

OFFICE OF MINORITY HEALTH RESOURCE CENTER

HIV/AIDS CAPACITY BUILDING AWARD APPLICATION AND PROCEDURES

Funding Title

Office of Minority Health Resource Center (OMHRC)
American Indian/Alaska Native HIV/AIDS/STD Tribal Awards

Funding Source

Office of Minority Health Resource Center

Announcement Date:

Monday, March 15, 2010

Application Deadline

Friday, April 16, 2010, 8 pm EDT

Award Amount

\$20,000

Number of Awards

A maximum of 5 Tribal awards will be made.

Eligible Applicants

Federally Recognized Tribal Governments and American Indian Tribal Consortia that work with American Indian Federally Recognized Tribal Governments are eligible to apply. To be eligible for an Award, a Tribe or Tribal Consortium:

1. Must be a Federally Recognized Tribe OR;
2. Must possess an agency-specific 501(c)3 federal tax status and work in consortium with a Federally Recognized tribe AND;
3. Must currently provide HIV/AIDS/STD services to American Indians/Alaska Natives;

An application from a consortium of eligible entities must include a signed consortium agreement signed by the eligible entities.

Application Submission Instructions

- Complete the application and certifications using the attached forms and instructions (Requirements 1 - 11)
- Sign the Certification
 - o The certification must be signed by an individual who has the authority to sign contractual documents on behalf of the applicant.
- Attachment
 - o Copy of federal tax status AND/OR
 - o Copy of your consortium agreement

- E-mail a PDF copy of the completed application to ebennett@omhrc.gov
- Send the original completed and signed application to:

Evonne Bennett-Barnes
Capacity Building Specialist
Office of Minority Health Resource Center
1101 Wootton Parkway, Suite 650
Rockville, MD 20852
E-mail: ebennett@omhrc.gov

Documents should be sent by U.S Postal Service registered mail, return receipt requested, or by a delivery service such as Federal Express, UPS, or U.S. Postal Service Express Mail.

Inquiries

Inquiries and questions about this announcement may be made by FAX or e-mail to:

Evonne Bennett-Barnes at ebennett@omhrc.gov or 301-251-2160 (FAX)

Notice of Award (*electronic*)

Monday, May 17, 2010, 5 p.m. EDT

Project Period

June 1, 2010 – June 1, 2011 (Maximum)

Funds may be utilized within any given month during the project period. Individual project duration is based upon approved applications, but must be completed by June 1, 2011.

Reports

Successful applicants will be required to provide a monthly Progress Report and Final Report to OMHRC. Report formats and due dates will be provided with award letter. All final reports must be 508 Compliant. Information on 508 compliance will be provided along with the Final Report format.

Background

American Indians/Alaska Natives rank third in rates of new HIV infections among all U.S. races and ethnicities. Many federal initiatives have been implemented, however, the most important and most effective advocacy and leadership comes from Tribes and Tribal partnerships.

The HIV/AIDS/STD Tribal Leadership Initiative is a capacity building, training, and technical assistance project of the OMHRC, funded by the Minority AIDS Initiative, and in

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collaboration with the Indian Health Service National HIV/AIDS Program. The Initiative aims to directly address Tribal advocacy of HIV/AIDS and STD awareness and community education, through new or renewed implementation of policy or tribal resolution.

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 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.

Summary and Purpose

The project goal is to strengthen Tribal programs, policies and partnerships responding to HIV/AIDS/STDs that target American Indians/Alaska Natives. This solicitation invites Tribes to address and develop Tribal resolutions and policy that are focused on HIV/AIDS/STD education, access, treatment or testing. Passing Tribal resolutions or other official actions from the appropriate governing body authorizing programs to establish or re-establish Tribal efforts around HIV/STD awareness, education and testing on tribal lands may reduce STD and HIV transmission. This advocacy is critical to prevention of disease and preservation of generational health and will directly demonstrate Tribal leadership efforts.

The four objectives of the grant are to: (1) enhance or support HIV/AIDS/STD education, awareness and testing in the community, (2) provide funding for HIV/AIDS/STD related activities, (3) pass official tribal resolutions, policies or codes that support HIV/AIDS/STD Tribal programs, HIV screening or other HIV services and (4) expand the HIV/AIDS infrastructure and network for American Indians/Alaska Natives through collaborative and transparent Tribal and Federal partnerships.

Official Tribal action (i.e. policy, code) will increase awareness of this ongoing and critical health issue. It is a direct way to sustain efforts or services, reduce stigma, and illuminate Tribal support of community health.

Funding Availability

Funds awarded are to assist Tribes in developing, supplementing or enhancing HIV/AIDS/STD related programs and passing Tribal resolutions or policies.

Application Forms and Instructions

All applications should be prepared by downloading and completing the application forms attached to this announcement. Detailed instructions for completing the application requirements are provided below.

1. Agency Contact Information

Provide name of Tribe or Tribal consortium and the name, address, phone number, fax number, e-mail address of the Tribe's primary contact for this application. Also provide the address of the organization's web site.

If the contact person is different than the President/Chief/Chairperson/Executive Director, or other individual signing the application certification, list those individual names and contact information as well.

2. Background

Briefly describe Tribal government and outline your Tribe's services delivered.

3. Need

Explain the justification for the proposed HIV/AIDS/STD initiative in your community, and identify the target ethnic or racial minority population to benefit from your proposed initiative. Please note that, funds may NOT be used to support grant writing.

4. Proposal

Describe the proposed policy change, program or new 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 initiative will help to build Tribal awareness about HIV/AIDS/STD among members of your Tribe to provide HIV/AIDS/STD services to your community.

6. Sustainability

Discuss how your Tribe plans to sustain and implement policy and partnerships with OMHRC and IHS after this one time HIV/AIDS/STD Tribal leadership award has been granted.

7. Monitoring and Evaluations

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

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8. Timeline

Submit a timeline for your proposed HIV/AIDS/STD initiative. Your Tribe has until June 1, 2011 to complete the project. List and compile the proposed activities associated with your HIV/AIDS/STD initiative throughout the funding period, monthly. If the duration of your HIV/AIDS/STD initiative is shorter than one year submit a timeline for that particular time period your application is still encouraged.

9. Budget

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

10. Accompanying Documents

Attach a copy of the Internal Revenue Service (IRS) letter documenting applicant agency holding the 501(c)3 federal tax status, if applicable, AND attach a copy of your Tribal consortium agreement.

11. Certification

Please state affirmatively that the application is true and accurate and that the applicant meets all eligibility requirements set forth in this announcement. This certification must be signed by an official who has the authority to sign contractual documents on behalf of the applicant.

Report Dates:

Monthly progress reports and a final report are required and compliance standards apply.

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Requirement 1:

Agency Contact

Date:		
Tribe:		
Contact Name:		
Job Title:		
Tribal Affiliation:		
Mailing Address:		
Work phone:		
Fax:		
E-mail Address:		
Web site:		
Would you like to receive information via email? Yes ____ No ____		
Chairperson/Chief/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?		
For Both Tribes and Organizations:		
What is the current HIV/AIDS/STD budget?		
Does the organization/tribe currently receive funding from Office of Minority Health?		
How did you hear about OMHRC?		

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Requirement 2:

BACKGROUND

Mission or Purpose:

Brief History:

Outline of current services delivered:

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Requirement 3:

NEED: Explain the justification for the proposed HIV/AIDS/STD initiative 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

Requirement 4:

PROPOSAL: Describe the proposed program and how policy or Tribal resolutions will be addressed. Describe the goals or objectives to raise awareness in Tribe. A description of how to write SMART objectives can be found on the following website: http://www.marchofdimes.com/files/SMART_objectives.pdf

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Requirement 5:

CAPACITY BUILDING: Discuss how your HIV/AIDS/STD initiative will help your tribe to provide HIV/AIDS/STD services to your target populations.

Requirement 6:

SUSTAINABILITY: Discuss how your tribe plans to sustain operation after this one time HIV/AIDS/STD mini-grant has been awarded.

Requirement 7:

MONITORING and EVALUATIONS: Describe how this HIV/AIDS/STD 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.

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Requirement 8:

TIMELINE: Submit a timeline for your proposed HIV/AIDS/STD initiative. Your Tribe or Tribal Consortium has up to June 1, 2010 to complete the project. State all activities associated with your HIV/AIDS/STD initiative on a **monthly** basis. If the duration of your HIV/AIDS/STD initiative is shorter than one year submit a timeline for that particular time period.

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Requirement 9:

BUDGET: Submit a line item budget attachment for your *proposed* HIV/AIDS/STD initiative.

Sample Budget	Proposed Budget
<p>HIV/AIDS/STD Brochure</p> <p>Graphics Designer \$2,000 Printing \$3,000</p> <p>Supplies</p> <p>Laptop Computer \$2,000 Printer & Scanner \$300 Ink Cartridges \$200 Memory sticks \$100 Office materials - paper, pens \$600 Safer Sex Supplies: condoms, lube \$2,000</p> <p>Volunteer Incentives \$400</p> <p>Community Event \$1,500</p> <p>Internet To cover internet access and internet equipment rental for Resource Center staff</p> <p>\$45 per month x 8 months \$360</p> <p>Personnel Development and Training Traveling to tribal meetings</p> <p>\$2,000 for 10 visits \$2,000</p> <p>Hotel for trainings \$100 per night x 2 nights \$200</p> <p style="text-align: right;">TOTAL \$14,360</p>	

BUDGET NARRATIVE: Provide 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).

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BUDGET: Submit a tribal HIV/AIDS budget describing your health outreach program budgets, if applicable.

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Requirement 10:

Include Accompanying Documents:

Attach a copy of the Internal Revenue Service (IRS) letter documenting applicant agency holding the 501(c)3 federal tax status, if applicable, AND attach a copy of your Tribal consortium agreement.

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Requirement 11:

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 a Tribal 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 and Title of Official:

Signature of Official: _____

Date: