



South Florida HIV/AIDS Fund Grant Application

You may type your information below

Applicant Information

Name of Organization:

Mailing Address:

City:

State: Zip Code:

Website:

FEIN Number:

Contact Person:

Email Address: Phone Number:

Project Request Information

Program Title:

Amount Requested: Project Duration
(In months):

CERTIFICATION OF ACCURACY

I hereby certify that the information included in this application is true and correct. The undersigned represents that he or she is duly authorized to sign this Grant Application and does so in his or her named capacity as an officer or representative of the above-identified organization.

Signature of Authorized
Officer:

Date:

Name and Title:

GRANT PROPOSAL

Please format the grant proposal with narrative sections as follows:

- I. Executive Summary: As an attachment, please provide a synopsis of the project for which funding is being sought (i.e. what is being proposed in the application). Please include applicant, amount requested, proposed project and its key features, need addressing, target population, geographic service region, what will be accomplished, anticipated impact, and how it meets the RFP intent. **(300 word maximum)**

- II. Organizational Background

Please include the organization's mission, a brief agency history including governance, target population(s), programming and service highlights, geographic service area, and key accomplishments. If this is a collaborative project, describe the lead agency and its relation to others involved. **(300 word maximum)**.

- III. Program Proposal

Please separate and label responses to match each section below **(300 word maximum for each section)**:

- A. **Statement of Need**: What evidence is there that this project is needed, particularly with respect to the target population and geographic region. How will the project meet this need?
- B. **Project Goals and Objectives**: Describe measurable goals and corresponding measurable objectives for this project that are aligned with the intent of the RFP, i.e. target community benefit .

- C. **Innovative Program Model and Approach:** In accordance with the RFP, describe the services and interventions that will be delivered, i.e. the programming methodology including service population, geographic region, and service availability and access.
- D. **Evidence of Program Model Effectiveness:** What is the justification and support for the proposed service approach, particularly in meeting the project goals and objectives as well as the RFP intent? What is the evidence of the program model as promising and/or best practice?
- E. **Target Population Engagement:** How will the target population be successfully reached and effectively engaged in proposed programming and services? How does the project involve the target population?
- F. **Proposed Outputs and Outcomes:** What level of service will be provided by this project? How many people will benefit from this project? How will individuals benefit from this project, i.e. what are the intend/anticipated results and improvements?
- G. **Evaluation Plan:** What methodology will be used to measure project implementation, performance, outcomes, and success? How is quality improvement incorporated in program practices? **NOTE:** Please specifically document agreement to participate in program evaluation activities administered through Our Fund Foundation.
- H. **Project Timeline:** Describe the timeline for this project, including benchmarks for reaching stated measurable objectives.
- I. **Organization Capacity:** What is the organization's expertise and experience with this type of programming and target population?
- J. **Sustainability Plan:** How will this project be maintained after the two year grant funding cycle? What activities will be employed to sustain the program?
- K. **Community Awareness and Dissemination:** How will community visibility for this project and its benefit be generated? How will this project increase the awareness of Our Fund Foundation and the South Florida HIV/AIDS fund, promoting expanded philanthropy throughout South Florida?

Grant recipients agree to provide a financial accounting for funded projects/ programs and are required to submit a written report at the completion of their project/ program.

ATTACHMENTS CHECKLIST

- IRS Letter of Determination of tax exemption under Section 501 (c)(3) of the Internal Revenue Code
- Table current board members with professional affiliations, gender, race/ethnicity, age, and annual financial contribution status (i.e. has given /

generated gifts)

- Non-Discrimination Policy
- Most recent IRS Form 990 (if applicable) Sections I to IX. If your organization did not file a 990, provide a year-end financial statement for the most recent fiscal year
- Current year operating budget
- Project line item and narrative budget
- A list of foundations, corporations, governmental agencies, and individuals who funded the organization in the last fiscal year (\$1,000 and above for agencies with budgets <\$500,000 / \$5,000 and above for agencies >\$500,000)

If not submitting electronically, please include one unstapled single-sided copy of each attachment.

Please submit applications to Our Fund President & CEO David Jobin at DJobin@Our-Fund.org or mail to address below.

Thank you.