



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, and Mt. Sinai Health Foundation

**REQUEST FOR APPLICATIONS (RFA)
RESPONSIVE GRANTS**

The AIDS Funding Collaborative
1300 E. 9th Street, Suite 1703
Cleveland, OH 44114

Date of Issuance: June 1, 2022

Virtual Technical Assistance Meetings: June 9 & 21, 2022

Letters of Intent Due: July 1, 2022

Invited Proposals Due: September 2, 2022

Funding to Begin: October 1, 2022

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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, leadership, advocacy 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 nearly \$13 million to support HIV/AIDS-related services, capacity building activities and prevention efforts in Greater Cleveland.

VISION AND VALUES

Our vision is of ending the HIV epidemic, and of a Greater Cleveland that is a place of health and opportunity for everyone who lives here. We believe in community involvement and leadership, with programs designed and implemented by individuals who are directly impacted by HIV/AIDS and those who serve them. We are also committed to racial equity – the HIV epidemic in Greater Cleveland disproportionately impacts African Americans, especially people who are younger, economically vulnerable, and less connected to sexual health and behavioral health services.

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 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 Foundation. The AIDS Clinical Trials Unit/Center for AIDS Research Clinical Core at Case Western Reserve University and the Ryan White Part A Program at the Cuyahoga County Board of Health participate in the AFC as designated organizations. The AFC is located within the offices of the Center for Community Solutions, which provides fiscal, administrative and program support. The AFC convenes multiple funders in collective grant making.

2020–2022 STRATEGIC PLAN

The AFC has refined its focus toward three key strategic priorities for our community: 1) investing in HIV programs centered on specific neighborhoods and networks; 2) mobilizing increased funding for the local HIV response; and 3) being a central place for collaboration among HIV funders and leaders.

The AFC continually assesses funding gaps in the HIV/AIDS community to best use its resources to implement 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) **catalyst grants** of \$5,000 - \$20,000 for community organizing, pilot projects, and selected trainings and events; 3) **targeted grants**, which enable 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 4) **responsive grants** on an annual funding cycle, utilizing this Letter of Intent (LOI) and Request for Applications (RFA) process.

ENDING THE HIV EPIDEMIC IN GREATER CLEVELAND

In February 2019, the federal government announced a goal to end the HIV epidemic in the United States within 10 years, and specifically to reduce the number of annual new HIV transmissions by at least 90 percent by 2030. The federal Ending the HIV Epidemic Initiative (EHE) has been launched to increase federal resources to HIV efforts in 57 key locations, including Cuyahoga County.

To achieve the national Ending the HIV Epidemic goals in Greater Cleveland, Cuyahoga County will need to reduce annual HIV transmissions to fewer than 20 new HIV diagnoses by 2030. Learn more about Cuyahoga County's Ending the HIV Epidemic Plan at the Resource Page: <https://www.communitysolutions.com/resources/ending-the-epidemic/ending-epidemic-cuyahoga-county/>

FUNDING PRIORITY AREAS

- 1. HIV care and support services, including those aligned with Ryan White categories**
- 2. HIV prevention services, especially harm reduction and pre-exposure prophylaxis (PrEP)**
- 3. Community-led and neighborhood-based HIV programming focused on zip codes and networks in greatest need**

Proposed projects may align with more than one priority area. The examples below are not meant to be an exhaustive list, but are intended to provide additional clarity about the focus and intention of each priority area.

1. HIV Care and Support Services

HIV care and support services are designed for those who are living with HIV/AIDS. These may include early intervention services, outreach, health education/ risk reduction, case management, medical transportation, and psychosocial support. Agencies are encouraged to align services with Ryan White categories as defined here: https://hab.hrsa.gov/sites/default/files/hab/program-grants-management/ServiceCategoryPCN_16-02Final.pdf

2. HIV Prevention

Harm reduction strategies reduce negative consequences for people who use drugs or engage 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. HIV/AIDS-related harm reduction interventions include peer health education; testing and treatment for HIV, hepatitis, and sexually transmitted infections; motivational interviewing; overdose prevention; referrals to drug treatment; syringe exchange; 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-exposure prophylaxis (PrEP) is a strategy wherein an individual takes anti-HIV medicines prior to exposure to protect against HIV infection. An increasing number of people are aware of PrEP as a prevention option, but community outreach and navigation are needed to educate and encourage individuals to access PrEP. Examples of programs are: directly providing PrEP services; social marketing; training health professionals to provide these services; and/or reducing structural barriers.

3. Community-led and Neighborhood-based Programming

Ending the HIV epidemic requires working with people in greatest need. People face disproportionately high rates of HIV not only because of their sexual and drug-use practices, but also because their neighborhoods or networks are not sufficiently reached with HIV testing, treatment and prevention services. Community programming may include local health campaigns and coalitions, community organizing and neighborhood-based projects for priority populations.

FUNDING MECHANISMS

- 1. Programmatic Support**
- 2. Community Capacity Building**
- 3. General Operating Support**

1. Programmatic Support

This funding mechanism supports HIV-focused services, interventions or programming, such as those mentioned above, by an organization whose primary mission may or may not be specific to HIV/AIDS. Proposed activities may include, but are not limited to: information dissemination and public outreach; community engagement and community organizing; implementation of emerging practices; and evidence-informed and/or evidenced-based interventions.

2. Community Capacity Building

This funding mechanism will enhance the availability and coordination of services across organizations. Projects funded in this area are aimed at community and organization-level objectives that 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 and strengthening organizations delivering HIV services. Examples of projects the AFC may consider in this area include: increasing systems capacity; exploring the feasibility of coordinating services/ establishing formal

systems linkages between organizations serving priority populations; physical plant improvements that directly enhance the capacity to deliver HIV/AIDS-specific services; and community infrastructure development.

3. General 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. General operating support grants are capped at \$50,000.

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 general 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-level 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, catalyst and targeted AFC grants. Please visit www.AIDSfundingcollaborative.org for more information.

GENERAL GUIDANCE

- 1) Proposed projects may fit into more than one priority area but should only utilize one funding mechanism. Indicate these in your application.
- 2) 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 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 zip codes: **44102; 44104; 44105; 44106; 44107; 44108; 44109; 44110; 44111; 44112; 44118; 44120; and 44128.**
- 3) Based on epidemiology and knowledge of gaps in local programming, proposals must focus on one or more of the populations bulleted below.

- **Neighborhoods/ zip codes identified by epidemiologic data; see 2) above**
 - **Gay, Bisexual, and other men who have sex with men**
 - **African Americans**
 - **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, and those who are non-binary**
 - **People involved with transactional sex**
 - **People who inject drugs**
- 4) The AFC believes in community involvement and wants to promote leadership of people living with HIV. As such, special consideration will be given to programs and organizations that meaningfully involve people living with HIV/AIDS in the conceptualization, delivery, and/or evaluation of proposed programs.
- 5) 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. Memoranda of Understanding (MOUs) are required upon submission of proposals for those organizations partnering to serve affected communities. 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.
- 6) 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.
- 7) AFC responsive grants awarded over the last year ranged from \$20,000 to just over \$50,000. 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. \$50,000 is the maximum request for general operating support proposals. Staff encourage conversations about program budgets during LOI and proposal preparation. Be sure to include a detailed budget narrative.
- 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 Responsive Grants Committee has primary responsibility for review and evaluation of LOIs and proposals for our annual responsive grantmaking.

- 1) All organizations wishing to apply for grant funds must first submit a Letter of Intent (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 Responsive Grants Committee. Funding recommendations will be submitted in writing to the full AFC for discussion and final decision-making at the September 27, 2022, AFC Advisory Committee meeting.

TIMELINE

Grants will be awarded to start October 1, 2022, for a one-year duration.

AFC Activity	Date
Request for applications is released	June 1, 2022
Technical assistance sessions for grantseekers	June 9 and June 21, 2022
Letters of Intent are due	July 1, 2022
Proposals are invited	July 25, 2022
Site visits with organizations invited to submit a proposal	Week of August 3-5, 2022
Invited proposals due	September 2, 2022
Awards begin for 2022-23 funding	October 1, 2022

HOW TO APPLY

Letter of Intent

All applicants must submit a letter of intent (LOI) using the required LOI form, available at 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. 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 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

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 Narrative (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. Problem Statement & Need:** Briefly describe the HIV-specific problem you plan to address and, if applicable, the priority population and the organization’s access to that population. For general operating support 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?
- 3. Priority Area:** 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.

4. **Funding Mechanism:** Indicate which AFC funding mechanism is preferred and why it is the best fit. Answer either question 5, 6, or 7 depending on the choice:
 5. **(For Programmatic Support) Project Description** Describe the project, including overall goal(s). Describe the evidence base that supports the program design. What are the four to six critical events or activities that have to happen to make this project successful and when will each occur? Identify key staff/consultants responsible for implementing the activities, including their experience and qualifications.
 6. **(For Community Capacity Building) Collaboration:** Describe the project, including overall goal(s). 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 need to collaborate to accomplish its work?
 7. **(For General Operating Support) Implementation Plan:** Describe the strategic plan of the organization and include the benchmarks that will determine success in the timeframe of this grant year.
 8. **COVID-19 Response:** Describe how the project and organization has made changes to policies and procedures since the COVID-19 pandemic began.
 9. **Sustainability/ Continuation:** Do you plan to continue the work 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).
- 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 intent (LOI), please list each of those questions and provide answers.
- F. **Financial Information**
- Project Budget and Narrative (not required for general operating support 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. 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, with up to 15% in some cases. *Please contact the director for direction prior to submitting at higher than 10%.* 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" on the "Grantmaking" page of our website.

- 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.
- 2022 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.

- IRS exemption letter or identification of fiscal agent
- 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
- 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 with the subject line "AFC 2022 Responsive Grant 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 MEETINGS

The AIDS Funding Collaborative will host two technical assistance meetings for grant seekers via Zoom. Attendance is not required.

AFC 2022 Responsive Grants Technical Assistance Meeting #1

Time: Jun 9, 2022 01:00 PM Eastern Time

Join Zoom Meeting

https://us02web.zoom.us/j/87292858855?pwd=m6Udq-n-ibfdp_jFHAnyTXaobrqtSk.1

Meeting ID: 872 9285 8855

Passcode: 761978

Dial by your location

+1 646 558 8656 US (New York)

AFC 2022 Responsive Grants Technical Assistance Meeting #2

Time: Jun 21, 2022 2:00 PM Eastern Time

Join Zoom Meeting

https://us02web.zoom.us/j/87522183363?pwd=2mfYXjKz2KV5JiyyF_r8igPB9vkTJT.1

Meeting ID: 875 2218 3363

Passcode: 827963

Dial by your location

+1 301 715 8592 US (Washington DC)

Afterwards, a summary of the technical assistance meetings will be posted on our website under “Grantmaking” at www.AIDSfundingcollaborative.org

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 Advisory Committee members, except in the context of site visits in which AFC members are participating.

Program Staff Contact:

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