



A funding partnership of the Alcohol, Drug Addiction & Mental Health Services Board of Cuyahoga County, The City of Cleveland, The Cleveland Foundation, Cuyahoga County, The George Gund Foundation, Mt. Sinai Health Care Foundation, and United Way of Greater Cleveland

**REQUEST FOR FUNDING APPLICATIONS**

The AIDS Funding Collaborative  
1501 Euclid Avenue, Suite 310  
Cleveland, OH 44115

Date of Issuance: May 31, 2019

**Technical Assistance Meetings: June 4 & 6, 2019**

**Letters of Inquiry Due: June 28, 2019**

**Invited Proposals Due: August 30, 2019**

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## TABLE OF CONTENTS

|                                     |    |
|-------------------------------------|----|
| AIDS Funding Collaborative Overview | 2  |
| National HIV/AIDS Strategy          | 3  |
| Funding Priority Areas              | 3  |
| Who May Apply                       | 5  |
| General Guidance                    | 5  |
| Application and Review Process      | 7  |
| Timeline                            | 7  |
| How to Apply & Letter of Inquiry    | 8  |
| Proposal Guidelines                 | 8  |
| Technical Assistance Meetings       | 11 |

# REQUEST FOR FUNDING APPLICATIONS

## AIDS FUNDING COLLABORATIVE OVERVIEW

The mission of the AIDS Funding Collaborative (AFC) is to strengthen the community's response to HIV/AIDS as a public/private partnership providing coordination, advocacy leadership, and funding in Greater Cleveland.

The AFC was established in 1994 in response to a recommendation by the local Citizens' Committee on HIV/AIDS to develop a "method of allocating and distributing community-based funding from local government, health departments, and the private sector." Since that time, the AFC has leveraged and invested over \$10 million to support HIV/AIDS-related services, capacity building activities and prevention efforts in Greater Cleveland. The AFC is one of the original eight Community Partnerships of AIDS United nationwide.

## AFC's Funding Partners and Members

The AFC's governing body is comprised of representatives appointed by the AFC's funding partners, along with community-at-large members, and representatives of designated community organizations that do not provide funding but have expertise regarding HIV/AIDS and/or funding of HIV/AIDS programs and services. All representatives have an equal vote in the AFC's decision-making. Current funding partners, required by the AFC's bylaws to contribute at least \$50,000 annually to AFC's pooled resources, are: the Alcohol, Drug Addiction & Mental Health Services Board of Cuyahoga County, The City of Cleveland, The Cleveland Foundation, Cuyahoga County, The George Gund Foundation, and Mt. Sinai Health Care Foundation. The AIDS Clinical Trials Unit/Center for AIDS Research Clinical Core at Case Western Reserve University participates in the AFC as a designated organization. The AFC is located within the offices of The Center for Community Solutions, which provides fiscal, administrative and program support.

## AFC's 2016–2019 Strategic Plan

In 2015, the AFC Advisory Committee entered a year-long strategic planning process, culminating with the dissemination of a strategic plan for 2016–2018. The strategic plan was then extended for one more year. It underscores the AFC's strategic role of funding, convening, and advocating to support and strengthen Greater Cleveland's response to HIV/AIDS. Additionally, the AFC reframed its lens to prioritize the health of key populations and scale up access to effective HIV prevention methods, specifically syringe exchange and harm reduction services, non-occupational post-exposure prophylaxis (nPEP), and pre-exposure prophylaxis (PrEP).

The AFC continually assesses funding gaps in the HIV/AIDS community to best use its resources to forward its strategic plan. AFC grantmaking includes: 1) **discretionary grants**, not to exceed \$5,000, for short-term or one-time HIV/AIDS-related needs in the community that are not supported by other community HIV funds; 2) **targeted**

**grantmaking**, which enables the AFC to respond in a timely manner to emerging needs by inviting organizations to submit a proposal to address specific populations or areas of unmet need as they are identified by the AFC or other community organizations; and 3) **community responsive grants** on an annual funding cycle, such as this Request for Applications (RFA). The unifying theme is that these approaches are aimed at building community capacity and adding value to the community's collective effort to address the HIV/AIDS epidemic by filling gaps that other, more prescriptive funding streams in the community cannot.

## **NATIONAL HIV/AIDS STRATEGY**

The National HIV/AIDS Strategy (NHAS) for the United States, Federal Action Plan, updated to 2020, focuses on three primary goals to be accomplished through a coordinated national response:

**Goal 1: Reducing New Infections**

**Goal 2: Increasing Access to Care and Improving Health Outcomes for People Living with HIV**

**Goal 3: Reducing HIV-Related Disparities and Health Inequalities.**

These goals provide a framework for the collective efforts of all those working to end HIV/AIDS in our country. The updated NHAS can be viewed online at <https://www.aids.gov/federal-resources/national-hiv-aids-strategy/nhas-update.pdf>. The AFC advocated for a National HIV/AIDS Strategy and supports the goals and action steps; the AFC's strategic plan is aligned with the NHAS.

## **FUNDING PRIORITY AREAS FOR THIS RFA'S RESPONSIVE GRANTMAKING**

The AFC's funding priorities for this request for applications are:

- 1) harm reduction**
- 2) pre-exposure prophylaxis (PrEP)**
- 3) post-exposure prophylaxis (PEP)**
- 4) capacity building**
- 5) operating support**

What follows are more detailed descriptions of each of these funding priorities and examples. The examples are not meant to be an exhaustive list, but are included to provide additional clarity about the focus and intention of the priority area. Proposed projects may align with more than one priority area. Applicants are encouraged to propose projects that both align with at least one priority area and meet community need.

### **Harm Reduction**

Harm reduction strategies reduce negative consequences for people who are using drugs, or engaged in other behaviors that can increase risk for poor health or social outcomes. Harm reduction services are provided in a non-judgmental, non-coercive manner that recognizes the complex nature of behavior. Harm reduction interventions related to HIV/AIDS exposure include peer health education; testing and treatment for HIV, hepatitis, and sexually transmitted infections; motivational interviewing; overdose prevention; primary medical care; and referrals to drug treatment. These are provided without requiring that the program client discontinue the behavior, to promote health and reduce harms related to the behavior. These services have proven highly effective in preventing HIV infection and other lasting harms but historically have been under-funded due to stigma of drug use, addiction and sexual health. Examples of harm reduction activities include: syringe exchange; supervised injection sites; provision of fentanyl test strips; pre- exposure prophylaxis (PrEP, see below); comprehensive sexual health education; and outreach and preventive health services for commercial sex workers.

### **Pre- & Post- Exposure Prophylaxis**

Pre-exposure prophylaxis (PrEP) is a strategy wherein an individual takes anti-HIV medicines once a day to protect against HIV infection. An increasing number of people are aware of PrEP as a prevention option, but, as with PEP (below) and harm reduction services, community outreach is needed to educate and encourage individuals to seek the service when needed. Paying for PrEP, though covered by many health insurance providers, can be challenging and expensive and often requires additional financial resources and system navigation. Also, as with PEP and harm reduction services, clinicians need training for proper administration of this strategy, which includes ongoing medical monitoring, HIV testing and risk reduction counseling.

Post-exposure prophylaxis (PEP) is a one-month course of medications, started within 72 hours of an HIV exposure that will prevent HIV infection if someone is exposed to the virus, such as when a condom breaks or in the case of a sexual assault. Many physicians are unused to prescribing PEP, and because PEP must be started quickly, before insurance or other reimbursement can be secured, healthcare agencies generally need to train clinicians and procure a supply of the HIV drugs in preparing for this service.

Examples of programs considered responsive under this priority are those directly providing PrEP and/or PEP services; those marketing the services to the community; those training health professionals to provide these services; and/or those that reduce or eliminate structural barriers that inhibit provision of these services.

### **Capacity Building**

This priority area will enhance the availability and coordination of services by organizations. Projects funded in this area are aimed at community and organization-level objectives rather than changing individual behavior one person at a time. They have the potential to decrease stigma, change policy and create lasting positive change in our community. In this funding area, the AFC is interested in projects focused on:

- Building, expanding and/or improving bridges between HIV services and related health and human service systems with the goal of better meeting the needs of people at *highest risk* for HIV exposure (see General Guidance, #2 & #3, pg 9-10).

Examples of projects responsive to this priority are: 1) provider training and/or integration of HIV positive client services within an existing service delivery system; 2) introduction of HIV testing programs in other systems serving priority populations; 3) modernization of state laws that criminalize HIV/AIDS.

- Strengthening organizations delivering HIV services. Examples of projects the AFC may consider in this area include: 1) exploring the feasibility of coordinating services/ establishing formal alliances between two organizations serving priority populations; 2) physical plant improvements that directly enhance the capacity to deliver HIV/AIDS-specific services.

### **Operating Support**

General operating support ensures stable infrastructure for an organization. Grants made under this priority will support an organization's mission, rather than a specific program. Organizations with a primary mission specific to HIV/AIDS and a demonstrated commitment to the AFC's funding priorities are eligible to apply for operating support. Unlike program or capacity building support, general operating grants are capped in dollar amount (please see general guidance).

### **WHO MAY APPLY**

All applicants must:

- Be nonprofit, tax-exempt 501(c)(3) organizations or public agencies;
- Serve or engage in work that impacts a population affected by HIV/AIDS. Applicants need not provide HIV-specific services, but the proposed project must address a funding priority described in this RFA. The exception is for organizations seeking operating support, which are required to have a primary mission specific to HIV/AIDS and a demonstrated commitment to the AFC's funding priorities;
- Serve Cuyahoga County residents, as required by the regional funding parameters of the AFC's current funding partners. The exception is applications focused on state policy change, intended to impact Cuyahoga residents as well as a broader population.

Organizations may submit only one application for a single-organization responsive grant. If an organization submits a proposal in collaboration with other applicant(s), they may also apply for support of another project on their own. Organizations responding to this RFA are also eligible to apply for discretionary and targeted AFC grants. Please visit [www.AIDSFundingCollaborative.org](http://www.AIDSFundingCollaborative.org) for more information.

### **GENERAL GUIDANCE**

- 1) Proposed projects may fit into more than one priority area. Indicate in your application which priority area(s) your project matches.
- 2) The National HIV/AIDS Strategy calls for a refocusing of HIV prevention efforts on high-risk populations as determined by epidemiologic data. Based on epidemiology and knowledge of gaps in local programming, proposals must focus on one or more of the populations bulleted below.

- neighborhoods and zip codes identified by geocoded epidemiologic data; see 3)
  - gay, bisexual, and other men who have sex with men
  - African American men
  - high-risk youth (13–24 years old), specifically LGBTQ, homeless, and/or those involved in the juvenile justice system
  - incarcerated or previously incarcerated populations
  - transgender women and men
  - women or men involved with transactional sex
  - people who inject drugs
- 3) Geocoding of local HIV epidemiologic data shows that while no neighborhood is immune to HIV, some are harder hit. **Priority will be given to those projects and organizations demonstrating service to individuals living in the most affected neighborhoods.** According to a five-year data analysis (2013–2017) released in 2019 by the Ohio Department of Health, neighborhoods on both the east and west sides of Cleveland are carrying the highest burden of new infections, specifically in the following neighborhoods: **Broadway-Slavic Village, Detroit-Shoreway, Mt. Pleasant, Union-Miles, and Warrensville Heights.** MOUs are required upon submission of proposals for those organizations partnering to serve affected communities.
  - 4) The AFC values effective use of resources in the nonprofit sector and encourages nonprofit organizations to work together to reduce redundancy by sharing services or collaborating on programs. Organizations that submit a joint application outlining the collaborative use of their common resources to achieve efficiency, in addition to the other review criteria, will be given special consideration.
  - 5) The examples of types of projects that might match each priority area are not meant to be an exhaustive list, but are included to provide additional clarity about the focus and intention of the priority area. Applicants are encouraged to propose projects that align with the priority areas and meet organizational and/or community needs.
  - 6) The National HIV/AIDS Strategy calls on us to promote leadership of people living with HIV as one strategy for reducing stigma and discrimination and to consider utilizing HIV+ peers as one way to increase the number and diversity of providers and to retain people in care. As such, special consideration will be given to programs that utilize well-qualified people living with HIV/AIDS in the conceptualization, delivery, and/or evaluation of proposed programs.
  - 7) AFC grants awarded over the last year ranged from \$300 to \$100,000. Organizations should carefully consider a realistic budget for the project they propose and apply for the amount of funding that they assess is necessary for achieving a successful outcome. \$40,000 is the maximum request for operating support proposals. Staff encourage conversations about program budgets during LOI and proposal preparation.

- 8) The priorities for this RFA *do not* include funding for:
- Endowment;
  - Capital-only requests not otherwise responsive to the funding priorities;
  - Fundraising events.

## **APPLICATION AND REVIEW PROCESS**

The AFC’s grant committee has primary responsibility for review and evaluation of LOIs and proposals for our annual responsive grantmaking. The application process follows; review criteria can be found at [www.AIDSFundingCollaborative.org](http://www.AIDSFundingCollaborative.org).

- 1) All organizations wishing to apply for grant funds must first submit a Letter of Inquiry (**LOI**), which will provide the AFC with basic information about the proposed project. The AFC’s grant committee will review all LOI’s and will then invite full proposals from a limited number of applicant organizations, based on the quality of the LOIs, alignment with the AFC’s funding priorities, and the AFC’s available grantmaking resources.
- 2) Organizations will be notified if they are invited to submit a full proposal. An invitation to submit a proposal does not guarantee funding and the AFC will make final funding decisions after a full evaluation of the proposals we receive.
- 3) The AFC will conduct site visits with organizations that have been invited to submit proposals as part of our review process and to provide technical assistance.
- 4) Invited proposals will be reviewed by the grant committee. Funding recommendations will be submitted in writing to the full AFC for discussion and final decision-making at the September 17, 2019, AFC Advisory Committee meeting.

## **TIMELINE**

Grants will be awarded October 1, 2019, for a one-year duration beginning November 1, 2019, and ending October 31, 2020.

| <b>AFC Activity</b>   | <b>Date</b>           |
|---|-----------------------|
| Request for applications is released                        | May 31, 2019          |
| Technical assistance sessions for grantseekers              | June 4 & June 6, 2019 |
| Letters of Inquiry are due                                  | June 28, 2019         |
| Proposals are invited                                       | July 29, 2019         |
| Site visits with organizations invited to submit a proposal | Week of July 29, 2019 |
| Invited proposals due at noon                               | August 30, 2019       |
| Awards begin for 2019–20 funding                            | October 1, 2019       |

## **HOW TO APPLY**

### **Letter of Inquiry**

All applicants must submit a letter of inquiry (LOI) using the required LOI form, available at [www.AIDSFundingCollaborative.org](http://www.AIDSFundingCollaborative.org). The information included in the LOI will determine if the AFC will invite you to submit a full proposal for the proposed project; applicants should give careful consideration to the information presented in the LOI and provide a clear, focused case for support. We reserve the right to exclude from consideration LOIs that do not meet formatting and submission criteria. Please refer to the form for instructions.

If the project is a collaborative project, the LOI should be submitted by the lead organization, the fiscal sponsor of the project.

### **Proposal Guidelines**

Organizations will be notified if they are invited to submit a full proposal. Proposal guidance is available at [AIDSFundingCollaborative.org](http://AIDSFundingCollaborative.org).

The AFC will review only those proposals received from organizations that were invited to complete a proposal, and proposals must be for the project for which the invitation was extended.

We reserve the right to exclude from consideration proposals that do not meet formatting and submission criteria. The proposal narrative (section D below) is not to exceed 10 double-spaced pages, using 12-point Arial or Times New Roman font on standard 8.5 x 11-inch paper, with one inch margins. Please number the pages of your proposal. Applications must address all components and requested information outlined below, and the proposal should use the section headings and subheadings specified in “D” below.

#### **A. Proposal Cover Form**

Find the proposal cover form at [www.AIDSFundingCollaborative.org](http://www.AIDSFundingCollaborative.org).

#### **B. Cover Letter**

A cover letter must be signed by the executive director. If the project is a collaborative endeavor, the cover letter must be signed by the executive director of the lead organization or fiscal sponsor; please include a statement that lists all partner organizations and indicates that each organization’s leadership supports the contents of the proposal.

#### **C. Executive Summary (maximum one page, double-spaced)**

Briefly describe the proposed project. For organizations seeking operating support, describe the strategic goals of the organization. The AFC may use the executive summary to describe the project, if funded, on our website and in other materials.

**D. Proposal** (maximum 10 pages, double-spaced)

- 1. Organization Background:** Mission; major programs & expertise; demographic, social, and other relevant characteristics of those served by the organization; relevant links or partnerships with other organizations. If it is a collaborative proposal, include a description of each organization and any previous experience working together.
- 2. Focus and Context for Proposed Project** (each of these items must be included).
  - Briefly describe the problem you plan to address and, if applicable, the target population and the organization's access to that population. For general operating requests, please respond from an organizational perspective. How does the proposed project or the organization fill *an unmet need*, how has your organization determined that need exists, and why is this program a priority for your organization?
  - Indicate which AFC funding priority(ies) the proposed project addresses and why. For organizations seeking general operating support please describe the organizational commitment to the AFC's strategic priorities.
  - Describe how the project or organization addresses one (or more) of the goals of the National HIV/AIDS Strategy.
- 3. Project Description and Implementation Plan**
  - Describe the project, including overall goal(s). Describe the evidence base that supports the program design. For general operating requests, please describe the strategic plan of the organization.
  - What are the four to six critical events or activities that have to happen to make this project successful and when will each occur? For general operating requests, please include the benchmarks of the organization's strategic plan.
  - Identify key staff/consultants responsible for implementing the above activities including their experience and qualifications.
- 4. Outcome Measurement & Evaluation:** What are the two to four anticipated outcomes as a result of this effort?
- 5. Project Continuation:** Do you plan to continue the project after the funding period? Describe how you plan for the work to continue (e.g., future funding/support sources including the AFC, other funding sources, internal resources, new capacity of staff/organization).
- 6. Collaboration:** Where does the organization and the proposed project fall within the continuum of HIV/AIDS prevention and care services for the region? With which organizations does your organization primarily collaborate to accomplish its work?

- E. Answers to AFC Questions** (use as many pages as needed to answer the questions)  
If your proposal invitation included specific questions stemming from the review of your letter of inquiry (LOI), please list each of those questions and provide answers.

**F. Financial Information**

- Project Budget and Narrative (not required for general operating grant proposals): a line-item income and expense budget for the entire project indicating committed and anticipated funding sources and organizational contributions to the project. *Use the AFC's budget form available for downloading at [www.AIDSfundingCollaborative.org](http://www.AIDSfundingCollaborative.org). A budget narrative is required that fully describes each budget line item. Please note: The AFC has a policy to fund up to an additional 10% of the total project costs to support overhead (indirect) costs for responsive grants. The AFC budget form reflects this policy. For a detailed explanation of what costs the AFC considers project costs and indirect costs, please refer to our "Policy for Funding Overhead Costs" available on the "Grantmaking" page of our website at [www.AIDSfundingCollaborative.org](http://www.AIDSfundingCollaborative.org).*
- A list of current HIV-specific grants for your organization, including the funder, the amount of each grant, the grant period, and a general description of the activities supported by each of these HIV-specific grants. HIV-specific grants would include any grants for which there are explicit activities related to HIV prevention or services.
- 2019 Organizational Budget

**G. Attachments**

**Please check the box on the proposal cover form to communicate the following are available. They will be requested if an award is approved.**

- List of current board of trustees and their professional affiliations
- Most recent audited financial statement and management letter if provided
- Most recent annual report (if available)
- Organization's written non-discrimination policy
- IRS exemption letter or identification of fiscal agent
- Support letters (required from all partners in collaborative proposals; optional for non-collaborative proposals)

**Electronic Submission**

Email an electronic copy of your complete application including attachments to [JPatterson@CommunitySolutions.com](mailto:JPatterson@CommunitySolutions.com) with the subject line "AFC proposal." Late or incomplete applications will not be accepted. If you do not have the capacity to submit a signed cover letter electronically or do not have electronic copies of the attachments, please contact us well in advance of the deadline to arrange a hard copy submission of those elements of your application.

## **TECHNICAL ASSISTANCE**

The AIDS Funding Collaborative will host two technical assistance meetings for grantseekers at the ADAMHS Board of Cuyahoga County (2012 W. 25<sup>th</sup> Street, 6<sup>th</sup> Floor, Cleveland, OH 44113). Attendance is not required.

Limited free parking is available on a first-come, first-served basis. All visitors must check-in at the White Parking Attendant Booth located in the lot directly behind the building on the east side of West 26th Street. Visitors are to inform the attendant that they are visiting the ADAMHS Board and will be directed to available parking spaces. Some visitors may be directed to offsite free parking and others may be valet parked for free. Parking tickets should be brought to the receptionist on the 6th floor for validation. Free and metered parking is also available on the street.

- **Tuesday, June 4, 2019, 2–3:30PM**
- **Thursday, June 6, 2019, 9–10:30AM**

**You are encouraged to reach out to program staff if you have questions, are a first time applicant, or have not been funded in the past two years, especially if you are not able to attend one of these meetings.**

Applicants should not contact AFC committee members, except in the context of site visits in which AFC members are participating. A summary of the technical assistance meetings will be posted at [www.AIDSFundingCollaborative.org](http://www.AIDSFundingCollaborative.org) following the meetings.

**Program Staff Contact:**

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