV, many of whom live in small metro and rural communities, in need of specialty care and social services. Inadequate insurance coverage exacerbates the

¹ United States Census Bureau. *State Population Totals 2015*. <https://www.census.gov/popest/data/state/totals/2015/index.html>

² Centers for Disease Control and Prevention. *HIV Surveillance Report Volume 26*. <http://www.cdc.gov/hiv/pdf/library/reports/surveillance/cdc-hiv-surveillance-report-us.pdf>

³ Centers for Disease Control and Prevention. *HIV Surveillance Report Volume 26*. <http://www.cdc.gov/hiv/pdf/library/reports/surveillance/cdc-hiv-surveillance-report-us.pdf>

⁴ Reif S, et al. HIV diagnoses, prevalence, and outcomes in nine southern states. *J Community Health*. 2014 Dec.

⁵ Reif S, Pence BW, Hall I, et al. HIV diagnoses, prevalence, and outcomes in nine southern states. *J Community Health*. 2014 Dec;39(6).

⁶ Centers for Disease Control and Prevention. *HIV Surveillance Report*, 2014; vol. 26. <http://www.cdc.gov/hiv/library/reports/surveillance/>. Published November 2015. Accessed July 2016.

⁷ Centers for Disease Control and Prevention. *HIV Surveillance Report*, 2014; vol. 26. <http://www.cdc.gov/hiv/library/reports/surveillance/>. Published November 2015. Accessed July 2016.

⁸ Zuniga MA, Buchanan RJ, Chakravorty BJ. HIV education, prevention, and outreach programs in rural areas of the Southeastern United States. *Journal of HIV/AIDS & Social Sciences*. 2006;4(4):29–45.

problem and the absence of Medicaid expansion in most of the South has crippling effects on efforts to address health disparities in the region.⁹ Overall, the region receives insufficient resources— compared with other areas — of federal, state and private HIV funding to redress this chronic problem.

There are also obstacles to HIV prevention in the South. The barriers to accessing HIV treatment detailed above also impact the effectiveness of treatment as prevention in the South. When people living with HIV are able to attain undetectable viral loads through effective HIV treatment, this leads to reduction or elimination of new HIV transmission and infection. When people are not able to access HIV treatment, it is not only an unacceptable blow to personal health, but also deters prevention efforts. Additionally, critical prevention tools for HIV-negative individuals—such as pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP), both biomedical interventions proven to be effective in prevention of HIV acquisition—must be easily accessible if they are to assist people in remaining HIV-negative and to truly move Southern communities toward the end of the epidemic. Southerners must have unfettered access to both HIV care and prevention.

Understanding the challenges faced in the South is critical to developing strategies to end the epidemic. However, it is equally important to recognize the strengths and commitment that Southerners possess in creating effective, relevant programs and initiatives to address the HIV epidemic in their communities. There is a strong legacy of social justice work in the South that has long focused on racial and gender equality and reproductive rights, and many allied organizations who are primed to be tapped for addressing the HIV epidemic. Organizations working in the intersecting fields of racial and social justice, gender equality and reproductive rights, LGBTQ, immigration, detention and mass incarceration, among others are well-positioned to positively impact the social determinants of health that have significant implications for people living with or at risk of HIV in the South. This new initiative is committed to identifying leaders and organizations that are already engaged in HIV work, as well as those who will be relatively new to HIV but are engaged in intersecting social justice work, to effectively address the prevention, care and support, advocacy and leadership needs of individuals and communities affected by HIV.

Background on the Initiative

The funding members of the **Southern HIV Impact Fund** developed the following mission and values statements to guide their work on this critical new initiative. Understanding this background will be helpful to applicants in developing the design and outcomes of their project:

MISSION STATEMENT

We are a collaborative of funders seeking to leverage impact together for a more coordinated and effective response to the disproportionate impact of HIV in the U.S. South.

VISION

- We envision impactful and coordinated investment in communities where resources are most needed.
- We envision unfettered access to HIV-prevention and care for those living with HIV in the U.S. South.
- We envision a robust pipeline of leadership that is reflective of the HIV epidemic in the U.S. South.
- We envision intersectional and sustainable social justice movements with HIV as a central pivot point.

STRATEGY

In addition to awarding financial resources, the Fund will provide in-depth coaching, mentoring and technical assistance to grantees. The Fund will support a robust pipeline of diverse leadership and ensure that a range of organizations receive assistance that they identify as critical in increasing their capacity and sustainability. Through a collaborative framework, member funders will be able to support a level of coaching and technical assistance that is not possible through single-source grantmaking. Applicants that do this work within an intersectional framework that addresses the cross-cutting issues impacting the lives of people living with HIV will be given priority for funding.

⁹ Reif S, Pence BW, Hall I, et al. HIV diagnoses, prevalence, and outcomes in nine southern states. *J Community Health*. 2014 Dec;39(6).

VALUES

- Operate with transparency in grantmaking
- Ensure grantmaking is informed by and responsive to community needs
- Bring an intersectional approach to movement-building and service delivery
- Build on the existing infrastructure and resilience inherent in Southern communities
- Offer user-friendly and flexible grantmaking processes, accessible to a wide range of organizations and groups
- Take risks and award innovation
- Bring race, class and gender analyses to the grantmaking process

OUTCOMES

- Increase collaborative efforts across the U.S. South to end HIV and reduce health disparities
- Catalyze a demonstrable increase in leadership in the U.S. South that is more reflective of the regional HIV epidemic, while also providing support to current leaders
- Increase resources to the South, both through technical assistance and grantmaking

Purpose

The **Southern HIV Impact Fund** will prioritize identifying and supporting organizations across intersecting movements to enhance and coordinate HIV prevention, care and support services, and advocacy across the South. The Fund will support and fund organizations that focus on serving trans-identified and gender non-conforming persons; Black and Latinx gay, bisexual, and queer men; other people of color; people who experience oppressive policing and mass incarceration; and reproductive justice for women of color and gay and bisexual men – all with an emphasis on enhancing services for people living with HIV and preventing new infections in the South. For more traditional HIV-focused organizations, showing project designs or organizational strategies that intersect and partner with non-HIV social justice organizations will be looked upon favorably. The collaborative believes that the lives of people living with, or at risk of HIV cannot be siloed into one issue area.

Through the **Southern HIV Impact Fund**, AIDS United will provide a combination of cash grants and technical assistance to community-based and social justice organizations and coalitions in the Deep South. The expectation is to award 25-35 grants under three priority areas of focus:

- HIV prevention;
- Care and support; and
- Policy, advocacy and movement building.

Priority will be placed on selecting CBOs and coalitions with demonstrated access to key populations and a history of community engagement. Civil rights and social justice organizations without a previous history of HIV advocacy are encouraged to apply and demonstrate how they will integrate HIV work into their organization.

Applicants must exhibit an explicit commitment to:

- Address HIV as a racial/social justice issue;
- Apply an intersectional approach when developing and implementing strategies (e.g. addressing intersections between forms or systems of oppression, domination, or discrimination); and
- Practice meaningful involvement of people living with HIV/AIDS (MIPA).

Eligibility Requirements

Each applicant should carefully review this RFP in full before deciding to submit a request for funding. **Applicants may submit only one application for consideration.** Only applications that meet the following eligibility requirements will be considered for funding:

- **Geographic Location** – Applicants must be based in one of nine states: Alabama, Florida, Georgia, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee, and Texas.
- **Non-Profit Status** – Applicants must be non-profit, tax-exempt organizations, per the guidelines set forth by the Internal Revenue Service (IRS) with proper 501(c)(3) status. Appropriate verification of this federal status will be undertaken by AIDS United before final grant decisions are made. Organizations or coalitions that do not hold 501(c)(3) status must have a fiscal sponsor to apply.
- **Financial Stability** – Organizations should be fiscally stable and viable prior to submission of the funding application. These funds are not intended to help start new organizations, or serve as a replacement for discontinued funding. Funds received under this initiative should not make up the majority of the organization's overall operating budget.
- **Funding Priorities** – Proposed efforts focused on 1) HIV prevention, 2) care and support services, or 3) policy, advocacy and movement building are eligible. Efforts focused on medical treatment provision are not eligible for funding under this RFP.
- **Grant Period** – Applicants must be able to utilize funds within a 12-month period beginning December 1, 2017, and ending November 30, 2018.

Grant Categories

The **Southern HIV Impact Fund** offers grant support under two categories: general operating support and project-specific support. AIDS United encourages applicants to review the two categories below very carefully before determining the grant category under which they will apply.

General Operating Support

Applicants may choose to request general operating support through this funding opportunity. General operating grants provide financial resources to the organization in support of its mission and overall activities including operating expenses and overhead, rather than providing support for specific projects or programs. Funds from this grant category do not have restrictions on how they may be used, with the exception of not being able to fund grassroots or direct lobbying activities.

Organizations requesting general operating support from the **Southern HIV Impact Fund** must have a proven track record of success in working in HIV and doing so through an intersectional approach. Applicants must be able to demonstrate an understanding and history of intersecting HIV and social justice work. We encourage organizations with a history of HIV work and organizations with a history of social justice work to apply; however, for organizations without a clear and demonstrable history of that intersectional work, we strongly recommend applying for project-specific funding.

Applicants seeking funding under this grant category will need to show a clear strategy for utilizing funds that aligns with the overall organizational goals. A work plan and project budget will not be required; however, organizations will need to demonstrate how funding will be used to advance or improve work in one or more of the three funding focal areas. Requests for general operating support must contain realistic and clearly-articulated benchmarks for how success will be measured.

Project-specific Support

Applicants may choose to request project-specific support through this funding opportunity. Project-specific support is meant to provide grant funds for a distinct project with clear goals, objectives, activities and measurable outcomes.

Applicants applying for project-specific support must be able to demonstrate a history of working within their proposed population and must also have substantive experience in either HIV-focused or social justice work. Applicants are encouraged to view this RFP as an opportunity to establish or enhance efforts to address HIV in

tandem with any number of intersecting systems of oppression. Organizations that have a social justice focus may apply under this category for a new project that helps to integrate HIV into their existing work. Equally, applicants that are working in HIV, but do not necessarily have experience in applying a social justice or intersectional framework may apply to support a new project that better addresses HIV from a social justice approach. Organizations seeking funding under this grant category will need to provide a work plan and project budget.

Project Expectations

All funded projects and applicant organizations must be aligned with the following core values.

Social Justice & Intersectionality

“There is no such thing as a single-issue struggle, because we do not live single-issue lives.” This quote by writer, feminist, and civil rights activist, Audre Lorde perfectly describes the way AIDS United approaches its grantmaking in this current political and cultural landscape. It is important to look holistically at the lived experiences of people living with and affected by HIV and not solely at their health status. The HIV movement has been historically siloed; however, to end the epidemic it is necessary to work in coalition with diverse sectors, including social justice movements, to effect real change for people living with and affected by HIV.

Through this new initiative, AIDS United will continue its focus on the application of an intersectional social justice approach to HIV. Intersectionality is a framework for understanding how interrelated systems of oppression support discrimination among people who share overlapping social identities. For example, a person living with HIV may face racism and homophobia, in addition to HIV stigma, all of which may present barriers to that individual’s access to care and to their achievement of optimal health. Systemically, all must be addressed if we are to see an end to HIV in the United States. Core human rights values of dignity, equity, and wellness extend across racial justice, poverty alleviation, criminal justice reform, and affordable housing movements. Systems change often begins with grassroots organizing at the local level in support of critical issues that directly impact the health and wellness of the community. Through engagement with the broader social justice movement, grantees under this initiative will go beyond traditional HIV advocacy, prevention and care by addressing HIV-related disparities where they meet: at the intersection of public health and social justice. For example, case managers that work regularly with housing, job training, and food security organizations take an intersectional approach in meeting critical needs of individual clients beyond HIV care and treatment. Organizations that reach the populations that can be the most advantaged by access to prevention tools like PrEP may choose to work with community clinicians to integrate PrEP awareness with existing care and service providers. Increasing prevention efforts and accessing diverse community entry points for disseminating sexual and reproductive health information and resources must happen beyond only traditional HIV providers.

Meaningful Involvement of People Living with HIV (MIPA)

Competitive applicants will explain how meaningful involvement of people living with HIV/AIDS (MIPA) is reflected in the organization’s culture, hiring practices, leadership development, and project design. This will be a critical component for all applicants, but especially those who may be newer to HIV work. It is important that the expertise of people most affected by the HIV epidemic are connected to and help inform your work.

What is MIPA?

MIPA is the meaningful involvement of people living with HIV in the development, implementation, resolution and evaluation of programs and policies which impact their lives.

MIPA asserts that:

- People living with HIV are subject matter experts in the issues that they face and have the right to participate in decision-making processes about issues that affect their lives;
- Those most affected by issues are integral to identifying sustainable solutions to address them;
- People living with HIV who are involved must be reflective of the local community affected by HIV; and

- Efforts to ensure involvement should emphasize populations often ignored or excluded from decision-making.

MIPA also asserts that all people living with HIV cannot be represented by a single person, or that perspectives are race and gender-neutral. Because disclosure of HIV status can be dangerous, MIPA does not require disclosure of HIV status for participation. MIPA is more than tokenistic representation and participation.

True meaningful involvement requires that people living with HIV understand their role at the table, have a decision-making voice (including the capacity to say no without repercussions), and are resourced appropriately to participate. Efforts should be made to ensure that all people living with HIV affected by a decision can participate in making that decision, including addressing accessibility concerns. Thus, MIPA builds in the processes necessary for effective and productive coalitions of people living with HIV.

For more information on what this means to AIDS United, please view the MIPA webinar [here](#).

Project Focus Areas

The **Southern HIV Impact Fund** will provide grants for organizations and projects that are innovative, intersectional in their approach, meet a need that is unmet or insufficiently met, and are rooted in a thorough understanding of the culture and needs of the community. It is important to provide a clear understanding of the population you propose to work with and demonstrate how the staff for your project and organization is representative of the population(s) you serve. Please describe how people representative of the epidemic in your locality are involved in the design and implementation of the project. Applicants may apply for funding to support organizational efforts or projects that fall under one or more of the following categories: prevention, care and support services, and policy and advocacy.

Prevention

The landscape of HIV prevention has evolved over the years from a primary focus on providing prevention education and condom distribution to include a focus on stigma reduction and biomedical interventions such as Pre-Exposure Prophylaxis (PrEP) and Post-Exposure Prophylaxis (PEP). However, across the country and especially in the South, many factors continue to impede access to these tools, such as lack of awareness or stigma from healthcare providers, a lack of infrastructure and resources in Southern states for prevention, and a lack of community training on prevention tools.

Community-based organizations with experience in HIV prevention and care services are ideally positioned to know best what approaches and methods have the greatest potential of reaching populations most affected by HIV in their communities. Therefore, projects focused on innovative approaches to prevention interventions, particularly for those populations that are underserved and/or are disproportionately affected by HIV, will be strongly considered. Potential prevention projects may include individual-level, group-level, or community-level interventions, social marketing prevention campaigns, and social media interventions. Applicants are encouraged to integrate harm reduction approaches.

Priority will be given to proposals that seek to implement innovative or emerging HIV prevention interventions that are grounded in established theories of behavior change or based on scientific evidence, and are specifically reaching communities that are disproportionately affected by HIV.

While HIV testing is an allowable activity, it is important to note that this funding is not meant to support expansion of an existing HIV testing program. Instead, HIV testing may only be a component of your proposed program.

The long-term outcomes for this focus area are increased access among people representative of the most affected populations in the South to HIV prevention tools and reduction of HIV stigma in communities in the South.

Care & Support

Care and support services are critical to supporting positive health outcomes for people living with and affected by HIV. Projects focused on innovative approaches to care and support, particularly for those populations that are underserved and/or are disproportionately affected by HIV, will be strongly considered. Projects may include a wide range of interventions that are designed to increase access to and engagement into care, particularly for underserved and disproportionately affected populations; mitigate barriers to engaging into and remaining in care, including provision of legal services for people living with HIV; or to improve the responsiveness and capacity of care systems to meet community need. Examples of such interventions include but are not limited to structural interventions such as integrating trauma-informed care, initiating peer navigation services or implementing new technology to support engagement into care. Intersectional work with non-HIV organizations working on issues such as post-release referrals for people who are being released from incarceration, food security, job training, and housing, are all valued as part of a holistic response to increasing the health and well-being of people living with HIV.

The long-term outcome for this focus area is increased access to culturally and geographically responsive quality care and support services.

Policy, Advocacy and Movement Building

The final area of focus is meant to support projects that will: 1) contribute to a significant impact on HIV public policy and advocacy in the Southern U.S.; or 2) will play a role in building movements and expanding the base of people who support this work. Through the **Southern HIV Impact Fund**, AIDS United will make grants to support state-specific advocacy priorities that may result in changes that also impact the Southern region overall. Thus, this initiative is strategically positioned to address HIV/AIDS policy issues and ultimately help to decrease the disproportionate impact on the region.

Applicants should describe how community organizing and mobilizing, such as voter engagement, are integrated into overall project design. Successful applicants will demonstrate how HIV affects communities and individuals who also experience other socio-economic inequities and how the organization's intersectional approach will help address the local HIV epidemic.

Projects conducted in collaboration with intersectional partners often maximize resources. Applicants are not required to have partners embedded within their project or budget, however, including language about explicit, existing partnerships that will advance the goals of their project will make those applications more competitive.

The long-term outcome for this focus area is improved local and state policies that reduce stigma and discrimination and increase access to prevention, care, treatment, and support services.

Supporting New & Emerging Leaders

It is critical that a robust pipeline of leadership, made up of both current and emerging leaders, exists in the effort to end HIV in the South. The funders who are resourcing this initiative are committed to bringing together their collective resources to offer meaningful leadership development of Southerners addressing HIV, particularly those who are members of Black, Latinx, queer, and transgender communities. AIDS United will offer a leadership development component of its technical assistance efforts to focus on this endeavor. Applicants have the opportunity to express interest in this area of TA in their proposal. AIDS United will build a 10-person cohort of individuals for this year-long effort that will include individual coaching by a leader in the field that fits the needs and professional goals of each participant; small group, in-person trainings twice during the grant year; individualized, hands-on projects focused on relevant professional development desires; and, follow-up support and mentoring after the training ends.

This is an optional component of the proposal; should organizations request to participate in the leadership development component, proposals should include a recommendation of an emerging or existing leader in their organization who would participate. This should be someone who is representative of the HIV epidemic in the South. That leader's work time may be covered at up to five percent within the grant request.

Technical Assistance

The technical assistance (TA) component of the **Southern HIV Impact Fund** is a partnership between grantees and AIDS United. AIDS United will work with grantees to match organizational need to a subject matter expert with the appropriate skillset and experience. In some cases, a grantee within the cohort with a particularly strong area of expertise may be invited to provide TA to fellow grantees. TA consultants engaged by AIDS United may provide technical assistance in areas specifically related to the grantee's project. TA may also include broader assistance around further integrating racial justice or MIPA principles into the organization's project and culture. And finally, grantees may also receive TA focused on strengthening overall organizational development. If multiple grantees request similar types of TA, AIDS United may facilitate development of small learning communities of organizations with similar needs.

Some non-HIV-specific organizations may require assistance in building their knowledge of HIV issues and systems. TA for these organizations will focus on strengthening their understanding of HIV basics such as HIV epidemiology, biomedical interventions, funding infrastructure, and policy issues.

Applicants may request specific TA in the proposal. In addition, TA may come as a condition of the grant award based on the recommendations of the external review committee. Please note that TA is provided in addition to the monetary grant award, at no cost to the grantee. Expenses related to TA should not be included as a line item in the project budget.

Evaluation

AIDS United and the **Southern HIV Impact Fund** are invested in the evaluation of their work and the work of the grantees. They also understand that many of the projects undertaken by grantees will include activities and outcomes that are difficult to measure and may take time to come to fruition. They are committed to assuring that evaluation processes are not unduly burdensome and that evaluation activities result in learning and are not merely measurement for measurement's sake. Being able to build evaluation skills and experience will only strengthen grantee capacity to pursue future funding, show the impact of their work on communities and increase organizational sustainability.

As such, AIDS United has engaged Strength in Numbers Consulting Group (SiNCG) to develop appropriate metrics and evaluation processes in collaboration with grantees.

If selected to receive a grant award, organizations responding to this RFP will be requested to participate enthusiastically in evaluation activities including:

- In a baseline survey about evaluation capacity and the anticipated processes and outcomes relevant to the activities funded through **Southern HIV Impact Fund**
- Collaborative discussions for developing and implementing measurement of these processes and outcomes
- Measurement of processes and outcomes at the organization as negotiated with the Fund's staff and consultants
- Discussions of the findings of process and outcome evaluations
- Other activities as appropriate

(If grantees do not have in-house capacity for data analysis, AIDS United may provide such analysis.)

Grantees may also elect to participate in voluntary activities, such as attending additional evaluation workshops, receiving technical assistance site visits from evaluators and learning how to conduct evaluation for other AIDS United grant funding and non-AIDS United grants and awards.

To learn more about Strength in Numbers and their approach to participatory evaluation processes, visit www.SINCG.com.

Award Information and Timeline

Grants awarded through this initiative will begin December 1, 2017 for a twelve-month period. The funding cap for grants under this initiative is \$100,000, with most awards falling between \$60,000 and \$80,000. Given that many applicants will not be funded at their maximum request, please consider how the proposed project could be scaled to account for a lower funding amount.

Applications are due no later than 5:00 PM Eastern Time on Friday, September 29, 2017. Without exception, late applications will not be considered. All applications must be submitted either electronically via AIDS United's online application system or via phone/video conference. Please see the application instructions on pages 9-13 for more information on how to submit.

Below is a timeline for the first year of the **Southern HIV Impact Fund**. Please note that the grantee convening is scheduled to take place in February 2018. One person from each funded organization will be required to attend the convening.

Timeline

August 15, 2017	Request for Proposals released
August 22 & 31, 2017	Application assistance conference calls
September 15, 2017	Requests for phone or video conference applications due
September 29, 2017	Complete applications due by 5:00pm ET
November 10, 2017	Approved applicants will be notified of funding decisions
November 17, 2017	Negotiation of final targets and execution of grant agreements
November 30, 2017	Applicants not funded notified of funding decisions
December 1, 2017	Grant period begins
February 2018	Grantee convening
May 31, 2018	Interim grantee progress reports due
November 30, 2018	Grant period ends
January 15, 2019	Final grantee progress reports due

Eligible Expenses

Grant funds may be used for the following:

- Direct personnel expenses or consultant costs to implement the proposed project; and
- Indirect expenses directly related to the proposed project activities (**up to 20% of project-specific support**).

Prohibited Use of Funds

Grant funds may **not** be used for:

- X** Direct or grassroots lobbying (please see *Explanation of Lobbying Activities* on page 14 for complete description);
- X** Medications or medical care;
- X** Facility acquisition or renovation;
- X** Deficit reduction or debt payment;

- X** Displacement of existing funding sources; and
- X** Indirect expenses outside of the percentage noted in your budget.

Lobbying and Budget Requirements

Funds under this initiative may not be used for lobbying activities. Where an applicant intends to avoid lobbying activity entirely (as, for example, by having program activities fall under one or more of the exceptions noted in the *Explanation of Lobbying* section), it is not necessary to split the budget between lobbying and non-lobbying activities. However, in some cases, applicants may choose to engage in lobbying activities in order to move policy forward. In this instance, applicants must demonstrate that financial resources outside of this initiative are sufficient to support permissible lobbying activities. It is strongly recommended that applicants review *Explanation of Lobbying* on page 14.

Projects that include lobbying activities must have at least a 10% cost-share to ensure that funds from this initiative will not be used for lobbying. Applicants must describe the following requirements in the budget template:

- A breakdown of lobbying and non-lobbying activities;
- Representation that funds from this initiative will not exceed the non-lobbying amount; and
- Explanation that funding outside of the **Southern HIV Impact Fund** are sufficient to support lobbying activities.

Please refer to page 14 for an explanation of lobbying activities and additional clarification on what constitutes lobbying costs.

Those applicants requesting general operating support must note in the narrative that grant funds will not be used for lobbying purposes.

Selection Process

All applications will be reviewed by an external committee of subject matter experts. The reviewers' task is to evaluate the merit of each proposal based on the goals outlined in this RFP and make recommendations on whether to Fund, Not Fund, or Discuss applicants' proposals.

Application Information

When developing your application, please note that grant reviewers may not be familiar with any efforts previously or currently funded by AIDS United. Therefore, be sure to fully describe the proposed activities and strategies as well as previous relevant experience in a way that will help people who may be unfamiliar with your organization understand work-to-date and what your proposed work will entail.

Page Limit

The total length of the **proposal narrative** may not exceed 8 single-spaced pages with 12-point font. Letters of commitment, budget documents, and other attachments are not included in the page limit.

Organizational Profile

Please describe:

1. Title
2. Total one-year amount requested (cap is \$100,000)
3. Summary of project or grant request (two to three sentences maximum)
4. Type of request(s):
 - a. Prevention
 - b. Care & Support Services
 - c. Policy, Advocacy and/or Movement Building

5. Organization type (CBO/ASO/faith-based/human rights organization/clinic or medical provider/legal aid/other _____.)
6. Total organizational budget, rounded to the nearest dollar (current fiscal year)
7. Summarize the organization's mission (two to three sentences)
8. Geographic area served (urban, suburban, rural, reservation-based, statewide, region, etc.)
9. General Constituent Population Profile
 - Age
 - Gender
 - Race and ethnicity
 - Socio-economic status
 - Self-identified sexual orientation
 - Self-identified HIV status
10. If your organization is not recognized by the IRS as a 501(c)(3), please list your fiscal sponsor's information. A fiscal sponsor is a 501(c)(3) organization that may be acting as your financial agent if you do not have 501(c)(3) designation.
 - Organization name
 - Contact person at your fiscal sponsor
 - Contact telephone number
 - Contact e-mail address
 - Fiscal sponsor EIN
 - Fiscal sponsor Address
 - Fiscal sponsor City/State/Zip

Narrative (8-page limit)

Organizational Background – *Required for all applications*

1. Please provide a brief description of your organization's history and purpose, including mission, goals, and priority populations. If applicable, please briefly describe your fiscal sponsor, including its relationship to your work, its history, and purpose.
2. Please describe the local HIV epidemic and how it intersects with other key social and/or racial justice issues.
3. Please describe the role your organization plays with regard to the intersection between HIV and other key social/racial justice issues. If your organization does not have a history of intersectional work, please describe how you plan to integrate a more intersectional approach to addressing HIV in your community.

Project-Specific Support – *Only for project-specific applications*

4. Please describe the project including overall strategy, priority population(s), collaborating partners, and expected outcomes specific to each focus area under which you are applying.
5. Please describe opportunities as well as challenges to implementing the proposed project. What resources are necessary to address them?

Project Workplan (2-page limit, not included in the narrative page limit)

Please list primary goal(s), SMART objectives (specific, measurable, achievable, realistic, time-based), key activities, and expected outcomes for the project period. Please be realistic in your workplan projections, considering the funding levels that are available.

General Operating Support – **Only for general operating support applications**

Organizations applying for funding to support general operating costs will need to demonstrate an understanding and history of intersecting HIV and social justice work. We encourage organizations with a history of HIV work and organizations with a history of social justice work to apply; however, for organizations without a clear and demonstrable history of that intersectional work, we recommend applying for project-specific funding.

4. Please describe your organization’s overall goals for this funding and strategy(ies) for meeting those goals. Please include information regarding priority populations, collaborating partners, and how your work will lead to the expected long-term outcomes for each focus area under which you are applying.
5. Please describe the benchmarks that will determine success.
6. Please describe opportunities that are driving your organization’s efforts in the selected focus area(s) and resources needed to maximize those opportunities.
7. Please describe challenges to meeting your identified goals and benchmarks for success and what resources are necessary to address them.

Leadership Development – **Optional for all applications**

1. If applying for inclusion in the leadership development component of this initiative, please identify a key emerging or existing leader from your organization who you would propose to be part of a year-long leadership training. This should be someone who is representative of the HIV epidemic in the South. Describe the work they do at your organization and why you believe the individual is best suited to receive this additional training.

Technical Assistance (half-page limit)

Please describe the type of TA that will be most beneficial to help achieve your proposed project goal(s). Possible TA options include overall organizational development and coaching, integrating racial justice or MIPA principles, increasing knowledge around the HIV epidemic, prevention and care interventions, and addressing HIV and related policy issues.

Attachments

Please include the following attachments in your application:

1. Budget—**for project-specific requests only**
 - Please use the budget template included with the RFP documents. The template is downloadable from FoundationConnect and can be found [here](#). **Other budget formats will not be accepted.** Please refer to the instructions tab of the budget workbook to complete the template.
 - Clearly describe project expenses including justification for each line item. Please refer to the eligible expenses outlined on page 8 and 9.
 - The indirect cost rate must be no more than 20% of project-specific support.
 - If applicable, lobbying activities should be described using the split budget as outlined in the **Lobbying & Budget Requirements** section on page 9.
 - If applicable, please indicate other funding sources—secured or pending—in support of this project.
2. Annual Operating Budget: Please provide the current annual operating budget, including expenses and income.
3. Organizational chart: Please show all staff positions within the organization on one page.
4. Audit: Please attach your most recent independent audit. If your organization does not have an audit, submit your 2016 IRS Form 990. If neither document is available, a letter of explanation is required.

5. List of Board of Directors: Please attach your most recent list of Board of Directors with their professional or community affiliations. If your organization does not have a Board of Directors, please send your fiscal sponsor's Board information. If neither is available, a letter of explanation is required.
6. [Diversity Table](#): Please refer to the instructions in the table for how to accurately complete the form.
7. Memoranda of Agreement or Letters of Support. (Optional)

Application Submission Instructions

Completed proposals submitted through the online system, FoundationConnect, are due by **5:00 pm Eastern Time, Friday, September 29, 2017**. Proposals submitted via phone or videoconferencing must take place by that time, however, *you may only apply via phone or videoconferencing by making an appointment in advance*. Appointments to submit via phone/videoconference **must be made no later than 5:00 pm Eastern Time, Friday, September 15, 2017**. Please see below for further instructions.

Late, incomplete, emailed, mailed, express-delivered, or faxed proposals will not be accepted. Questions about the application process may be directed to southernfund@aidsunited.org or Melanie Powers at mpowers@aidsunited.org or (404) 594-5410. Please include your organization's name in the subject line of the message. **Applicants are strongly encouraged to complete the application early to allow for unforeseen technical difficulties.**

Applications may be submitted in one of two ways. Please see below for explanations of how to submit online via FoundationConnect and via phone/video conference.

Written Applications

All the information outlined in the Application Information section must be submitted through the online application system, as directed. Each question will have a character limit of 8,000 characters **including letters, numbers, punctuation, tabs, and spaces**. However, all formatting counts as HTML code and therefore increases how many characters are used. AIDS United recommends completing the application in a word processing program before submitting online to monitor page count making sure to "paste as plain text" into the system. Application materials will NOT be accepted through email, fax, mail, or express delivery.

The online submission system may be accessed by clicking [here](#) and logging in. If the applicant already has an account, please use it to log in to access the application. If the applicant does not have an account, click the "Register" button to create one. **For first-time users, AIDS United strongly recommends accessing the system far in advance to address any technical difficulties.** If you have any difficulties with the online system, please email southernfund@aidsunited.org or Liam Cabal at lcabal@aidsunited.org.

Phone/Video Conference Call Submissions

Applicants must email southernfund@aidsunited.org by **September 15, 2017, 5:00 pm Eastern Time** to schedule a phone/video conference submission appointment.

Phone/video conferences will last approximately one hour. Applicants should be prepared to provide the information listed on pages 10 and 11. All phone/video conferences will be recorded to serve as back up to the signed summary acknowledgement during the review process, as well as used as a tool for applicants to receive feedback.

After the phone/video conference, applicants will be sent a written summary of their submission for their approval. Applicants will have one working day to return the summary, acknowledging that it accurately reflects the information they provided during the phone/video conference.

Phone/video conference applicants must submit the required attachments described on page 11 via email to southernfund@aidsunited.org by **September 29, 2017, 5:00 pm Eastern Time**.

Funded organizations will be notified by November 10, 2017. Organizations not selected for funding will be notified in writing, no later than November 30, 2017. Please do not call or email to inquire about the status of your application during the review process.

Application Checklist

- Grant Application Information
- Project Narrative
- Project Workplan (*only for project-specific applications*)
- Project Budget (*only for project-specific applications*)
- Current Annual Operating Budget
- Audit
- Board of Directors List
- Organizational Chart
- Diversity Table
- Memoranda of Agreement or Letters of Support

Technical Assistance during the Application Process

Virtual Meetings

AIDS United will convene two, one-hour virtual meetings to provide clarification about the RFP and key application submission tips. We ask that you register at least one business day in advance.

[Register here](#) for **Tuesday, August 22, 2017, 3:00 pm ET/2:00 pm CT**

[Register here](#) for **Thursday, August 31, 2017, 11:00 am ET/10:00 am CT**

AIDS United is committed to assisting eligible applicants with the preparation of a complete and responsive application to the **Southern HIV Impact Fund**. Staff are available to answer questions and provide technical support. Please submit questions and requests for assistance to southernfund@aidsunited.org, with your organization's name in the subject line of the message. You may also email or call Melanie Powers, Program Manager, at mpowers@aidsunited.org or (404) 594-5410.

Thank you for your interest in the **Southern HIV Impact Fund** and your ongoing commitment to ending HIV/AIDS in the South.

Explanation of Lobbying

Funds from this grant opportunity may not be used for lobbying activities. Please review the following definition of lobbying, what is not considered lobbying, and the parameters surrounding lobbying for more information.

Definition of Lobbying. Lobbying is generally defined as attempting through communications with legislators or the public to influence specific legislation, whether pending or proposed. The legislation can be federal, state, local or foreign. Under the regulations, “legislation” includes all of the following:

- 1) specific legislative proposals, including referenda and ballot initiatives, even if they have not yet been introduced (such as model legislation);
- 2) treaties requiring Senate ratification become “legislation” under the regulations beginning when the Administration begins negotiating the U.S. position with other treaty parties;
- 3) Senate confirmation of Administration appointees (e.g. federal judges and Cabinet-level officials);
- 4) Congressional appropriations; and
- 5) Congressional resolutions, even if they have no binding effect.

Types of Lobbying. There are two types of “lobbying” under the regulations: “direct lobbying” and “grass roots lobbying.” Each has a specific and technical meaning.

Direct Lobbying

- 1) Direct lobbying is a communication with a federal, state, local or foreign legislator, staffer or other official participating in the legislative process, that:
 - a) refers to specific legislation; and
 - b) takes a position on that legislation.
- 2) Ballot Initiatives and Referenda. Communications with the general public that refer to and take a position on referenda or ballot initiatives constitute direct (not grassroots) lobbying. No “call to action” is required for these communications to be lobbying because in this case, the public is the legislature.
- 3) Executive branch officials. Most communications with executive branch officials are not lobbying for purposes of the tax regulations. A communication with an executive branch official is direct lobbying only if: the communication refers to and takes a position on specific legislation (but not executive branch enforcement or interpretation action); and the primary purpose of the communication is to influence legislation (e.g., preparing testimony for an executive branch official for hearings on proposed legislation.)
- 4) ***Some examples*** of direct lobbying include:
 - meeting with legislators or their staff to discuss specific legislation;
 - drafting or negotiating the terms of a bill;
 - discussing the potential contents of a sense-of-the-Senate resolution with legislators or staff;
 - meeting with officials of an administrative agency to influence testimony on a legislative proposal;
 - providing comments to legislators on confirmation of an administration appointee, such as the Secretary of State; and
 - urging a Presidential or gubernatorial veto or signing of a bill.

Grassroots Lobbying

- 1) Grassroots lobbying is a communication with the public that:
 - a) refers to specific legislation; and
 - b) reflects a view on that legislation; and

- c) includes a “call to action” (except in specific cases, when a call to action isn’t necessary).

Some examples of a call to action include:

- urging the recipient to contact a legislator or staffer (e.g., “Tell Congress what you think,” “Call your Representative”); or
- providing the address or telephone number of a legislator; or
- providing a petition, tear-off postcard, other mailing or email communication, addressed to a legislator; or
- identifying a legislator as opposing the legislation, as being undecided, as being a member of the committee considering the legislation, or as being the recipient’s representative. Note: Simply identifying the sponsor of the legislation does not count as a call to action.

Important exception to the call to action requirement. The one circumstance in which a communication with the general public about specific legislation might be considered lobbying even without a call to action involves paid mass media advertisements on highly publicized legislation. The regulations presume that such paid communications are lobbying if:

1. they occur within two weeks before a legislative vote (including a committee vote); and
2. they reflect a view on the general subject of the legislation; and
3. they either refer to the legislation or encourage the public to communicate with legislators on the general subject of the legislation.

Legislation is “highly publicized” if it receives frequent coverage on television, radio, and in general circulation newspapers during the two weeks preceding the vote by the legislative house or committee; and (2) the pendency of the legislation or its general terms, purpose or effect are known to a significant segment of the general public (as opposed to the particular interest groups directly affected) in the geographic area where the advertisement appears.

2) **Some examples** of grassroots lobbying include:

- Sending an Action Alert urging recipients to contact their legislators about a pending bill.
- Attending a coalition meeting to help plan a grassroots lobbying communication addressing pending legislation.

Exceptions to the Definition of Lobbying or Safe Harbors

Below are the significant exceptions to the definition of lobbying:

- 1) Nonpartisan analysis and research. It is not lobbying to make materials available that present a sufficiently full and fair exposition of a public policy issue to allow the public to form its own conclusions about the issue. This is true even if the materials both refer to and take a position on a specific legislative proposal. To qualify for this exception, materials distributed to the public may not include a “call to action” and may not be distributed only to people interested in one side of the issue.
- 2) Administrative Agencies. Executive action, judicial processes, or the work of administrative agencies such as school boards, housing authorities, sewer and water districts, and zoning boards, whether elective or appointive are not determined to be “legislation.” Attempts to influence the actions of regulatory agencies are accordingly entirely protected, even where the agency is primarily concerned with promulgating regulations to effectuate legislative mandates. A grant applicant that intends to direct its efforts toward regulatory action should state the objectives of its project, describe the process by which it intends to influence the administering agency, and provide an explanation of how its objectives may be attained without resort to a legislative process.

- 3) Technical assistance. Oral or written responses to written requests for technical assistance from a legislative committee, subcommittee, or other governmental body likewise do not constitute lobbying for tax purposes. The response may include facts, analysis and recommendations, even on specific legislation. To qualify for this exception, the written request must be from a committee or subcommittee, not from an individual legislator asking on her own behalf or an informal caucus of legislators.
- 4) Discussions of broad social issues. Communications addressing broad social, economic, and similar issues are excluded from the definition of lobbying, even if the issues discussed are the subject of pending legislation, but the communication may not refer to specific legislation.
- 5) Self-defense. Communications by an organization to officials involved in the legislative process do not constitute lobbying if they concern legislation that could affect the organization's existence, powers, duties, tax-exempt status or right to receive tax-deductible contributions. This exemption is not transferable and does not apply to grass roots lobbying.
- 6) Jointly funded projects. Discussions with legislators exchanging information about a project that is, or might be, funded by both the organization and the government do not constitute lobbying. This exception does not include discussions of legislative topics other than the jointly funded project. In addition, it applies only to actions taken by the co-funding organization or its agents, not by grantees.

Determining the Costs of Lobbying Communications

In general, all costs related to the preparation and distribution of a lobbying communication must be treated as lobbying expenditures. This includes all direct costs—including an appropriate share of the current and deferred compensation of all participating personnel—of research, drafting, review, copying, publishing, mailing, or otherwise distributing the lobbying communication. It also includes an allocable share of overhead costs.

Research is not a lobbying expenditure if its primary purpose is not for a lobbying communication or if the costs were incurred more than six months before the first lobbying use.

This section is not intended to provide legal advice to applicants. Applicants should consult a lawyer or tax expert for specific questions regarding the information contained herein.

Information contained in this section taken from Open Society Foundation, Alliance for Justice, and the Brainerd Foundation.