



Coordinating Centers: Emory University Rollins School of Public Health, Southern AIDS Coalition, University of Houston Graduate College of Social Work, & Wake Forest School of Divinity

## 2021 Transformative Grants:

Building Capacity in the South for  
Better Health Outcomes

Application Deadline: May 17, 2021 11:59 PM CST



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## Acronym List

A-CRA	Adolescent Community Reinforcement Approach
ACC	Assertive Continuing Care
AIDS	Acquired Immune Deficiency Syndrome
ASC	Adaptive Stepped Care
ASO	AIDS Service Organization
CBO	Community Based Organization
CC	Coordinating Centers
CDC	Centers for Disease Control and Prevention
CHPIR	Center for Health Policy and Inequalities Research
COMPASS	<b>COM</b> mitment to <b>P</b> artnership in <b>A</b> ddressing HIV/AIDS in <b>S</b> outhern <b>S</b> tates
EBPs	Evidence-Based Practices
ECCC	Emory University COMPASS Coordinating Center
FBO	Faith-Based Organizations
FCC	Wake Forest University Faith Coordinating Center
HIV	Human Immunodeficiency Virus
MIPA	Meaningful Involvement of People Living with AIDS
PLHIV	People Living with HIV
PrEP	Pre-Exposure Prophylaxis
RFP	Request for Proposal
SAC	Southern AIDS Coalition
SAMHSA	Substance Abuse and Mental Health Services Administration
SBIRT	Screening, Brief Intervention, and Referral to Treatment
SUSTAIN	Supporting US Southern States to Incorporate Trauma-Informed HIV/AIDS Initiatives
UH	University of Houston Graduate College of Social Work (SUSTAIN COMPASS Coordinating Center)
US	United States



## Overview

### Background

#### HIV in the South

In the decades since 1981, when the first AIDS cases were reported in New York, San Francisco, and Los Angeles, the epicenter of the nation's HIV epidemic has shifted from urban centers along the coast to the Southern United States. According to Centers for Disease Control and Prevention (CDC), "the South now experiences the greatest burden of HIV infection, illness and deaths of any U.S. region, and lags far behind in providing quality HIV prevention and care to its residents" (CDC, 2016).

The disproportionate percentage of Southerners living with HIV speaks to a need to ensure that high-quality care for HIV and related services are geographically accessible, culturally appropriate, sustainable, and include holistic services (e.g., mental health and trauma-informed care). The disparate percentage of Southerners newly diagnosed with HIV demonstrates the need to have a broad network of prevention services that reach people who are disproportionately impacted by HIV. Care providers should also offer services that include components, such as trauma-informed care, that promote ongoing engagement in care and address stigmas within communities.

In addition to care providers, religious leaders and faith communities have a unique opportunity to change the HIV/AIDS narrative and landscape in the South. We aim to activate faith communities and their leaders to embody this redemptive and transformative work by collaborating with diverse partners to advance the capacity of a wide range of faith communities to effectively address the HIV/AIDS epidemic in the South. We believe the most effective way to respond to the HIV/AIDS challenge is to shift cultural narratives away from lack of understanding and stigma toward transformative, life-enhancing possibilities for those disproportionately affected by and those living with HIV/AIDS and their communities.

#### Who Are We

**Focus Area:** Building Organizational Capacity

**Lead Coordinating Center:** Emory University Rollins School of Public Health

This initiative will allow applicants to seek funding to support organizational capacity building activities in at least one of three focus areas: 1) rural infrastructure development, 2) alliance and partnerships, and/or 3) community-level or upstream intervention planning.

**Focus Area:** Wellbeing, Mental Health, Trauma-Informed Care, Substance Use, and Telehealth

**Lead Coordinating Center:** University of Houston Graduate College of Social Work

This initiative will focus on organizational change in trauma informed care, to include but not limited to, wellness, mental health, substance use (especially opioid use), and telehealth and its intersection with HIV in the Southern United States.

**Focus Area: Reducing HIV-Related Stigma****Lead Coordinating Center: Southern AIDS Coalitions**

This initiative will focus on supporting the design, implementation, and evaluation of interventions to reduce HIV-related stigma.

**Focus Area: Faith-Based Advocacy and Spiritually Integrated Capacity Building****Lead Coordinating Center: Wake Forest University School of Divinity**

This initiative will focus on building the capacity of faith leaders' understanding of and engagement with their communities' health challenges and opportunities, and equipping them to co-create with key community partners new holistic strategies for addressing HIV/AIDS and related health concerns.

To learn more about the COMPASS Initiative®, please visit our [website at www.qileadcompass.com](http://www.qileadcompass.com)

**Transformative Grant Funding Opportunity**

In addition to numerous structural and geographic barriers, there is a need for more intentional funding and directed efforts to eliminate HIV-related health inequities. The Transformative Grant provides direct and indirect funding to organizations working in the Southern United States to support the development of programs and activities that align with programmatic focus areas of the COMPASS Initiative® and builds the overall capacity of organizations across the South.

Transformative Grants provide HIV-care organizations and faith-based organizations with funding and resources to enhance their capacity, such as provision and sustainability of high quality and accessible HIV education and care. Capacity building is an ongoing effort that aims to build knowledge and improve the skills of organizational staff to positively change an organization's structures and systems in order to better serve communities. Capacity building is an investment that ultimately strengthens an organization's mission, improves effectiveness and future sustainability, and most importantly, improves services for communities. This includes strengthening organizational infrastructure; upstream (structural) intervention planning; developing grassroots, evidence-based, and/or anti-stigma interventions to enhance community mental health and wellness; and creating brave and inclusive narrative spaces for LGBTQ persons to seek healing in community and to explore faith and spirituality. This funding opportunity aims to support:

- The creation or enhancement of systems and protocols;
- The strategic planning to adopt upstream (structural) public health interventions in HIV-care ([click here](#) to learn more about upstream interventions);
- The development of culturally appropriate, stigma-free interventions;
- The integration of mental health screenings, creation of trauma-informed and affirmative environments for communities; and/or
- The creation of inclusive faith spaces (virtual and/or in-person) for LGBTQ persons and people living with and affected by HIV that provide opportunities for physical, emotional, and financial wellness

In short, the purpose of this capacity building grant is to help organizations improve internal organizational operations to better serve people living with and/or impacted by HIV in the US South by strengthening leadership, adaptability to organizational, programmatic and environmental changes, resource management, improving systems and skills, and supporting cultural values and norms.

## Evaluation

There will be two levels of evaluation. The first level takes place within the COMPASS Coordinating Centers to assess success of individually funded programs. The second level will be with ETR, the COMPASS external evaluation partner who will assess the overall success of the Coordinating Centers. It is expected that funded community partners will collaborate on and participate in assessments with the Coordinating Centers to support the COMPASS evaluation efforts.

### *COMPASS Coordinating Center Level Evaluation*

The COMPASS Coordinating Centers recognize that rigorous evaluation is an essential element of project success. Thoughtful evaluation helps us learn from the process of project implementation, develop organizational capacity, enhance community accountability, and identify effective practices. Evaluation is therefore integrated into every aspect of grant-funded projects, from initial project planning to outcome review and reflection. Coordinating Center staff will work with funded community partners to develop project-specific evaluation plans.

### *COMPASS External Evaluation Partner*

Gilead and the Coordinating Centers (CCs) have partnered with ETR to serve as the COMPASS evaluator to facilitate continuous improvement through establishing data-driven programming, monitoring, and evaluation systems. ETR is a non-profit organization that advances health equity by designing science-based solutions and brings nearly four decades of experience in the field of HIV, Sexual and Reproductive Health, youth, and families. ETR may contact funded organizations throughout the funding initiative (<https://www.etr.org/>).

### *Why might ETR contact me?*

ETR collaborates with the CCs to collect evaluation data from COMPASS Community Partners. Detailed roles and responsibilities for ETR include:

- Developing, implementing, and tracking core metrics for COMPASS
- Establishing monitoring and evaluation systems for the collection, analysis, and routine reporting of key evaluation data
- Supporting the development of tools and processes to communicate overall COMPASS impact to key stakeholders
- Reporting outcomes and recommendations necessary for continuously improving programs and data collection
- Providing evaluation technical assistance and serving as a thought partner
- Sharing knowledge on the progress and impact of the initiative to all COMPASS stakeholders through data visualization tools

ETR has a fundamental commitment to centering the voices of community members in order to show the impact of programs. This commitment means we they contact community partners directly to engage in different evaluation activities that capture the impact of COMPASS programs across grants and collaborative learnings. ETR may contact funded Transformative Grant organizations. Some of the activities they may contact you for are listed below. Additionally, there may be other evaluation activities that ETR may ask you to participate in.

### *Interviews*

- **Most Significant Change (MSC)** is an evaluation approach that relies on interviews with participants to learn how community partner involvement with

COMPASS led to change in organizations and/or communities. Its aim is to understand and describe community partners' perceptions about changes within their organizations and the communities they serve.

- **Community Chronicles** is a series that follows a subset of COMPASS partners that have received multiple awards across all CCs to tell the story of how participation in multiple programs across CCs have impacted the organizations and the communities they serve. Community Chronicles seeks to show how participation has contributed to the overall COMPASS goals.

#### *Surveys*

- An **online grantee benefits assessment** survey will be distributed once a year to COMPASS community partners to capture the full impact and benefit of participating in COMPASS programs.
- **Online partner satisfaction surveys** will be distributed annually to community partners to rate their satisfaction with all services received through COMPASS Coordinating Centers.

Your participation is **ALWAYS** voluntary and ETR will always prioritize community safety and confidentiality of participants.

You can contact ETR at [compass@etr.org](mailto:compass@etr.org).



## Guiding Principles

The five COMPASS Coordinating Centers are committed to reflecting the guiding principles described below through our implementation of this initiative, and will favor proposals from organizations that reflect principles of racial justice, non-discriminatory and non-stigmatizing care/services, and meaningful involvement of people living with HIV/AIDS. Submitted proposals should clearly identify how these principles are prioritized throughout their agency and in service provision.



### Meaningful Involvement of People Living with HIV/AIDS (MIPA)

We aim to ensure that *people living with and most affected by HIV* are involved in every level of *decision making*.

We recognize the *meaningful involvement* of people living with HIV/AIDS in *all levels* of funding initiatives.



### Intersectionality and Social Justice, Emphasizing Racial Justice

We recognize that *social privilege* and *oppression* influence access to and allocation of resources/services based on race, culture, gender, sexuality, language, class, age, & ability.

We affirm the importance of advancing justice by *increasing access* to resources/services among groups *disproportionately affected* by HIV.

We aim to *increase equity* of access and resources by centering efforts that *reflect the demographics of the most impacted members of our communities*.



### Openness, Transparency, and Learning

We strive to demonstrate and promote a culture of *integrity and transparency*.

We strive to be *adaptive and open to learning* from our challenges and successes while working in complex institutional and cultural environments.



### Collaboration and Commitment

We base our collaborative efforts on *mutual respect and mutual support*, both internally and externally.

We commit ourselves to developing *trusting relationships*, and aspire to treat everyone who works with us with *respect and understanding*.

We are committed to *collaborating* with and serving communities and areas with the *greatest needs*.



### Wholistic Approach

We believe that in order for us to achieve healing, transformation, and wellness, we should *celebrate all faith traditions* and belief systems and their approach to healing.

We aim to cultivate mind-body-spirit integrative approaches for *transformation and eliminating HIV-related stigma* that are also attuned to all aspects of wellness.

We are committed to *expanding the capacity of faith communities* to enhance emotional, physical, financial, social and spiritual wellbeing of all people.

## Eligibility Information

It is important that applicants review this eligibility criteria carefully. *Applicants may submit **ONE** completed Transformative Grant application for consideration for **ONE** COMPASS Coordinating Center/content area.* Only applications that meet the following eligibility criteria will be considered for funding:

### Geographic Location

Applicants must be located in and doing work in one of the following twelve (12) Southern states: Alabama, Arkansas, Florida, Georgia, Kentucky, Louisiana, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, and/or Texas.

### Non-Profit Status

Applicants must be non-profit, tax-exempt organizations as set forth in section 501(c)(3) of the Internal Revenue Code. Applicants that do not hold 501(c)(3) status must have a fiscal sponsor.

### Grant Period

Applicants must be able to complete work proposed within an 18-month period beginning in June 2021 and ending in December 2022.

### Award Amount

The maximum amount an applicant can request is \$100,000 total (including overhead).

## Application Deadline

Completed proposals are due via the COMPASS Initiative® website ([www.gileadcompass.com](http://www.gileadcompass.com)) **by 11:59 PM Central Standard Time, Monday, May 17, 2021**. Applications must be completed and received by the deadline in order to be considered. Late applications will not be accepted. We strongly encourage completing the application early to allow for unforeseen technical difficulties.

Applications should be submitted through the COMPASS Initiative® website.

Questions about the application process should be emailed to [info@gileadcompass.com](mailto:info@gileadcompass.com). Please include “Transformative Grant” and your organization's name in the subject line of the message.

**Note: If you would need an alternative way to submit the RFP other than through the grant portal, you will have to send an email to [info@gileadcompass.com](mailto:info@gileadcompass.com) by Monday, May 10, 2021 by 11:59 CST to be considered. Please include “Alternative Transformative Grant Submission Request” and your organization's name in the subject line of the message. Within the body, please outline the submission request and reason for alternative submission request.**

## Application Webinars

### Informational Webinar

The COMPASS Coordinating Centers will host an optional webinar for the purpose of providing further clarification about this request for proposals (RFP). The webinar will be recorded and made available on the COMPASS website on the '[Helpful Links](#)' page for future reference. Additionally, each Coordinating Center may host one optional webinar to discuss their Center specific content in further detail.



Register [HERE](#) for Wednesday, April 28, 2021 at 1:00 PM-2:30 PM EST/12:00 PM-1:30 PM CST.

## Application Process, Award Information, and Timeline

### Review Process

#### Independent Review Committee

Grant applications will be reviewed by an independent review committee composed of community members from each of the twelve (12) states eligible for funding and representing each of the areas of expertise of the four COMPASS Coordinating Centers.

## Timeline



## Application Requirements and Restrictions

### Application Requirements

1. Applications should include appropriate references when citing data. There will be a section within the application designated to include references.
2. Applications must include all required supplemental materials as well. Applications that do not include all required supplemental materials will be considered substantially incomplete and will not be considered for funding. Templates for supplemental materials are available within the application.
3. Submitted applications must include two major sections: 1) Project Narrative and 2) Supplemental Materials.

Below is a description of these various components, the amount of points they are weighted in the overall score of your application, and other details.

**Please Note: Please revisit the specific requirements for each Coordinating Center and programmatic focus areas for additional instructions.**

Project Cover Page	
Section	Additional Details
1. Project Title	-----

2. Total Amount Requested	Maximum \$100,000
3. Coordinating Center	<p>Select <u>one</u> of the following:</p> <ol style="list-style-type: none"> <li>1. Emory University – Organizational Capacity Building</li> <li>2. University of Houston – Wellbeing, Mental Health, Substance Use, Trauma-Informed Care, &amp; Telehealth</li> <li>3. Southern AIDS Coalition – HIV-Related Stigma Reduction</li> <li>4. Wake Forest University - Faith-Based Advocacy and Spiritually Integrated Capacity Building</li> </ol>
4. Project Abstract	5-6 sentence summary of your project

Project Narrative			
Section	Points	Maximum Length	Additional Details
1. Statement of Need	15	250 words	Please describe the need to build your organizational capacity, skills, and knowledge around the CC you are applying to.
2. Organizational Background and Capacity	15	500 words	Please provide a brief description of your organization's history and purpose, including mission, goals, and priority populations. (If you don't hold 501(c)(3) status, please briefly describe your fiscal sponsor, including its history, purpose, and relationship to your work.) Please also describe the role your organization plays in addressing the content area in which you are applying.
3. Work Plan Narrative	35	2000 words	<p>Please provide a detailed description of your work plan, including a detailed description of the objectives, goals, activities, and timeline. Please organize this section by objectives. Please fill out the work plan template provided. This is an opportunity for you to explain your work plan. A work plan template is provided for you and will also be a required attachment with the final submission.</p> <p>The narrative should include, but not limited to, the following:</p> <ul style="list-style-type: none"> <li>• Detailed description of the proposed project (see Coordinating Center specific requirements and insert the relevant program components here, including information about the proposed intervention or program).</li> <li>• Population of focus on which the project is intended to serve.</li> </ul>



			<ul style="list-style-type: none"> <li>• How your organization/community will benefit from the proposed project.</li> <li>• How the proposed project meets the goals of the respective Coordinating Center.</li> <li>• How the proposed project helps to enhance access to high-quality HIV care and/or prevention services.</li> </ul>
4. Alignment with Guiding Principles	10	250 words	Please describe the ways in which you plan to practice the COMPASS CC guiding principles. Please refer back to the Guiding Principles section.
5. Vision/Impact	15	500 words	<ul style="list-style-type: none"> <li>• What impact does your organization want to make?</li> <li>• What does your organization want to see at the end of the year project?</li> <li>• How will your organization know that your project was a success?</li> </ul>
6. Budget and Budget Narrative	10	Use template	<ul style="list-style-type: none"> <li>• Please upload your completed budget template that was provided and describe the duties and expectations of each of the line items.</li> </ul>

Supplemental Materials	
Required	
<ol style="list-style-type: none"> <li>1. Project Budget Template</li> <li>2. Work Plan Template, if required by the CC in which you are applying</li> <li>3. 501(c)(3) Verification (or letter from fiscal sponsor or agent)</li> <li>4. Board of Directors List</li> <li>5. Diversity Table</li> <li>6. Fiscal Sponsorship Agreement or Letter from Fiscal Sponsor (if applicable)</li> </ol> <p>*Note: Applicants who are selected for funding may be required to submit an Audit or IRS Form 990</p>	

### Prohibited Expenses

- Medications or purchasing of medications;
- Direct medical expenses, including labs;
- Existing deficits;
- Basic biomedical research, clinical research, or clinical trials;
- Projects that directly influence or advance Gilead Science, Inc.'s business, including purchase, utilization, prescribing, formulary position, pricing, reimbursement, referral, recommendation, or payment for products;
- Individuals, individual health care providers, or physician group practices;
- Events or programs that have already occurred; and
- Government lobbying activities.

### Unallowable Activities

- Projects that focus on or include pre-exposure prophylaxis (PrEP);
- Procedures or policies that exclude community members from receiving adequate and efficient health care, safe shelter, advocacy services, counseling, and other assistance based on their actual or perceived sex, age, immigration status, race, religion, sexual orientation, gender identity, mental health condition, physical health condition, criminal record, work in the sex industry, or the age and/or gender of their children;
- Procedures or policies that compromise the confidentiality of information and/or privacy of persons being served at or by the applying organization/individual;
- Project designs and budgets that fail to account for the access needs of individuals with disabilities, with limited English proficiency, or who are deaf or hard of hearing;
- Projects that place a criteria or requirement for community members to access services;
- Project activities that promote or create an unsafe, uncomfortable, or counter-productive work environment;
- Project activities that exclude staff that are representative of the community members being targeted through this grant project from serving in leadership or advisory capacity;
- Grant funds may not be used to provide legal representation in civil and criminal matters, such as family law cases (divorce, custody, visitation, and child support), housing cases, consumer law cases, and other legal cases.

**Note: This list is not exhaustive. Applications that propose any activities that comprise a community member's safety and access to services may receive a deduction in points during the review process or may be eliminated from consideration entirely.**

## Detailed Description for RFP Specific to the Coordinating Center

### Organizational Capacity Building (Emory University Rollins School of Public Health)

#### Description

[The Emory University Rollins School of Public Health COMPASS Coordinating Center](#), a part of the Emory Centers for Public Health Training and Technical Assistance, is a grant making initiative that seeks to create long-term, sustainable change in leaders, organizations, and communities by supporting capacity building strategies that strengthen the infrastructure of organizations serving people living with HIV. The goal is to help leaders and organizations become high-performers that excel in governance and leadership, internal management, and programmatic operations that further goals in at least one of three focus areas: 1) rural infrastructure, 2) alliance and partnership development, and/or 3) upstream (structural) intervention planning. Grant funds are available to provide needed resources and an opportunity to accomplish tasks that require additional time, energy, expertise, and innovative thinking beyond everyday operations. The Emory COMPASS Coordinating Center will prioritize funding organizations that provide services in and reside in rural areas or identified service desert areas as noted on Service Desert maps (<https://www.gileadcompass.com/maps-infographics/>). Rural is defined as any place with fewer than 50,000 inhabitants and not located adjacent to an urban area or urban cluster. *We encourage organizations led by and/or serving communities that have been marginalized (including same gender loving cis-, trans and gender non-conforming people of color and Latinx communities) to apply.*

## Focus Areas

The Emory University Rollins School of Public Health COMPASS Coordinating Center will offer applicants the opportunity to seek funding to support organizational capacity building activities in three focus areas:

- Focus Area (1): Infrastructure Development Projects **(for Rural Agencies only)**
- Focus Area (2): Building Intentional Alliances or Partnerships through Coalition Building and Network Development (including non-traditional partners and traditional HIV service providers) **(All Agencies)**
- Focus Area (3): Community-Level or Upstream Intervention/Planning **(All Agencies)**

**Applicants may only apply to one (1) focus area.**

### Focus Area (1): Infrastructure Development Projects (Rural Agencies Only)

#### Description:

Proposed projects in this focus area should strengthen the overall effectiveness of an organization, and may propose a combination of activities and strategies, including but not limited to, conducting organizational and community assessments, service evaluations, developing organizational policies and/or procedures, long-term plan development, and technological enhancements. Eligible organizations can work with a COMPASS-identified consultant, or may choose consultants on their own.

Projects funded under this focus area will be expected to explain and demonstrate how the proposed infrastructure enhancements will lead to expanded services, and organizations must be able to show evidence that they have increased the number of people reached, expanded to new populations, or reached into new communities as a result of these funds.

#### Examples of eligible work under this focus area could include:

- Strategic Plan Development, including a review and revision of the organization's Mission, Vision and Values.
- Board and Leadership Development Activities (e.g., transitional and/or succession planning, building an effective leadership team, leadership team training);
- Finance and Administration Enhancement Activities (e.g., financial management system transition, installation and/or training);
- Service Delivery and Impact (e.g., community needs assessment/evaluation, organizational assessment, program or service evaluation, quality management, advocacy, telehealth services);
- Resource Development (e.g., internal grant writing training and staff development, preparing for or implementing 340B programs/systems);
- Communication and Marketing Plan Enhancement or Development (e.g., developing and implementing a communication plan, develop marketing strategy, etc.);
- Internal Management and Operations Focused Activities (e.g., developing a human resources plan; documenting agency policies and procedures; overhauling a system of technology within the organization; developing and implementing a volunteer management program; developing and implementing a staff development program, HR system/program enhancements); and
- Innovation in Delivering Public Health Services (e.g., new strategies to deliver services more efficiently and effectively, a growing focus on the integration of public health and primary care, a deeper examination of financing options for foundational or core services).

## Focus Area (2): Building Intentional Alliances through Coalition Building and Network Development with Traditional and Non-traditional HIV service partners

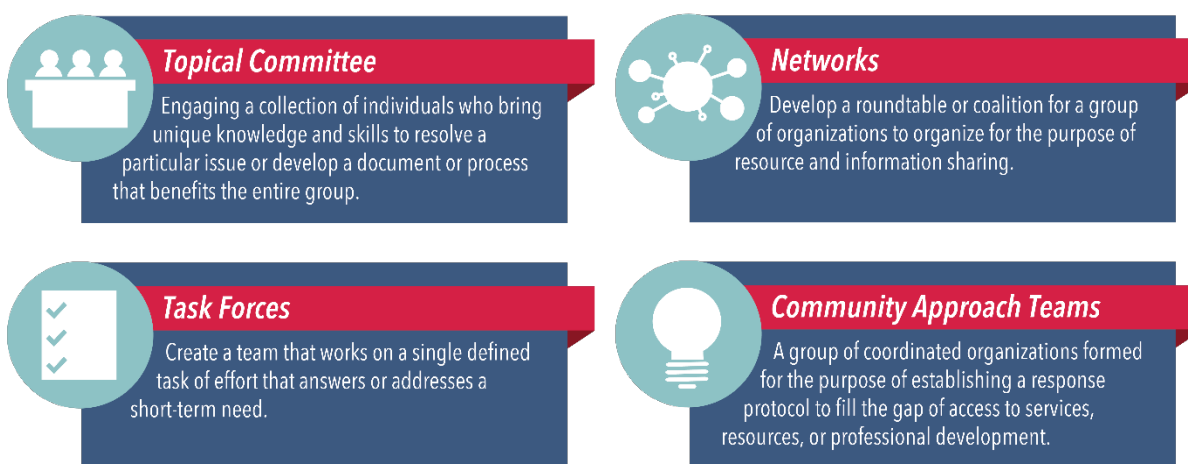
### Description:

Developing partnerships and building coalitions among organizations with similar goals is a key strategy used to enhance the reach of community efforts. By leveraging the skills, strengths and resources of each partner, coalitions and collaborations increase service effectiveness and efficiency by minimizing duplication and redundancy.

Organizations that apply under this focus area are expected to work in partnership with at least two other organizations to form a coalition or partnership where the unique skills of each partner are highlighted and seek to enhance the impact of services provided to the community. The proposed project should share a common goal and demonstrate the principles of shared leadership through innovative approaches. Proposals should also embrace equitable practices by engaging the leadership and expertise of small, grass-roots organizations and person(s) from populations that are disproportionately impacted by the HIV/AIDS epidemic in the US South, with a special emphasis in non-traditional HIV-focused partnerships.

The definition of a non-traditional partnership, for the sake of this proposal, includes organizations that have a demonstrated skill set of community organizing, engagement, and mobilization across Southern States, but have not had an extensive history of working with an HIV-specific focus. The intention of this focus area is to engage new partners in addressing HIV, led and supported by the expertise of HIV serving organizations, encouraging greater community engagement in HIV, and sharing best practices across disciplines. Successful applicants for this focus area will also include smaller, more grass-roots efforts/partners in the collaborative initiative. Examples of populations to consider may include immigrant and refugee populations, justice reform and re-entry providers, housing agencies and partners, and fraternal and/or civic organizations.

### Examples/Models of coalition building and non-traditional partnerships can include:



An application submitted under this focus area must fully describe each partner's individual role, area of expertise, and responsibility within the collaborative project and ensure the following:

- Each organization that is a part of the collaborative project is responsible for fully implementing shared project goals and activities.

- Power differentials among organizations must be acknowledged in the narrative and program description, and value agreements must be developed to ensure decisions, votes, information sharing, access, and resources are equitable among all organizations.
- Only the lead organization is required to meet all eligibility criteria, but all partners must be located in and doing work in the following twelve (12) eligible Southern states (AL, AR, FL, GA, KY, LA, MS, NC, OK, SC, TN, TX).
- Each organization within the collaborative project should identify one point of contact to communicate with Emory and the lead organization submitting the proposal.
- The lead organization in the partnership/coalition should be an AIDS Service Organization or a CBO with a total or primary focus on HIV service provision.
- Partner organizations can be 501c3 organizations or fiscally sponsored. Special attention should be given to smaller CBOs, engagement of rural CBOs and/or non-traditional partners, including fraternity/sorority chapters, faith-based partners, and community service providers.

**Note: This opportunity is NOT intended to fund or support a conference or conference planning, although a meeting or convenings can be a component(s) of the total project.**

### **Focus Area (3): Community-Level or Upstream Intervention Planning**

**Upstream interventions** involve approaches that can affect large populations through regulation, increased access, or economic incentives. Upstream means to “look at or toward the beginning of some process or course of activity”, or getting to the root cause of a problem. In healthcare, an **Upstream approach** asks you to consider the social, economic and environmental origins of health problems that manifest at the population level, not just the symptoms or the end effect.

Interventions proposed in this focus area are intended to support the planning phase of a “upstream” intervention that will help to transform a system, policy, or structure within a community that will help support, facilitate or drive increased access to care or prevention services that lead to improved health or reduce disparities for people living with HIV/AIDS in a local community.

Examples of projects might include addressing transportation issues, food insecurity, COVID-19 prevention and/or addressing the intersection of COVID-19 and HIV, housing issues among PLHIV, health equity, and racial/social justice issues.

This focus area will also accept proposals to support the implementation of community-level interventions that will expand the capacity of the applicant organization to have a greater impact in their community, expand awareness of available services, and increase the number of people served.

An additional resource for upstream interventions can be found [HERE](#).

### **Selection Criteria**

Successful programs have successful proposals. The most successful applicants will demonstrate the following criteria in their proposal:

1. Public Health Problem in HIV: Articulates the public health needs in their community and/or priority population with respect to HIV and the social determinants of health, and



how their organization mission intends to address those needs through evidence based or evidence-informed practices. *Answers the question: What is the potential impact of your organization to HIV in your community to justify our support of your organization?*

2. Alignment to Grant Priorities: Clearly explains how the priorities of this funding opportunity align with their organization's needs in one of 3 focus areas: 1) rural infrastructure, 2) alliance and partnership development, and/or 3) upstream (structural) intervention planning. *Answers the question: How does your proposal apply to our funding opportunity and to your community's health needs?*
3. Community Engagement: Provides a list of community organizations or partners that will be involved or will be recruited in the project, if any, and the roles they will play. Discusses how the population being centered will be meaning fully engaged throughout the project. *Answers the question: Do you have the right people, collaborative partners, and a ready community in place (or to be recruited) to be successful?*
4. Reasonable: Provides a realistic timeframe, staffing plan, and budget for the proposed project deliverables, and a commitment to measuring project implementation, outcomes and success. Focuses on a single problem or issue that the organization is facing that may reasonable be accomplished within the time period of the 18-month period ending no later than December 31, 2022. *Answers the question: Is the proposed project reasonable as described in their plan?*
5. Sustainability: Describes a commitment to promote program efforts through this grant, a willingness to capture ongoing stories for sharing with Emory (and the larger COMPASS Initiative®), their organization, and community as appropriate, and plans to develop a long- term sustainability plan to include at least one future funding opportunity after this grant is complete. *Answers the question: Will funding this project result in a return on investment in HIV long term?*

**Focus-specific criteria: Adequately responds to additional criteria for the focus area chosen for this grant application.**

### **Focus Area #1: Infrastructure for Rural Organizations**

1. Address Needs: Proposes a combination of activities and strategies that directly address identified organizational capacity needs in a rural community to enhance key systems, protocols, routine practices, processes and people that give structure to the organization. *Answers the question: What organizational needs do you plan to address through what types of activities?*
2. Reach: Discuss plans to expand the organizations ability to reach and serve more people impacted by HIV. Is able to demonstrate how proposed activities will lead to expanded services through greater population reach that results in increased number of people reached, expansion to new populations, or reach into new communities as a result of these funds. *Answers the question: How will I demonstrate benefits of improved organizational infrastructure?*

### **Focus Area #2: Alliances and Partnerships for Coalition Building and Mobilization**

1. Address Needs: Provides a compelling rationale for the intended purpose and need for establishing a coalition, and initial plans for doing so. States intent to develop and/or

operate from a shared strategic plan of action with shared measures of success for the coalition and coalition deliverables *Answers the question: What organizational needs will building a coalition of alliances and partnerships meet?*

2. Assets Mapping: Describes plan to conduct an assets map to identify and recruit inclusive and diverse alliances and partners needed to build a strong coalition that collectively brings the necessary skills and resources needed for coalition success, and represents the populations and systems necessary for project success in the community and/or population they wish to serve within the first 4 months. *Answers the questions: How will our organization identify the community resources and potential partners available and those that are needed?*
3. Reach: Describes an approach for developing an expanded network across the Coalition for ally-ship and greater access to HIV services and support. *Answers the question: How will our organization demonstrate expanded access and influence of the coalition?*

**Focus Area #3: Upstream Intervention Planning: (proposals must include either 1 or 2 AND 3)**

1. Address Needs: Provides an evidence based or evidence informed rationale and an initial intervention approach for addressing at least one social determinant of health that impacts people living with HIV in your community. *Answers the question: What community need will the organization address and why? What is the potential impact on your priority population.*
2. Address Needs: Provides evidence based or informed rationale and approach for addressing at least one policy that impedes access to necessary resources (including care, treatment, other needs) of people living with HIV or at least one legislative or regulatory controls that focus on reducing social disparities for people living with HIV. *Answers the question: What community need will the organization address and why? What is the potential impact on your priority population.*
3. Reach: Provides an opportunity for a coalition and/or network to work together on a shared upstream community level intervention that impacts people living with HIV. *Answers the question: How will our organization demonstrate potential for expanded reach through co-creation of an upstream intervention?*

**Budget Requirements**

Projects will be funded via a sub-award from the Emory University Rollins School of Public Health COMPASS Coordinating Center. Grantees will be responsible for all grant reporting, evaluation, and identifying the point of contact for the award.

*Infrastructure Development Projects & Upstream Interventions*

Budgets submitted with proposals in these focus areas can include costs for consultation services and/or training for staff and leadership to address the focus area, any equipment that is needed to build the required capacity, staff time to implement the required changes within the organization, and any other items specific to the infrastructure-related or upstream project being proposed. **Requests should not exceed \$100,000.**

*Building Intentional Alliances or Partnerships through Coalition Building and Network Development (including non-traditional partners and traditional HIV service providers)*

Significant changes or decisions in project goals or budgeting should be made, with the agreement of all members of the partnership.

- Budgets submitted with proposals in this focus area should include costs that may be incurred by each of the partner organizations (as appropriate). All partners' costs should be in one budget, but should clearly identify what costs are allocated to each partner. Budgets should clearly identify the support for the lead partner. The lead organization will be the recipient of grant funds, and will be responsible for disbursement of funds to the point of contact for the award.
- Combined requests should not exceed \$150,000. Projects will be funded via a sub-award from the Emory University Rollins School of Public Health COMPASS Coordinating Center to the lead organization. The lead organization should set up a fee-for-service agreement with each partner organization to cover any costs that the partner organization(s) may need to cover. If a partner organization cannot accept a fee-for-service agreement, Emory University Rollins School of Public Health COMPASS Coordinating Center should be consulted to make appropriate arrangements.
- Budgets submitted with proposals in this focus area can include costs for consultation services and/or training for staff and leadership to address the focus area, space rental, facilitator fees/costs, and/or partnerships costs/fees.
- **Requests should not exceed \$150,000.**

**Funding Limitations**

The Emory COMPASS Coordinating center has the following limitations for funding for all focus areas:

- Funds may not be used to support the direct provision of medical services, including medical care provided directly to patients, or provided by an MD, DO, NP, PA, or PharmD who either (1) practices medicine with patients; (2) prescribes drugs to patients; or (3) dispenses drugs to patients;
- Funds cannot support the activities, equipment, or personnel of the medical care component of an organization;
- Funded organizations cannot distribute any grant funds to the medical care component of the organization.

**Allowable expenses include, but are not limited to the following:**

- Personnel expenses
  - Support for staff positions and/or consultants are acceptable requests under this funding initiative, however, these positions must directly support the proposed capacity building efforts, and cannot replace partially funded or uncovered programmatic positions.
  - Fringe benefits
- Consultant costs
  - Consultants do not have to be identified at the time of application; however, they must be able to be on-boarded within 3-months of the initiation of funding. If an organization needs assistance with identifying a consultant, the Emory Center staff can serve as a resource.
- Meeting space
- Continuing education
- Mentoring/twinning visits
- Equipment and supplies

- Travel to implement the proposed project

**Allowable activities include:**

- Cultural Competency Training;
- Health Equity Training;
- Coalition Development Training;
- Pilot and demonstration projects;
- Replication/Expansion of successful interventions;
- Public health capacity building;
- Policy and statistical analysis in line with programmatic goals;
- Strategic communications, including public/patient education;
- Community engagement and coalition-building;
- Program research and evaluation; and
- Indirect expenses of up to 10% of the proposed budget.

**Note: Emory has the right to award an amount different from the funds requested based on the available resources.**

**Evaluation and Program Monitoring**

Data-driven programming is central to the objectives of the Emory University Rollins School of Public Health COMPASS Coordinating Center (ECCC). Evaluation provides key data for us to learn from project implementation processes, develop organizational capacity, enhance community accountability, and identify effective practices. If funded, your organization will be required to work collaboratively with the Emory University Rollins School of Public Health COMPASS Coordinating Center and the initiative evaluator, ETR, to define and report on common evaluation indicators and performance measures. This could include developing and/or revising evaluation plans, monitoring of evaluation plan for the entire grant cycle, completing quarterly reports and participating in qualitative interviews or completing surveys as requested by Emory.

Work plans and evaluation plans developed as a part of the grant application will be reviewed by the ECCC team and will work collaboratively with funded partners to make any required revisions.

**Technical Assistance for Application Submission:**

In addition to the grant orientation webinars, the Emory Coordinating Center staff will be available for questions, and will host office-hours for TA requests related to the submission of proposals on (Tuesdays 10am-12pm EST). Additionally, webinar information sessions will answer questions and clarify requirements for the RFP's submission. Applicants may also send questions regarding the Transformative Grant application and RFP to [emory@gileadcompass.com](mailto:emory@gileadcompass.com).

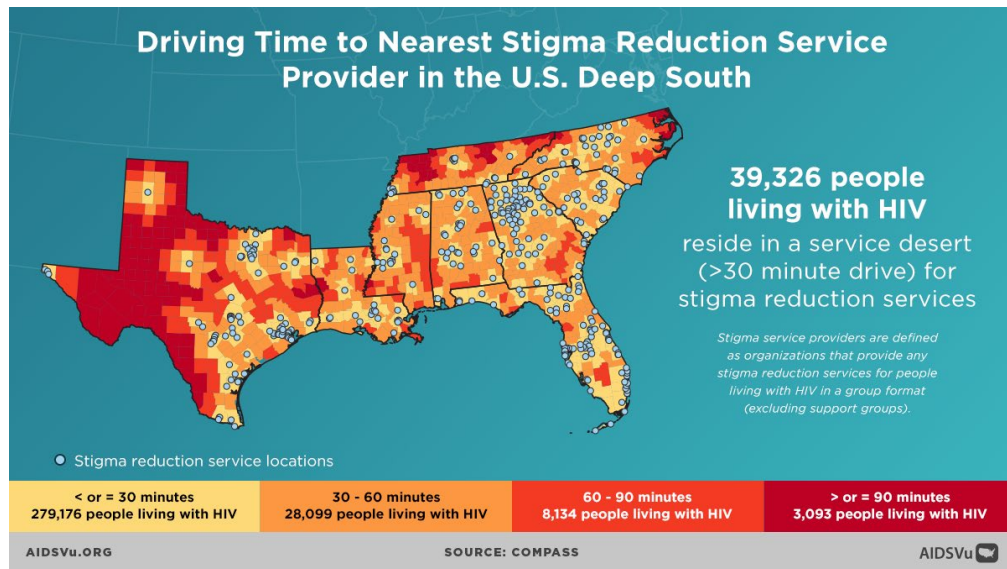
## Detailed Description for RFP Specific to the Coordinating Center

### HIV-Related Stigma Reduction (Southern AIDS Coalition)

#### Background

HIV-related stigma is prevalent in the southern United States, and has been associated with poorer health outcomes for persons living with HIV (PLHIV) in the south. Internalized stigma occurs when someone emotionally absorbs these

negative messages or stereotypes. These can be particularly harmful, as was examined in a study in 2019. 201 individuals living with HIV from four southern states reported high levels of experienced, perceived, and internalized stigma, and it was revealed that internalized stigma and recent stigmatizing experiences were significantly associated with not engaging in treatment as prescribed. Internalized stigma was also associated with having missed an HIV medical care visit. This is but a sample of a critical issue: fewer Southerners living with HIV receive timely medical care and treatment, fewer achieve viral suppression, and a disproportionate number do not have access to valuable resources that aid in achieving positive health outcomes. They also may not have access to prevention strategies that can help reduce the transmission of the HIV to their partners. Mortality remains alarmingly high as a result, with death rates in some southern states reaching nearly three times higher than the national average. Additionally, internalized stigma can have dire consequences for one's mental health and overall wellness. To that end, there is a need for interventions that address internalized HIV-related stigma, in order to improve outcomes for those living with HIV. The challenges of HIV-related stigma are compounded by the fact that more than 39,000 people living with HIV in the South must travel thirty minutes or more to access stigma reduction services. To that end, there is a dire need for programming in many communities across the region that may not presently have services specifically addressing the impact of stigma on those living with HIV. See AIDSvu (<https://aidsvu.org/wp-content/uploads/2020/04/STIGMA-01.png>)



#### Content Areas

There is a pronounced need to design, implement, and evaluate interventions to reduce HIV-related stigma for PLHIV. This need is greatest in the South, where stigma is a significant driver of the epidemic, and stigma-reduction services are lacking in many communities. [The Southern AIDS Coalition \(SAC\) COMPASS Coordinating Center](#) seeks to support the creation of interventions focused on reducing internalized HIV-related stigma in the South. By intervention,



we mean any combination of program elements or strategies designed to reduce HIV-related stigma impacting PLHIV by:

- a. Influencing knowledge, attitudes, beliefs, and skills among PLHIV;
- b. Increasing social support for PLHIV; *and/or*
- c. Creating supportive environments, policies, and resources for PLHIV.

To that end, [SAC](#) seeks to support organizations that are addressing the unique challenges and needs of PLHIV in the South through community-informed interventions. Applicants are encouraged to think creatively. The intervention design should reflect the demonstrated need and programming gaps in your community.

### **Focus Areas**

The Southern AIDS Coalition will allow applicants to seek funding for interventions addressing HIV-related stigma in two focus areas:

- (1) Development or adaptation of an intervention to meet specific community needs.
- (2) Implementation of an intervention that the applicant has previously developed or adapted to meet specific community needs.

#### **Focus Area One. Intervention Development or Adaptation**

Proposed projects in this focus area should result in the development and effective piloting of an intervention that addresses HIV-related stigma. Programs in this area may be either:

1) “Homegrown” intervention with a proposed comprehensive formative process that takes into consideration existing programming gaps and relevance to the culture and experiences of the community of focus.

2) Adaptation of existing evidence-based intervention(s) with a proposed comprehensive process and justification for developing additional content that specifically addresses HIV-related stigma.

Successful proposals in this focus area will clearly outline steps that will be taken to effectively develop an intervention from conceptualization to piloting, inclusive of evaluation activities at each stage of work. Example of funded activities in this focus area might include (but certainly does not have to be limited to):

- Focus groups, online surveys, or other formative research with PLHIV and/or those providing social or emotional support to PLHIV;
- Formalizing an existing program that has been well-received by PLHIV in your community;
- Adapting an existing evidence-based intervention to include more focused content that addresses the needs of a specific community of PLHIV or a specific stigmatizing behavior or practice that is prevalent in your community; or
- Trainings for PLHIV to build their capacity to develop content and/or facilitate the intervention.

#### **Focus Area Two. Intervention Implementation**

Proposed projects in this focus area should result in the implementation of an intervention that was previously developed and piloted by the applicant. In this focus area, your project should culminate in a minimum of one complete cycle of your intervention with program evaluation at every step of programming by the end of the funding period. Your application should clearly

demonstrate an existing program of promise, with existing programmatic content. Example of funded activities might include:

- Program implementation with appropriate audience based on earlier program development, evaluation, and/or piloting;
- Adjusting existing program content based on data/feedback from earlier participants;
- Recruitment and outreach activities;
- Training of program facilitators in intervention content;
- Analysis and application of data to improve program delivery;
- Development of communications planning—to include strategies for virtual delivery of content previously offered in person

### **What We're Looking For**

For the purposes of this opportunity, “intervention” can be broadly interpreted to include a range of strategies, including (but not limited to):

- Collaborating with PLHIV to develop a community-based education program for providers, family members, or employers;
- Working with PLHIV to develop an initiative that supports the creation of improved public or organizational policies;
- A health promotion campaign to increase knowledge about HIV in faith, social, or healthcare settings, with a focus on the impact of stigma; or
- A combination of interventions implemented in different settings, including communities, worksites, schools, health care organizations, or in the home.

We are particularly interested in applications that are:

- Intentional in the centering of PLHIV at all stages of program development and implementation (MIPA)
- Demonstrative of the applicant's alignment with the Gilead COMPASS Initiative Guiding® Principles (noted in the RFP)
- Located in communities that currently lack stigma reduction resources for PLHIV
- Led by members of community

### **Tips on Completing the Work Plan**

- The initial six months of this funding can be utilized for robust programmatic planning and formative research to support your program design. The planning period is critical and should not be glossed over in your planning.
- Your work plan should paint a clear picture of your vision for the proposed project and convey an understanding of the steps required to effectively meet your stated objectives.
- Your recruitment and engagement strategy should be evident (including how PLHIV are centered in those processes)
- Considerations should be made for current limitations created by COVID-19 restrictions

### **Evaluation**

Ultimately, our goal is to identify scalable and fundable interventions that are effective at reducing internalized HIV-related stigma and capable of being replicated elsewhere in the South. As such, we are deeply committed to the evaluation of these interventions. The evaluation plan for funded programs should outline the expected outcomes from the proposed intervention and a process for measuring these outcomes.

We want to ensure all grantees are collecting data that includes a set of common evaluation indicators and performance measures that can be compiled and compared across Coordinating

Centers. In addition to the COMPASS® Initiative evaluator ([ETR](#)), the Southern AIDS Coalition COMPASS Coordinating Center works collaboratively with the Center for Health Policy and Inequalities Research (CHPIR) at Duke University to evaluate the implementation and outcomes of this funding. If funded, your organization may be required to work collaboratively with CHPIR on these common evaluation indicators and performance measures.

### **Allowable Expenses**

Allowable expenses include, but are not limited to the following:

- Personnel expenses
  - Support for staff positions and/or consultants are acceptable requests under this funding initiative; however, these positions must support the proposed capacity building efforts, and cannot replace partially funded or uncovered programmatic positions.
- Fringe benefits
- Marketing and promotion costs
- Consultant costs
- Costs of virtual program delivery (e.g., subscriptions, services for participants)
- Meeting space (when safe)
- Program-related supplies
- Travel to implement the proposed project
- Participant incentives
- Indirect expenses up to 10% of the proposed budget.

### **Prohibited Expenses**

SAC has the following limitations for funded programs:

- Funds may not be used to support the direct provision of medical services, including medical care provided directly to patients, or provided by an MD, DO, NP, PA, or PharmD who either (1) practices medicine with patients; (2) prescribes drugs to patients; or (3) dispenses drugs to patients;
- Funds cannot support the activities, equipment, or personnel of the medical care component of an organization;
- Funded organizations cannot distribute any grant funds to the medical care component of the organization.

## **Detailed Description for RFP Specific to the Coordinating Center**

### **University of Houston Graduate College of Social Work – Wellbeing, Mental Health, Substance Use, Trauma-Informed Care, and Telehealth**

#### **Background**

[The SUSTAIN Wellbeing COMPASS Coordinating Center \(SUSTAIN\)](#) aims to strengthen organizational capacity in the intersections of HIV, wellbeing, mental health, drug use, trauma-informed care and telehealth through community-centered grants, training and consultation/coaching. We know that organizations need the resources to plan, create, expand, implement and evaluate innovative programs and projects. SUSTAIN works with organizations to build such capacity so that they can provide high quality, affirming, and culturally responsive care to Southern communities.

## **Content Area**

### **Wellbeing, Mental Health, Substance Use, Trauma-Informed Care, and Telehealth**

*Approach Matters: Organizational Change in Trauma Informed Care*

#### **The Six Guiding Principles to a Trauma-Informed Approach**



The SUSTAIN COMPASS Coordinating Center envisions a world where organizations have all the tools to address multilevel trauma to ultimately transform organizational culture and practices. We believe these transformational changes will enhance the wellbeing of people living with HIV and truly end the HIV epidemic.

In order to achieve this goal, this request for proposals (RFP) will fund organizations to change their culture, practices, and systems to be trauma-informed (see graphic above). Trauma-informed approaches can be applied to all of our content areas, (wellness, mental health, substance use, and telehealth) and its intersection with HIV.

The landscape of HIV has been stagnant because organizations often do not have the support to engage in structural change required to end the HIV epidemic. This lack of support and resources ultimately trickles down to harming not only the communities they serve but their staff as well. The SUSTAIN team believes that organizational change is key to life-saving transformative change. Organizational change refers to actions that transform culture, infrastructure, and its internal processes, such as hiring, training, and screening practices, and policies and procedures. Organizational change requires intentionality, commitment, and management to bring about successful change, and the process typically includes three major phases: pre-implementation, implementation, and sustainability. We know that organizational change is not an easy process, however it is necessary for organizations to succeed and grow. Furthermore, there are benefits to organizational change such as employee development, employee engagement, employee retention, service user satisfaction, service engagement, or service innovation or enhancements.

Trauma, stigma, and adversity for those living with and most impacted by HIV has been a continued concern that needs to be addressed. Trauma, just like most life experiences, does not happen in a vacuum and manifests at different levels of society, organizations, and personal life. Trauma impacts all aspects of a person, including their physical and mental health, behaviors, and attitude toward seeking care. Using trauma informed approaches in all aspects of the organization and its service provision is critical to ending the HIV epidemic. Trauma informed organizational change is a process of transforming its culture. This change requires examination, analysis, and change in the way power is distributed and decisions are made. One

of the most significant goals of the trauma informed organizational change is to develop a culture of collaboration, choice and transparency. Trauma informed care has been found to promote healing that results in increased resiliency for staff and those being served. Becoming a trauma informed organization is an everlasting journey and not a destination that will require lots of work, personal and professionally. This means the organization will forever be engaging in this work of becoming trauma informed.

### **What are we looking for?**

We seek organizations who want to embark on this journey. SUSTAIN acknowledges that trauma informed organizational change can look different from organization to organization, from changes in mission/vision, changes in practices, or changes in policies and procedures. The ultimate goal of trauma informed organizational change is to not only recognize the effect of trauma on clients/patients/staff, but also the impact on the workforce based on their own and others' experiences of trauma and/or adversity.

***Below are specific details to reflect upon and include when completing your proposal, particularly in the narrative of the proposal:***

- **Centering Communities:** We are interested in proposals that are led by or center the following communities:
  - Black and Latinx communities of transgender and non-binary experiences
  - Black same gender loving men, gay, bisexual, and queer men
  - Latinx communities
  - Cisgender Black women
- **Organizational Change:** We encourage innovative, out-of-the-box, programs that build organizational capacity around SUSTAIN's content areas and also move the needle on social and structural conditions, such as policies, organizational culture, physical environment, norms, attitudes, beliefs, and culture.
  - What experience does your organization have, if any, with organizational change?
  - What are the goals of your trauma informed organizational change?
  - What are some anticipated facilitators and barriers of your organization conducting this trauma informed organization change?
- **MIPA:** The inclusion of [Meaningful Involvement of People Living with HIV/AIDS \(MIPA\)](#) in Action is essential in your proposal and **must be intentionally and thoughtfully integrated in ALL aspects of your proposal.**
  - MIPA in Action is the meaningful and intentional involvement of individuals who are living with HIV/AIDS in all aspects of an organization, including but not limited to program/project conceptualization, planning, implementation, evaluation, and dissemination. Be specific in the ways in which your organization meaningfully involves people living with HIV and how you intend to do so in this project.
    - What positions do people living with HIV/AIDS hold in your organization? What positions will they hold in this proposed program?
    - How is your organization including people with living with HIV/AIDS at all levels of decision-making? How will they be included as decision makers in this proposed program?
    - How do you plan to involve people living with HIV/AIDS in your proposed program and the development of this proposal? Please be as specific and detailed as possible in your proposal as well as the budget.
- **Racial Justice:** The Inclusion of Racial Justice is essential in your proposal:
  - Racial justice is defined by an active involvement of learning and understanding to make actionable and measurable steps aimed to achieve fairness, equity, and



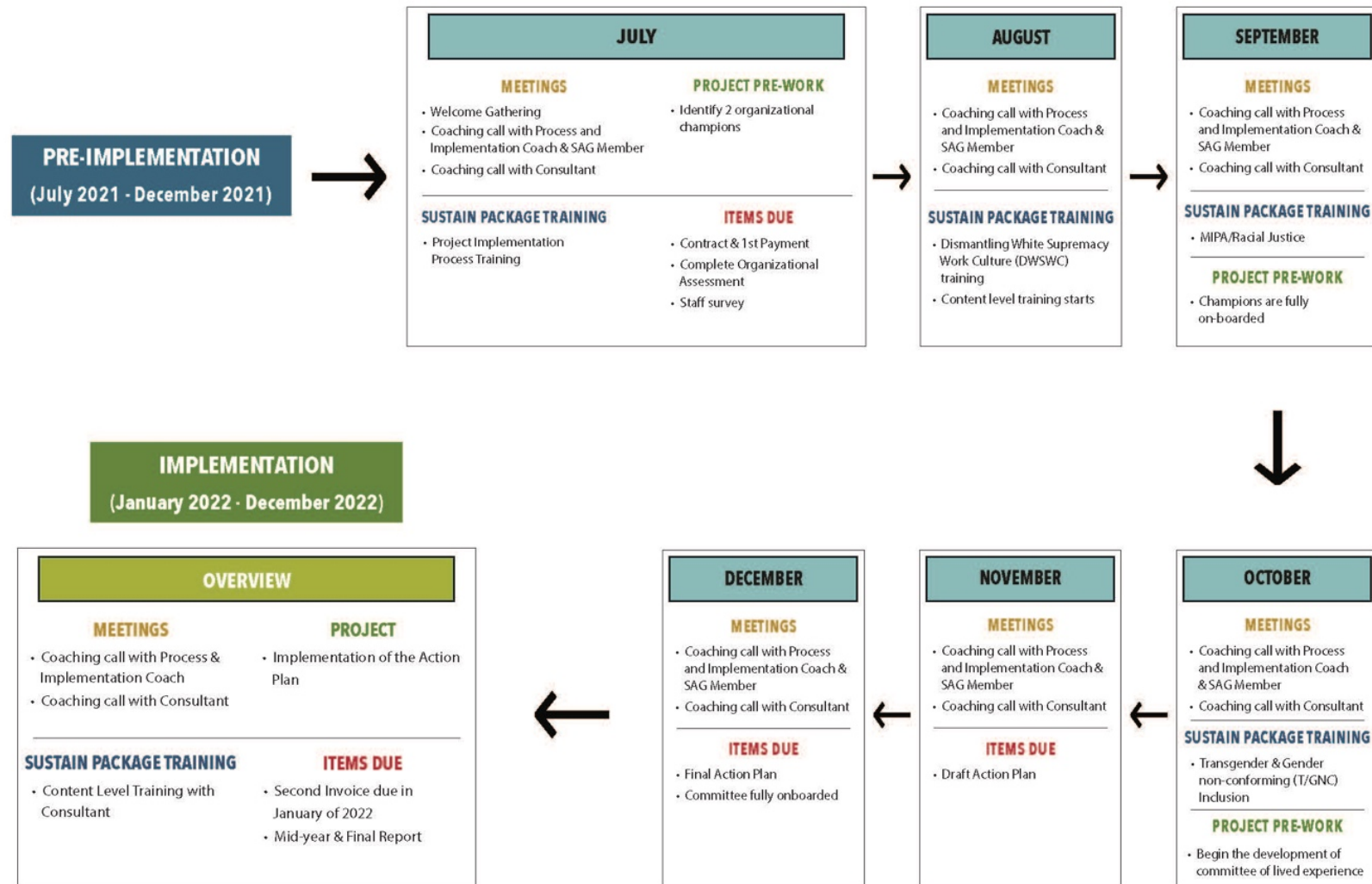
justice to the racial marginalized, particularly Black people, to give them what they need to enjoy full, healthy lives. There is an interconnected relationship between racism, anti-Blackness, systems of oppression and HIV. These same racist and anti-Black policies, systems, and practices have shaped organizational practices and stripped funding away from Black-led organizations. They have historically limited access to physical and mental health care access for Black people living with HIV. These anti-Black and white supremacist policies continue to impede Black communities' overall wellness and advancements in liberation.

- What positions do Black communities hold in your organization? What leadership - management or other decision-making - positions do Black individuals hold in your organization? What is the percentage for each population group?
- What practices and policies do you have in place to support trans and gender non-conforming staff and communities that you serve?
- How are Black and Latinx individuals represented on your Board of Directors? What is the percentage of directors for each population group?
- To what extent does your organization include a racial justice or equity lens or approach to your work?

Please check out our videos about the RFP and what organization change projects we have funded previously on our [YouTube page](#).

# TRANSFORMATIVE GRANT PARTNERSHIP 2021-22 ROADMAP

This is an 18-month overview. This is tentative and we will add more details once the grant period starts.



## **SUSTAIN Budget Requirements**

Below you will find the required budget line items and accompanying mandatory percentage allocations.

### **Required Items**

- Consultancy and trainings - You will have to utilize the SUSTAIN provided consultants - 15%
- Champion (2 people) - Salary is allowable - at least 60% of their time has to be dedicated to this program/grant to develop, oversee, and manage this program as well as work on evaluation tasks
- Advocacy Group - MIPA in Action - 10% minimum
- Indirect Cost/Overhead - 10% max
- For organizational discretion (you can increase any of the previously proposed items or create new items [i.e. technology, printing, etc.]) - 5% max

### **Allowable Expenses**

- Direct program expenses, including but not limited to the following: personnel expenses, consultant costs, fringe benefits, and travel to implement the proposed project;
- Trainings, consultation, and conferences relevant to project completion;
- Pilot and demonstration projects;
- Public health capacity building;
- Policy and statistical analysis in line with programmatic goals;
- Strategic communications, including public/patient education;
- Community engagement and coalition-building;
- Program research and evaluation; and
- Indirect expenses of up to 10% of the proposed budget.

### **Evaluation**

SUSTAIN values rigorous evaluation of its own work and the work of grant partners. Evaluation helps us learn from the process of project implementation, develop organizational capacity, enhance community accountability, and identify effective practices. If funded, your organization will be required to work collaboratively with SUSTAIN as well as [ETR](#), who is conducting an evaluation of the COMPASS Model as a whole, on common evaluation indicators and performance measures. See the general RFP for more details.

## **Detailed Description for RFP Specific to the Coordinating Center**

### **Faith-Based HIV Stigma Reduction (Wake Forest University Faith Coordinating Center)**

Faith institutions in the Southern U.S. have long been a cornerstone in African American communities in the Southern United States not only for spiritual and religious guidance, but social change and movements to address racial equity, economic disparities, voting rights, and housing conditions. More recently, faith institutions have begun to address health promotion and disease prevention including HIV/AIDS. The purpose of this funding opportunity is to advance the ability for a diverse array of faith communities, including Christian churches, synagogues, mosques, and temples, and faith-based organizations to develop programs and initiatives or

conduct research in their local religious communities that promote positive faith and health outcomes, specifically in the area of HIV.

Wake Forest University School of Divinity is seeking to fund transformative activities that focus on sustainable programs that address the intersection between faith and social determinants of health, with a particular focus on programs that have an impact on reducing stigma against HIV/AIDS. Especially during the time of COVID-19, we understand the particular challenges that faith communities have faced with engaging with members at physical distance and online. The FCC Transformational Grants will support the establishment of infrastructures and programs to enhance access to employment, education, transportation, housing, finance wellness, and/or healthcare for people at risk for acquiring and/or living with HIV/AIDS in the US South. Our aim is to collaborate with Christian and interfaith partners; create inclusive faith spaces (virtual and/or in-person) for LGBTQ persons and people living with HIV; create opportunities for physical, emotional, and financial wellness; and educate emerging faith leaders and faith communities who will impact how communities respond to HIV/AIDS in the future.

For our purposes, “intervention” can be broadly interpreted to include a range of strategies, including (but not limited to):

- Collaborating with PLHIV to develop a community-based education program for faith communities, providers, family members, or employers;
- Working with PLHIV to develop an initiative that supports the creation of improved public or organizational policies;
- A health promotion campaign to increase knowledge about HIV in faith, social, or healthcare settings, with a focus on the impact of stigma; or
- A combination of interventions implemented in different settings, including communities, worksites, schools, health care organizations, faith-based organizations, or in the home.

### **Focus Areas**

The Faith Coordinating Center will allow applicants to seek funding to develop and scale programs and initiatives or conduct research to enhance opportunities for employment, education, transportation, housing, finances, access to healthcare and other programs that promote positive and transformative faith and health outcomes throughout the Southern region of the United States, specifically in the area of HIV in two focus areas:

- 1) Development or adaptation of an intervention to meet specific faith-based community needs
- 2) Implementation of an intervention that the applicant has previously developed or adapted to meet specific faith-based community needs.

### **Focus Area One. Intervention Development or Adaptation**

Proposed projects in this focus area should result in the development and effective piloting of an intervention that addresses HIV-related stigma in faith communities. The creation of a novel intervention or program should include a comprehensive formative process that takes into consideration existing programming gaps within your organization and relevance to the culture and experiences of the community of focus. Successful proposals in this focus area will clearly outline steps that are taken to effectively develop an intervention from conceptualization to piloting, inclusive of evaluation activities at each stage of work.

Example of funded activities in this focus area might include:

- Focus groups, online surveys, or other formative research with PLHIV, people affected by HIV/AIDS, and/or those providing social or emotional support to people affected by HIV/AIDS, with a particular focus on faith-based approaches to engaging these groups;

- Formalizing an existing program that has been well-received in your faith community;
- Adapting an existing evidence-based intervention to include content that addresses HIV-related stigma;
- Trainings for faith leaders and lay audiences in faith communities to build their capacity to develop content and/or facilitate the intervention

### **Focus Area Two. Intervention Implementation**

Proposed projects in this focus area should result in the implementation of an original intervention that was previously developed and piloted by the applicant.

Example of funded activities might include:

- Program implementation with appropriate cohorts (e.g., individual, group, or community-level);
- Recruitment and outreach activities;
- Training of program facilitators in intervention content;
- Analysis and application of data to improve program delivery

**Allowable Expenses:** Awards can be used to pay for program-related costs, including appropriate staff costs, supplies, technology, incentives, and membership fees for required platforms. However, there are prohibited expenses. You **cannot** use funds to pay for or offset the cost of any of the following:

- Medications or purchasing of medications
- Direct medical expenses, including lab expenses
- Existing deficits of organization
- Biomedical research or clinical trials
- Projects that directly influence or advance Gilead's business, including purchase, utilization, prescribing, formulary position, pricing, reimbursement, referral, recommendation or payment for products
- Individuals, individual health care providers, or physical group practices
- Events or programs that have already occurred
- Government lobbying activities

### **Tips for a Successful Grant Application:**

- Clearly articulate how your project will address persons living with and/or impacted by HIV.
- Clearly articulate how you will deliver your program, including the planned platform that will be used for communication.
- Don't worry about your project being "too small". We want to support grassroots efforts that can reach deep into the heart of community need.
- Think focused rather than big, broad programs or initiatives. We want to support grassroots campaigns that can reach deep into a community rather than campaigns that try to reach everyone across the spectrum.

**Additional Attachments Necessary:** In order to have a complete submission and be considered for a grant, you are required to upload the following documents:

1. Your organization's 501(c)(3) verification OR 501(c)(3) letter of a fiscal sponsor
2. Letter of Support from fiscal sponsor (if applicable). This letter should demonstrate fiscal sponsor's commitment to providing the applicant with financial management of grants funds and administrative support as needed.
3. Organizational Operating Budget. The applicant's 2021 operational budget (not to be substituted by fiscal sponsor's operational budget).

4. Grant Budget and Budget Narrative Attachment. A thoughtfully prepared budget demonstrates that you have considered all the costs associated with your request, as well as the resources needed to ensure the project's success.
5. Form W-9. A signed and dated copy of the most recent Form W-9 indicating the taxpayer identification number.

**Evaluation Requirement:** Ultimately, our goal is to identify scalable and fundable interventions that are effective at reducing institutional and faith-based HIV-related stigma and capable of being replicated elsewhere in the South. As such, we are deeply committed to the evaluation of these interventions. The evaluation plan for funded programs should outline the expected outcomes from the proposed intervention and a process for measuring these outcomes. We want to ensure all grantees are collecting data that includes a set of common evaluation indicators and performance measures to evaluate implementation and outcomes that can be compiled and compared across Coordinating Centers in collaboration with the COMPASS® Initiative evaluator ([ETR](#)). If funded, your organization will be required to report on these common evaluation indicators and performance measures.

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