



COMPASS  
INITIATIVE®

Wake Forest School of Divinity  
COMPASS Coordinating Center

## **2021 Transformative Grants:** Faith-Based HIV 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	<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

### 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.