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 Awards

Funding Source
Office of Minority Health

Award Amount
$13,500

Eligible Applicants
This award is for Federally Recognized Tribal Governments and American Indian or Alaska Native Tribal Consortiums and American Indian/Alaska Native organizations.

Application Deadline
Friday, October 15, 2010, 5 pm PST

Notice of Award (*electronic*)
October 22, 1, 2010, 5 pm PST

Project Period
November 1, 2010 – November 1, 2011
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 Capacity Building Specialist for final approval. The format of the final report will be forwarded after receipt of the award letter. All reports must be 508 Compliant.

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, Tribes and organizations need continued support for basic HIV/AIDS services such as prevention, education, anti-stigma and specific American Indian/Alaska Native Lesbian, Gay, Bi-Sexual, Transgender (LGBT) and Two-Spirit services.
The American Indian/Alaska Native Tribal Initiative on HIV/AIDS is a capacity building, training, and technical assistance project of the OMHRC, funded by the Minority AIDS Initiative, and in collaboration with the Indian Health Service's National HIV/AIDS Program. The Initiative aims to directly address HIV/AIDS prevention, testing, anti-stigma and Native LGBT HIV/AIDS programs and community education, through new or existing HIV/AIDS programs and services.
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 HIV/AIDS programs, and services responding to HIV/AIDS that target the American Indians/Alaska Native community at large, and those that specifically address the American Indian/Alaska Native LGBT and Two-Spirit community. This solicitation invites organizations and Tribes to continue or start programs focused on HIV/AIDS education, prevention, anti-stigma or testing.
The four objectives of the grant are to: (1) enhance or support HIV/AIDS education, awareness, anti-stigma and testing in the community, (2) provide funding for HIV/AIDS services, (3) support and encourage new HIV/AIDS Tribal programs, HIV screening or other HIV services and (4) expand the HIV/AIDS infrastructure and network for all American Indians/Alaska Natives through collaborative and transparent Tribal, Federal and community partnerships.

Funding Availability
A maximum of 6 Awards will be awarded during this fiscal year. Funds awarded are to assist American Indian/Alaska Native Tribes and/or American Indian/Alaska Native organizations in developing, supplementing or enhancing HIV/AIDS programs for American Indian/Alaska Native communities.

To be eligible for an Award, the entity must:

1. Must be a Federally Recognized Tribe AND/OR;
2. Must be an American Indian/Alaska Native organization that currently addresses or implements HIV/AIDS testing, prevention, HIV education, anti-stigma or LGBT and Two-Spirit services/programs

1. **List Contact Information**
   Provide name of tribe or organization, name of President/Chief/Chairperson, Executive Director or Board of Directors, address, phone number, fax number, e-mail address and Web site. If the contact person is different than the President/Chief/Chairperson/Executive Director, list that person's name and contact information.

2. **Background**
   Briefly describe tribal government or organization's history and services delivered.

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

4. **Proposal**
   Describe the proposed 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 project will help to build awareness about HIV/AIDS and provide HIV/AIDS services to the community.

6. **Sustainability**
   Discuss how your tribe or organization plans to sustain and implement programs after this one time American Indian/Alaska Native HIV/AIDS award has been granted.

7. **Monitoring and Evaluations**
   Describe how this HIV/AIDS award will be monitored and evaluated.

8. **Timeline**
   Submit a timeline for your proposed HIV/AIDS program or initiative. Your tribe or organization has until October 31, 2011 to complete the project. List and compile all activities associated with your HIV/AIDS project throughout the funding period, monthly. If the duration of your HIV/AIDS project is shorter than one year submit a timeline for that particular time period and your application is still encouraged.

9. **Budgets**
   Submit a line item budget attachment for each proposed activity of your HIV/AIDS program.

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.

11. **Affirmative Statements Regarding Eligibility**
    Please state affirmatively that you meet all eligibility requirements on Page 1 under eligibility.

Application Instructions

- ☐ Completely fill out Contact Information
- ☐ Sign Certification
- ☐ Attachments
  - Copy of federal tax status
- ☐ E-mail completed application to ebennett@minorityhealth.hhs.gov
- ☐ Send by mail the completed application and cover letter signed by the submitting official.

Mail original application to:

Evonne Bennett-Barnes
Capacity Building Specialist
Office of Minority Health Resource Center
1101 Wootton Parkway, suite 650
Rockville, MD 20906
301-251-1797 ext. 281
301-251-2160 Fax
E-mail: ebennett@minorityhealth.hhs.gov

Report Dates:

In accepting an OMHRC HIV/AIDS Award, applicant agrees to provide a monthly Progress Report and Final Report to OMHRC. CBA report forms and due dates will be provided with award letter. All final reports must be 508 Compliant. Information and templates will be given and may be requested for more information on federal 508 Compliance standards.

CONTACT INFORMATION

Date:	
Organization or Tribal Entity:	
Contact Name:	
Job Title:	
Mailing Address:	
Address 2:	
Work phone:	
Fax:	
E-mail Address:	
Web site:	
Would you like to receive information via email? Yes ____ No ____	
Chairperson/Chief/President or Executive Director:	
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? If not, list previous Federal Agency grantors, if applicable.	
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?	

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 OMHRC American Indian and Alaska Native HIV/AIDS 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:

BACKGROUND

Mission or Purpose:

Brief History:

Outline of current services delivered:

NEED: Explain the justification for the proposed HIV/AIDS 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, or meetings

PROPOSAL: Describe the proposed program and how HIV/AIDS services and new or continuing programs will be addressed. Describe the goals or objectives to raise awareness in the community. A description of how to write SMART objectives can be found on the following website: http://www.marchofdimes.com/files/SMART_objectives.pdf

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

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

MONITORING and EVALUATIONS: Describe how this HIV/AIDS 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.

TIMELINE: Submit a timeline for your proposed HIV/AIDS initiative. Your tribe or organization has up to October 31, 2011 to complete the project. State all activities associated with your HIV/AIDS initiative on a **monthly** basis. If the duration of your HIV/AIDS initiative is shorter than one year submit a timeline for that particular time period.

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

Sample Budget	Proposed Budget
HIV/AIDS Brochures Graphics Designer $2,000 Printing $3,000 **Supplies** 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 **Volunteer Incentives** $400 **Community Event** $1,500 **Internet** To cover internet access and internet equipment rental for Resource Center staff $45 per month x 8 months $360 **Personnel Development and Training** Traveling to tribal meetings $2,000 for 10 visits $2,000 Hotel for trainings $100 per night x 2 nights $200 **TOTAL $14,360**	

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).

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