

OFFICE OF MINORITY HEALTH RESOURCE CENTER

HIV/AIDS CAPACITY BUILDING AWARD APPLICATION AND PROCEDURES

HIV / AIDS Capacity Building Award Application and Procedures

Funding Title

Office of Minority Health Resource Center (OMHRC)
National African Immigrant Project Awards

Funding Source

Minority AIDS Initiative

Award Amount

Up to \$5,000

Eligible Applicants

This award is solely for Community Based Organizations serving African Immigrants in the United States of America.

Application Deadline

Monday April 23, 2012, 5:00 pm EST

Notice of Award (electronic)

Friday, May 18th, 2012, 5:00 pm EST

Project Period

June 1, 2012 – April 30th 2013

Funds may be utilized within any given month during the project period. Project duration is contingent upon approved applications, must be completed by the end of the Project Period. Upon completion, a final report must be submitted to the OMHRC Senior Project Analyst for final approval.

Background

OMHRC was established by the U.S. Department of Health and Human Services, Office of Minority Health in 1987. OMHRC serves as a national resource and referral service on minority health issues. The Resource Center collects and distributes information on a wide variety of health topics. OMHRC also facilitates the exchange of information on minority health issues and collaborates with other federal agencies

The Office of Minority Health Resource Center undertakes initiatives to increase the organizational capacity of organizations offering HIV prevention and treatment services to African immigrants and refugees living in the United States.

The dynamics of providing health, prevention, care and educational services to immigrant populations can be challenging. As community based organizations, AIDS service

organizations, state Health Departments and faith organizations address the challenges of trying to serve these immigrant populations, they continue to seek assistance in meeting their responsibilities. As many immigrant clients are new to the American healthcare system, their understanding of healthcare options is usually limited to either acute or chronic needs.

The goal of the National African Immigrant Project is to work with organizations targeting African immigrants that are impacted and/or infected with HIV/AIDS and STDs; our approach to working with these organizations is three-fold. We will seek to positively influence their leadership capacities, improve their organizational infrastructure and programs, and give them resource tools to assist in the coordination and collaboration in the provision of services to African immigrant communities.

Summary and Purpose

This solicitation invites African serving community based organizations to produce a culturally sensitive approach to addressing and educating African communities about HIV/AIDS and STDs information. Proposals must include information that links African immigrant communities with existing services providing access to HIV/AIDS/STD related activities, education, testing and training. These components are critical in the prevention of disease and the preservation of generational health. Special attention will be placed on proposals that demonstrate how applicant organizations are able to impact African leadership efforts.

The three objectives of the award are to: (1) enhance or support HIV/AIDS/STD/ awareness and testing in the community, (2) provide funding for HIV/AIDS and STDs related activities, (3) expand the HIV/AIDS infrastructure and network for all African serving CBOs through collaborative and transparent partnerships. Collaborations are asked to include examples of the strategies used to sustain efforts and services in the reduction of Stigma and illuminate African support of community health within immigrant communities of the United States.

Funding Availability

A maximum of 4 African Immigrant Awards will be awarded during Fiscal Year 2012. Funds awarded will assist African

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serving CBOs to develop, supplement or enhance HIV/AIDS and STDs related programs.

Eligibility

1. Serve African Immigrants in the United States of America;
2. Possess an agency-specific 501(c)3 federal tax status or a tax ID;
3. Provide HIV/AIDS/STD/co-morbidity services to African immigrants

Required Attachments

1. List Contact Information

Provide name of Community based organization, name of President/Chairperson/Executive/Director/Board of Directors, address, phone number, fax number, e-mail address and Web site. If the contact person is different than the President/Chairperson/Executive Director, list that person's name and contact information.

2. Background

Briefly describe Organization's Mission and Vision and how the proposal relates to them both.

3. Need

Explain the justification for the proposed HIV/AIDS STD project in your community, and identify the target ethnic or racial minority population(s) to benefit from your proposed initiative (s). Include descriptions of agency contacts and support services to African Immigrants within your organization. Please note, funds may NOT be used for the following purposes: grant writing, construction or purchasing furniture.

4. Proposal

Describe the proposed project. Describe the project goals and objectives. What will be changed as a result of your proposal?

5. Capacity Building

Discuss how your HIV/AIDS/STD project will help build African immigrant awareness of HIV/AIDS and STDs among organizations, leaders and members of the diverse African immigrant community.

6. Sustainability

Discuss how your organization plans to sustain and implement partnerships with OMHRC and other African serving organizations after this *one time* HIV/AIDS/STD award has been granted.

7. Monitoring and Evaluations

Describe how this HIV/AIDS/STD African Immigrant award will be monitored and evaluated.

8. Timeline

Submit a timeline for your proposed HIV/AIDS/STD project. Your Community based organization has until April 1, 2013 to complete the project. List and compile all activities associated with your HIV/AIDS/STD project throughout the funding period, monthly. If the duration of your HIV/AIDS/STD project is shorter than one year submit a timeline for that particular time period. Your application is still encouraged.

9. Budgets

Submit a line item budget attachment and justification for each proposed activity of your HIV/AIDS/STD project.

10. Accompanying Documents

Attach a copy of the Internal Revenue Service (IRS) letter documenting applicant agency holding the 501(c)3 federal tax status, or a letter from IRS indicating your agency has been approved for a 501(c) 3 status

11. Affirmative Statements Regarding Eligibility

Please state affirmatively that you meet all eligibility requirements.

Application Instructions

- Completely fill out Contact Information
- Sign Certification
- Attachments
 - o Copy of federal tax status or
 - o Copy of your consortium agreement
- Send by mail the completed application and cover letter signed by the submitting official.

Mail original application to:

Margaret Korto, Senior Project Analyst
Office of Minority Health Resource Center
1101 Wotton Parkway, suite 650
Rockville, MD 20852
Phone: 301-251-1797 X232 Fax: 301-251-2160
E-mail: mkorto@minorityhealth.hhs.gov

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Report Requirements:

In accepting an African HIV/AIDS and STDs Award, applicant organization agrees to provide monthly Progress Reports and a Final Report to OMHRC. Report forms and due dates will be provided with award letter. Reports and materials submitted to OMHRC will not be approved unless they are provided in a 508 compliant format.

For more information on 508 Compliance, visit this website:

<http://www.section508.gov/index.cfm?fuseAction=Policies>

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Agency Contact Information

Date:	
Contact Name:	
Job Title:	
Mailing Address:	
Work phone:	
Fax:	
E-mail Address:	
Web site:	
Would you like to receive information via email?	
Chairperson//President or other Elected Official:	
Program Director Name:	
Financial Officer Name:	

For Organizations Only

When was the organization founded? (please enter month and year)	
Does the organization have a 501(c) 3 status?	
Does the organization have a Letter of Incorporation?	
What is the current HIV/ AIDS/STD budget? If any?	
Does the organization currently receive funding from Office of Minority Health?	
How did you hear about OMHRC?	

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CERTIFICATION

The information contained in this application, including all attachments and support materials, is true and accurate to the best of my knowledge. I understand that if I am awarded and accept an African Immigrant Leadership Award that my acceptance of the award requires a commitment to complete the project as stated in the application and to abide by the administrative requirements set by Office of Minority Health Resource Center.

Print Name of Official:

Signature of Official: _____

Date:

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BACKGROUND

Mission or Purpose: **(Two pages maximum)**

Brief History: **(One page maximum)**

Outline of current services delivered: **(One page maximum)**

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NEED

Explain the justification for the proposed HIV/AIDS/STD project in your community, and identify the target ethnic or racial minority population(s) to benefit from your proposed initiative. Please note that, funds may **NOT** be used for the following purposes: support grant writing (**Two pages maximum**)

PROPOSAL

Describe the proposed project. Describe the project goals or objectives. State each goal and objective in measurable terms. A description of how to write SMART objectives can be found on the following website:

http://www.marchofdimes.com/chapterassets/files/Hi_SMART_Objectives.pdf (**Two pages maximum**)

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CAPACITY BUILDING

Discuss how your HIV/AIDS/STD project will help to build capacity for your agency to provide HIV/AIDS/STD/TB services to your target populations. **(One page maximum)**

SUSTAINABILITY

Discuss how your agency plans to sustain operation after the one time HIV/AIDS/STD capacity building mini-grant has been awarded. **(One page maximum)**

MONITORING and EVALUATIONS

Describe how this HIV/AIDS/STD CBA Award will be monitored and evaluated. Please refer to the measurable objectives as stated in the proposal section to be the basis of the evaluation. **(One page maximum)**

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TIMELINE

Submit a timeline for your proposed HIV/AIDS/STD project. Your organization has up to April 1st 2013 to complete the project. State all activities associated with your HIV/AIDS/STD project on a **monthly** basis. If the duration of your HIV/AIDS/STD project is shorter than the project timeline for that year, then include your time period and justification.

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BUDGET

Submit a line item budget attachment for your proposed HIV/AIDS/STD project with a narrative budget justification, which describes how the categorical costs are derived. Discuss the necessity, reasonableness, and allocation of the proposed costs. Only the direct costs requested in this application need to be justified. Describe the specific functions of the personnel, consultants, and collaborators (if relevant).