

Syringe Access Fund Off-Cycle Grants 2019

SECTION 1: OVERVIEW

The Syringe Access Fund is a national grantmaking initiative that supports service providers and policy projects to reduce the risk of HIV, hepatitis C (HCV), and other blood-borne pathogens among people who inject drugs and their sexual partners through expanded access to sterile syringes. Established in 2004, the Syringe Access Fund has been a collaborative effort of various private foundations, corporations, and public charities that together have granted over \$20 million. Currently, leading partners include the Elton John AIDS Foundation, Levi Strauss Foundation, Open Society Foundations, H. Van Ameringen Fund, and AIDS United.

The Syringe Access Fund is pleased to announce the opportunity for off-cycle support. Organizations that applied in the Round Ten Grant Cycle (whether funded or not) are eligible to apply **if they are applying for a different project**. Organizations that did not apply in the Round Ten Grant Cycle are eligible to apply. **The SAF off-cycle grants support start-up syringe services programs and emerging policy opportunities**. There will be two reviews for off-cycle grants in 2019:

- **March 1, 2019 Deadline**
 - Organizations may apply for up to \$7,500
 - Grant period: April 1, 2019 – December 31, 2019
- **June 14, 2019 Deadline**
 - Organizations may apply for up to \$5,000
 - Grant Period: August 1, 2019 – January 31, 2020

Funding Areas

The Syringe Access Fund provides grants to support work in the following areas:

- A. Syringe Access Direct Services: Access to sterile syringes through syringe services programs (SSPs); and
- B. Education/Mobilization: Policy/advocacy campaigns focused on improving public policy at local, state, and/or national levels.

Please note that organizations can apply to *EITHER A or B* of the funding areas above.

Criteria

The primary goal of the Syringe Access Fund is to provide core support for programs that demonstrate: (a) an ability to provide high quality syringe access services; and (b) an ability to conduct local, statewide, or national-level policy advocacy initiatives.

The Syringe Access Fund will prioritize support for programs in geographic areas in which access to sterile syringes can be dramatically improved through either greater programmatic capacity or policy improvement. The Syringe Access Fund will also prioritize support for programs that involve drug users in designing, delivering and evaluating services, as well as programs that are peer- and volunteer-run (for information on meaningful involvement of people who use drugs, please find on the AIDS United website "[Meaningful Involvement of People Who Use Drugs](#)"). Other compelling factors may include HIV

and HCV prevalence, injection drug use prevalence, opioid use, overdose incidence, availability of local funding, and areas in which policy improvements can have local, state, and/or national impact.

Strategic partnerships are encouraged.

Eligibility

Syringe Access Fund off-cycle grants will support work within the 50 states, the District of Columbia, Native American Reservations/Tribal Land, the U.S. Virgin Islands, Puerto Rico, and any other U.S. territory. Organizations eligible to apply include any 501c3 organization (or those with a fiscal agent), including community-based organizations and AIDS service organizations, as well as faith-based, human rights, clinic or medical provider, and legal aid organizations

Funding

Organizations that apply for the March 1, 2019 deadline may apply for up to \$7,500 over eight months. Organizations that apply for the June 14, 2019 deadline may apply for up to \$5,000 over six months.

SECTION 2: APPLICATION INSTRUCTIONS

Completed proposals are due via AIDS United's online grant portal. *If this application is submitted with any components missing, it will be deemed incomplete and will not be considered for a grant award.* You can access the system through the AIDS United website, as explained below.

All the application information outlined in Section 3 must be submitted through the online application system, as directed. AIDS United recommends completing the application in a word processing program before submitting online, making sure to "paste as plain text" and save often. Application materials will NOT be accepted through email, fax, mail, or express delivery.

The online application and submission system may be found through the following website, <https://aidsunited.foundationconnect.org/grantsmanager/pages/GrantApplication.aspx?OrgID=00Di0000000JkIY&RequestRT=0121Y000001UTZI&CampaignId=7011Y000001gUNeQAM&IsDirect=true>.

SECTION 3: APPLICATION

Organization-Specific Questions

- Organization type (CBO/ASO/faith-based/human rights/clinic or medical provider/legal aid/other _____.)
- Total organizational budget, rounded to the nearest dollar (current fiscal year)
- Summarize the organization's mission (two to three sentences)
- Geographic area served (urban, suburban, rural, reservation-based, statewide, region, etc.)
- General Client Profile
 - Age
 - Gender
 - Race and ethnicity
 - Socio-economic status
 - Self-identified sexual orientation
 - Self-identified HIV status

If your organization is not recognized by the IRS as a 501(c)(3), please list your Fiscal Agent's* information.

**A Fiscal Agent 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 agent
- Contact telephone number
- Contact e-mail address
- Fiscal agent EIN
- Fiscal agent Address
- Fiscal agent City/State/Zip

Project-Specific Questions (Syringe Access Direct Services AND Education/Mobilization Projects):

- Project title
- Total amount requested
- Summary of project or grant request (**two to three sentences MAXIMUM**)

Program Profile (Syringe Access Direct Services Projects ONLY):

- Syringe access services in operation since (month)
- Syringe access services in operation since (year)
- Annual syringe access services program budget (This amount may be the same amount as your total organizational budget above if your organization is a stand-alone SSP.)
- Epidemiologic data:
 - Data on drug-related HIV infection in your community
 - Data on drug-related HCV infection in your community
 - Data on drug overdose rates in your community
 - Other relevant community epidemiologic information
- Staffing: The questions below ask about staffing levels at your organization. Please indicate the number of staff who work on your syringe access services program and the number who work in your organization as a whole. For some applicants, these numbers will be the same.

For others, however, there will be fewer staff working on the SSP than at the entire organization.

- # of paid full-time staff (your SSP only)
- # of paid part-time staff (your SSP only)
- # of volunteers (your SSP only)
- # of paid full-time staff (your organization as a whole)
- # of paid part-time staff (your organization as a whole)
- # of volunteers (your organization as a whole)

Service Delivery (Syringe Access Direct Services Projects ONLY):

- Total # of syringe access clients served weekly (last calendar year):
- Total # of syringe access clients served annually (last calendar year):
- Type of client data represented above (If your data represent both types of clients, please choose the one that covers the majority of your clients in this category): Duplicated or Unduplicated
- Total # of syringes provided weekly (last calendar year):
- Total # of syringes provided annually (last calendar year):

Narrative and Description of Request

- *All applicants should complete either A or B. The maximum length should be the equivalent of 5 pages in a word processing program such as MS Word. Proposals should strive to provide complete information as these following questions serve as review criteria. **Please make sure to include references/citations to support statistics.***

A. Please complete the following questions if your proposal is to support SYRINGE ACCESS DIRECT SERVICES:

- Briefly describe your current operation including recent major accomplishments and specific challenges faced. Please do not tell us the value of syringe programs in general; instead describe your specific program. Please summarize any public health data that is specific to your geographic program area.
- How would you characterize the position of your most relevant local policy makers on issues relating to syringe access?
- Please describe how you plan to use the requested funds. Include specific goals, activities, and outcomes stated in measurable terms. Explain why this funding is critical to your program and what the additional value added will be if you receive funding. This includes details on how many clients will be served and how many sterile syringes will be distributed using funds from the Syringe Access Fund.
- Please tell us about your constituency (be specific about demographics such as race, class, gender, ethnicity, age, sexual orientation and disability status). Are consumers actively involved in your work? If so, how?

- Describe project partners and their role in the implementation of this project. Please do not merely list organizational mission statements, but describe how each major partner will be involved in implementation.

B. If your request is for EDUCATION / MOBILIZATION PROJECTS, please describe the following:

- Describe the local, state, and/or national policy issue(s) your project plans to address. Please be specific as to which policy(ies) you might wish to focus on through this grant and why you have prioritized the particular issue(s).
- Provide a brief analysis of the current political landscape with respect to your proposed efforts to affect the stated policy issue(s). Why are your efforts timely and/or necessary?
- Identify key decision-makers to whom your project will be directed.
- Describe the specific goals, objectives, and activities for this mobilization and/or education effort. Please list the timelines and benchmarks you will use to measure your progress.
- Describe why your organization or your collaboration is best positioned to take on the proposed project and how you will work with other advocates or supporters of syringe access to affect policy change.
- If working as a consortium, describe why this collaboration is strategic. Include name(s) of the organization(s), contact person(s) and information, length of the collaboration, and the outcome of any past work together.

Evaluation - *Required for all applications. One page maximum.*

- Briefly describe your plan for evaluating the success of the work for which you are requesting funding.

Financial and Other Attachments - *Required for all applications. If you do not have components 3–5 below, please attach separate document(s) explaining each to assure that we do not miss your explanations in the review process.*

Please include the following in your application:

1. **Project budget**, including expenses and income. Please fill out the yellow fields in both tabs of the attached workbook. Do not use any budget form other than the one provided by AIDS United. Project budget must be submitted in Excel format.
2. Organization's **current annual operating budget**, including expenses and income. Annual operating budget must be submitted as a PDF.
3. Most recent **audited financial statements**, including cover page and the auditor's notes/findings. If the organization does not have audited financial statements, please send your fiscal agent's audit. If your organization does not have an audit or a fiscal agent, submit your IRS Form 990 for last calendar year. If you do not have either document, you must provide a detailed letter of explanation. Please note that letters of explanation will not be

accepted if you have either an audit or a 990; in that case, you *must* submit one of those two documents. Audit or 990 must be submitted as a PDF.

4. **A list of your or your Fiscal Agent's Board of Directors with professional or community affiliations.** If the organization does not have a Board of Directors, please send your fiscal agent's Board of Directors list. If neither is available, a letter of explanation is required. Board of Directors list must be submitted as a PDF.
5. For strategic partnerships, please provide any **letters of support** describing the proposed partnership, with specific roles of partners outlined in the letter. Letters of support must be submitted as a PDF.
6. A **completed diversity table** (use attached form). Please fill out the table and answer the questions, located on the second tab of the attached workbook. The diversity table must be submitted in Excel format.

Assistance throughout the Application Process

AIDS United is committed to assisting eligible applicants with the preparation of a complete and responsive application to the Syringe Access Fund. Our staff will be available to answer any questions and to provide technical support. We prefer that you submit questions and requests for assistance to our dedicated e-mail address, SAF@aidsunited.org, with your organization's name in the subject line of the message.

Thank you for your interest in the Syringe Access Fund and for your work in addressing substance use and health in your community.