



COMPASS
INITIATIVE®

Southern AIDS Coalition (SAC)
COMPASS Coordinating Center

2021 Transformative Grants:
HIV-Related Stigma Reduction

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	COM mitment to P artnership in A ddressing HIV/AIDS in S outhern S 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.

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) **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. 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 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	Select <u>one</u> of the following: <ol style="list-style-type: none"> 1. Emory University – Organizational Capacity Building 2. University of Houston – Wellbeing, Mental Health, Substance Use, Trauma-Informed Care, & Telehealth 3. Southern AIDS Coalition – HIV-Related Stigma Reduction 4. Wake Forest University - Faith-Based Advocacy and Spiritually Integrated Capacity Building
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"> ● 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). ● Population of focus on which the project is intended to serve.

			<ul style="list-style-type: none"> • How your organization/community will benefit from the proposed project. • How the proposed project meets the goals of the respective Coordinating Center. • How the proposed project helps to enhance access to high-quality HIV care and/or prevention services.
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"> • What impact does your organization want to make? • What does your organization want to see at the end of the year project? • How will your organization know that your project was a success?
6. Budget and Budget Narrative	10	Use template	<ul style="list-style-type: none"> • Please upload your completed budget template that was provided and describe the duties and expectations of each of the line items.

Supplemental Materials	
Required	
<ol style="list-style-type: none"> 1. Project Budget Template 2. Work Plan Template, if required by the CC in which you are applying 3. 501(c)(3) Verification (or letter from fiscal sponsor or agent) 4. Board of Directors List 5. Diversity Table 6. Fiscal Sponsorship Agreement or Letter from Fiscal Sponsor (if applicable) 	
<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.

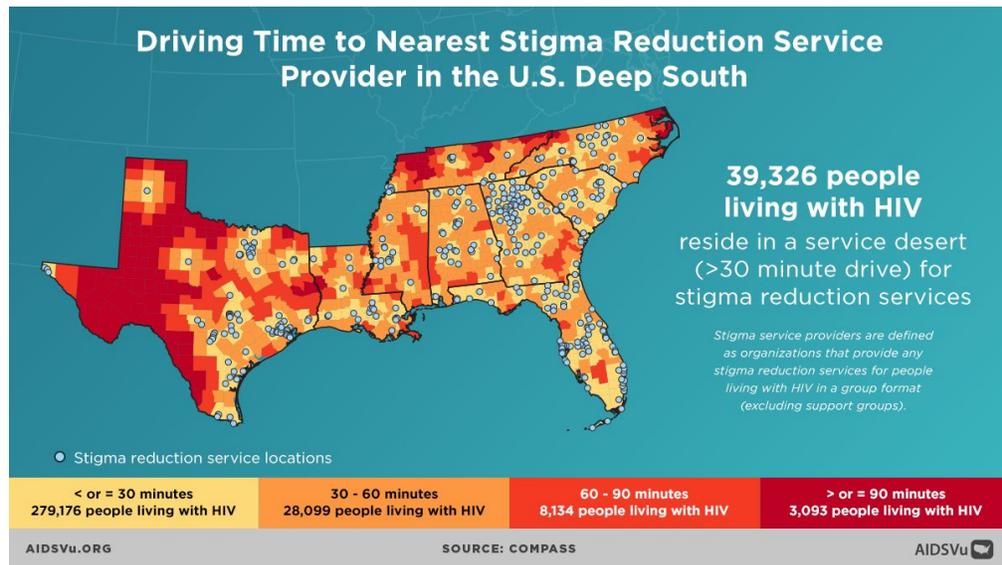
Detailed Description for RFP Specific to the Coordinating Center

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.