

2022 Transformative Grants:

*Approach Matters: Trauma-Informed
Care Organizational Change Initiative*

Application Deadline:
Monday, May 2, 2022
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
Trans GNC	Transgender and Gender non-conforming
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 and deaths of any U.S. region, and lags behind in providing quality HIV prevention services and care" (CDC, 2019).

The disproportionate percentage of Southerners living with HIV speaks to the 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 two focus areas: 1) Organizational level interventions or 2) Community-level or Systems-level interventions.

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 trauma informed organizational change 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 in the Deep South.

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.gileadcompass.com](http://www.gileadcompass.com).

Transformative Grant Funding Opportunity

While there are 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 HIV-care and faith-based 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 to ultimately provide high quality, accessible, and sustainable 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 the success of individually funded programs and will be led by the respective Coordinating Center. The second level, called Centralized Evaluation, will be led by 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 and ETR to support the COMPASS evaluation efforts.

Centralized Evaluation

The COMPASS Coordinating Centers (CCs) 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. Gilead Sciences and the CCs have partnered with ETR to serve as the COMPASS external 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/>).

It is expected that funded community partners participate in assessments and routine data collection (survey links via Qualtrics) with the CCs to support the COMPASS evaluation efforts. 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

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 these 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 2022 and ending in December 2023.

Award Amount

The maximum amount an applicant can request is \$100,000 total (including overhead). Please read the guidance in the respective CC for which you are applying for specific budget guidelines.

Application Deadline

Completed proposals are due via the COMPASS Initiative® website (www.gileadcompass.com) **by 11:59 PM Central Standard Time, Monday, May 02, 2022.** Applications must be completed and received by the deadline 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 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 Friday, April 15, 2022, 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 the reason for the alternative submission request.

Application Webinars

Informational Webinar

The COMPASS Coordinating Centers will host an optional webinar to provide 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.



TRANSFORMATIVE GRANT INFORMATIONAL WEBINAR

THURSDAY, APRIL 14, 2022

1PM - 2:30PM EST

12PM - 1:30PM CST

Register [HERE](#) for Thursday, April 14, 2022 at 12:00 PM-1:30 PM CST/1:00 PM-2:30 PM EST.

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.

Please visit the specific requirements for each Coordinating Center for RFP rubric information, application requirements, and required supplemental materials.

Restrictions

The following expenses and activities are prohibited by all Coordinating Centers:

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.

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, substance use, trauma-informed care, and telehealth through community-centered grants, training, consultation, and coaching. We know that organizations need the resources to plan, create, expand, implement, and evaluate much needed 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: Trauma-Informed Care Organizational Change Initiative”

The Six Guiding Principles to a Trauma-Informed Approach



The landscape of HIV has been stagnant, in part, because organizations often do not have the support or resources to engage in meaningful 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.

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 transformative 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 plan and implement changes to their organizational cultures, practices, processes, and systems (structural changes) to be trauma-informed. (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.

What is Organizational Change?

Organizational change refers to actions that transform culture, infrastructure, and its internal processes, such as hiring, training, screening practices, and policies and procedures.

Organizational change requires intentionality, commitment, and management to bring about successful change. The organizational 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.

Why focus on Trauma-informed Organizational Change?

Trauma, stigma, and adversity for those living with and most impacted by HIV have been continued concerns that need 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 requires examination, analysis, and a change in the way power is distributed and decisions are made. One of the most significant goals of trauma-informed organizational change is to develop a culture of collaboration, choice, and transparency. Trauma-informed care has been found to promote healing 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, personally, and professionally. This means the organization will forever be engaging in this work of becoming trauma-informed.

What Type of Organizations 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 our and/or centers 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 as 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?

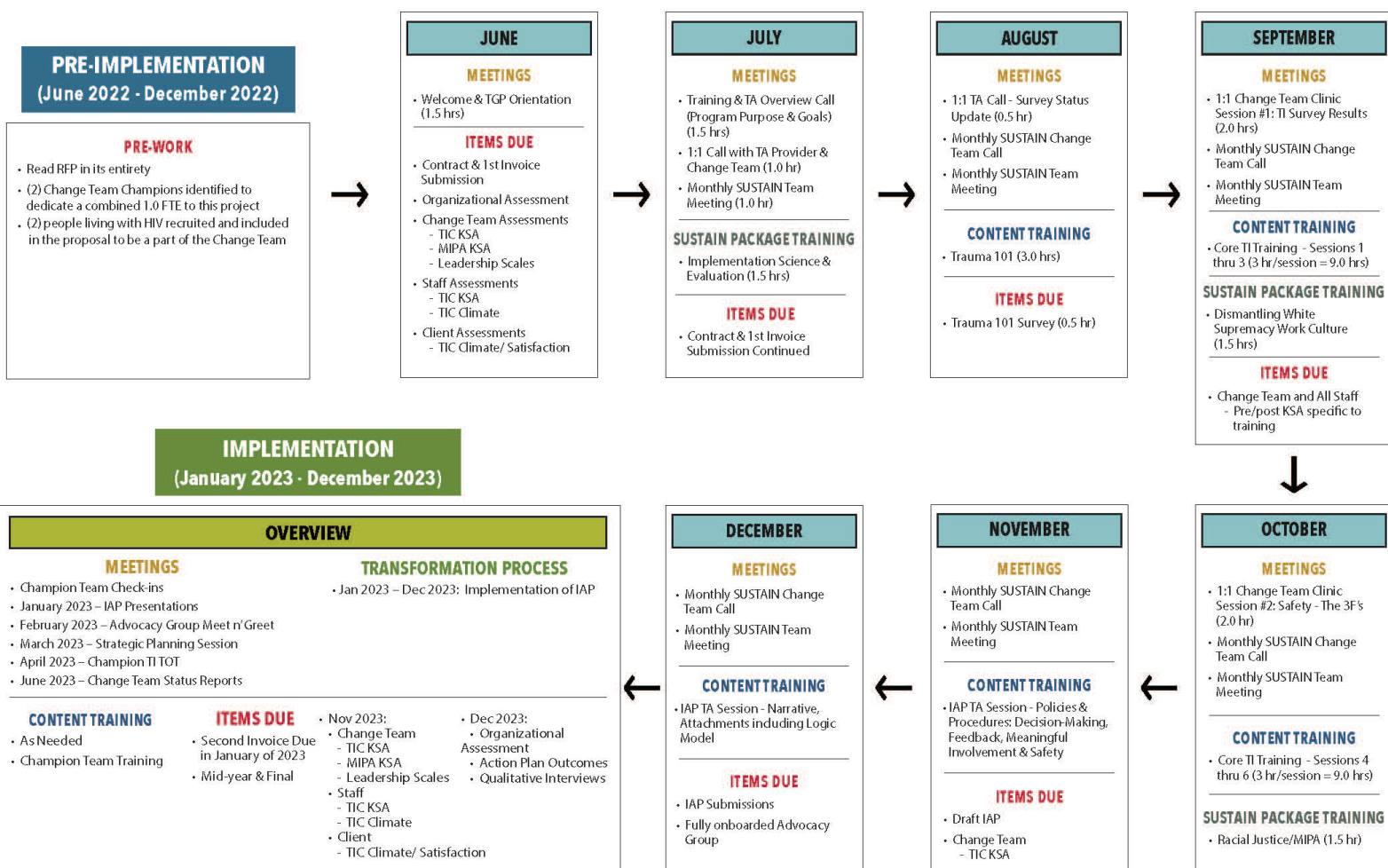
Please check out our videos about the RFP and what previously funded organizations discussing their projects on our [YouTube page](#).

Below you will find a roadmap of the process:

TRANSFORMATIVE GRANT PARTNERSHIP 2022-23 ROADMAP

APPROACHES MATTER: TRAUMA-INFORMED ORGANIZATIONAL CHANGE INITIATIVE

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



NOTE: PROGRAM IS A HEAVY LIFT REQUIRING OVER 100 HOURS OF LABOR. PLEASE READ RFP CLOSELY.

Supported by grant funding from Gilead Sciences Inc. Gilead Sciences, Inc. has had no input into the development or content of these materials.

Tips for Successful Implementation of this Initiative

Time Commitment

- This initiative is a journey, not a sprint. **It will require a minimum of 150 - 200 hours to be dedicated to this project, SOLELY, with over 100 hours taking place within the first 6 months of the project's start date.** Therefore, the budget is reflective of what is needed to carry out this project.
- Rest Assured – you are not in this alone! Also, you will have SUSTAIN, Consultants, your Project Officer, Advocacy Group, SUSTAIN Advocacy Group, and others to assist along this journey!

Change Team Composition, Roles, and Responsibilities (The Change Team = Champions and Advocacy Group)

- Change Team (Champions and your organizations' Advocacy Group) will:
 - Develop workplan that will be approved by ED and the Board
 - Attend all meetings and trainings
 - Complete all surveys and assessments and assigned
- 2 Change Team Champions be identified are required to be dedicated at 1.0 FTE to this project in effort and time.
- 2 additional people, who fit the demographics of the advocacy group description below must be named in the proposal and will also be a part of the change team.
- As this process is a heavy lift, the Executive Director SHOULD NOT be leading this process of the project, however, should have either an outside independent consultant(s), employees, or a combination of both with the time, dedication, and skill set to carry out the initiative's scope of work. The ED should work with the Change Team by providing guidance and leadership and empowering the Change Team to make the necessary organizational changes and decisions.
- Change Team Lead will
 - Oversee and lead change team process
 - Ensure all members are on the trainings
 - Ensuring team is developing advocacy group process
 - Ensure the work plan is develop

Advocacy Groups

(3-6 members' total; 2 MUST BE openly living with HIV and named in the proposal)

- 2 people living with HIV must be recruited, named in the proposal, and be a part of the Change Team. They will assist with recruiting an additional 1-4 members and must reflect the population/communities your organization serves to complete this group. The Advocacy Group Team Members will be responsible for assisting the organization to foster an environment in which all individuals seeking services feel empowered, included, and acknowledged without causing re-traumatization or harm. The Advocacy Group Team Members will work with the Organizational Champions leads to provide insight, guidance, and support to the organization. . The organization will work collaboratively with the Advocacy Group Team Members to lift up valuable lived experiences and make decisions regarding adjustments within the different levels of the organization to create sustainable, and lasting change.

Responsibility of the Advocacy Group Members:

- Work as a team
- Shape and inform the organization in its desire to offer Trauma-Informed Care (TIC) services.
- Participate in a Marketing Campaign to promote trauma-informed services at the organization.
- Attend Advocacy Group Team meetings (in-person and/or remote/virtual).
- Participate with Organizational Champions to provide presentations to organization, staff, and leadership on the progress of trauma-informed service care integration.
- Review organization documents and make recommendations for improvement.
- Participate in surveys and other feedback methods.
- Participate in organizational assessments before, during, and after the implementation process of TIC.
- Attend training as necessary to further one's knowledge of TIC and its effects on individuals and communities.

Skills and Qualifications for Advocacy Group Members:

- Willingness to participate in monthly meetings
- Willingness to attend meetings and represent the organization in the community
- Willingness to share lived experiences as a person living with HIV
- Willingness to share lived experiences and guide others on issues directly impacting marginalized communities

SUSTAIN Budget Requirements

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

Required Items

(Total budget will be \$115,000, with \$100,000 in direct funding)

- Consultancy and trainings - You will have to utilize the SUSTAIN provided consultants – 15,000 – SUSTAIN will pay consultant
- 2 Change Team Champions are required to be at 1.0 FTE and should be dedicated to this initiative to develop, oversee, and manage this program as well as work on evaluation tasks. They are required to be dedicated at 1.0 FTE total to this initiative **(Effort split of the 1.0 FTE to be determined by the organization)** - \$65,000
- Advocacy Group - MIPA in Action - \$20,000
- Indirect Cost/Overhead - \$10,000
- For organizational discretion (you can increase any of the previously proposed items or create new items [i.e., technology, printing, etc.]) - \$5,000

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 \$10,000 of the proposed budget.

Evaluation

There will be two levels of evaluation. The first level takes place within the COMPASS Coordinating Centers to assess the success of individually funded programs and will be led by the respective Coordinating Center, in this case, **SUSTAIN Level Evaluation**. The second level, called **Centralized Evaluation**, will be led by 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 and ETR to support the COMPASS evaluation efforts.

SUSTAIN Level 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.

Please review the image below as the tentative timeline for SUSTAIN level evaluation.

SUSTAIN Evaluation Tool		
Measure	Who Completes	Timepoints
TIC Organizational Assessment: Assessment of organizational policies, practices, and culture with respect to principles of trauma-informed care (TIC)	Change Team	June 2022 & December 2023
MIPHA Organizational Assessment Assessment of organizational policies, practices, and culture with respect to the meaningful involvement of people living with HIV/AIDS	Change Team	June 2022 & December 2023
TIC Knowledge, Skill and Attitude (KSA) Survey A survey measuring knowledge, skills and attitudes related to TIC	Change Team & All Staff	June 2022, Sept 2022 (CT) & December 2023
MIPHA KSA Survey A survey measuring knowledge, skills and attitudes related to meaningful involvement of people living with HIV/AIDS	Change Team	June 2022 & December 2023
Collective Leadership Scale Survey measuring collective leadership at the organizations	Change Team	June 2022 & December 2023
Implementation Leadership Scale Survey measuring knowledge and skills regarding TIC implementation		
TIC Climate Scale Survey measuring staff perception of TIC related climate at the organization	All Staff	June 2022 & December 2023
Trauma 101 KSA Pre/post survey measuring changes to knowledge, skills and attitudes regarding core principles of TIC	Change Team & All Staff completing training	August 2022 (directly before and after Trauma 101 training)
Client Climate Survey Survey Measuring client perception of TIC related climate at the organization	Clients	June 2022 & December 2023

Centralized Evaluation

Gilead Sciences and the CCs have partnered with ETR to serve as the COMPASS external 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/>).

It is expected that funded community partners participate in assessments and routine (tentatively quarterly) data collection (survey links via Qualtrics) with the CCs to support the COMPASS evaluation efforts. 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

Please review the general RFP for more details about the additional evaluation information and requirements for ETR.

Application and Rubric Information

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

Project Cover Page	
Section	Additional Details
1. Project Title	-----
2. Total Amount Requested	Maximum \$100,000 direct (already allocated in budget template)
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	<p>Please describe the need to build your organizational capacity, skills, and knowledge relevant to this funding request for trauma-informed organizational change around wellness, mental health, care, drug use, or telehealth and the intersections of HIV/AIDS.</p>
2. Organizational Background and Capacity	15	500 words	<p>Please provide a brief description of your organization's history and purpose- including mission, goals, staff capacity, and resources you utilize to serve your community. If you don't hold 501(c) (3) status, please briefly describe your fiscal sponsor, including its history, purpose, and relationship to your work.</p> <p>Please also describe the role your organization plays in addressing SUSTAIN's content areas.</p> <p>What experience does your organization have, if any, with organizational change?</p> <p>What are the goals of your trauma-informed organizational change?</p> <p>What are some anticipated barriers to your organization conducting this trauma-informed organization change?</p>
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. This is an opportunity for you to explain your work plan.</p> <p>The narrative should include, but is not limited to, the following:</p> <ul style="list-style-type: none"> • A detailed description of the proposed initiative objective and goals • The population of focus for whom the initiative is intended to serve.

			<ul style="list-style-type: none"> • How your organization/community will benefit from the proposed initiative. • How the proposed initiative meets the goals of the respective Coordinating Center. • How the proposed initiative helps to enhance access to high-quality HIV care and/or prevention services. • Name the 2 people living with HIV to serve on the advocacy group • Name the 2 organizational champions
4. Alignment with Guiding Principles	10	250 words	<p>Please describe the ways in which you plan to practice the COMPASS Coordinating Center guiding principles.</p> <p>When thinking about the meaningful involvement of people living with HIV/AIDS (MIPA) Please also respond to the following questions:</p> <ul style="list-style-type: none"> • What positions do people living with HIV hold in your organization? • How is your organization including people with lived experience at all levels of decision-making? • How do you plan to involve People living with HIV/AIDS in your proposed program? Please be as specific and detailed as possible in your proposal as well as the budget narrative. <p>When thinking about racial justice, respond to the following questions:</p> <ul style="list-style-type: none"> • What positions do Black and Latinx communities hold in your organization? • To what extent are they represented in management and decision-making positions? • What practices and policies do you have in place to support trans and gender non-conforming staff and communities that you serve, including those who are in a transition process?

5. Vision/Impact	15	500 words	<p>What impact do you want to make by the end of the project year?</p> <p>How will you know that your project was a success?</p>
6. Budget and Budget Narrative	10	Use template	<p><u>Template:</u></p> <p>Budget Template is already completed. Fill out your organizational information at the top of the template and submit.</p> <p><u>Narrative:</u></p> <p>Please describe the duties and expectations of each line item in your project budget. This description should include, but is not limited to, the following:</p> <ul style="list-style-type: none"> • A description of the line item (e.g. quantity, cost, etc.) and how it will be used in the proposed project • If a consultant will be used, clearly describe their role on the project, and how you will select and on-board the consultant • If a staff position is requested, how will it be maintained after the project period ends.

Supplemental Materials

Required

1. Project Budget Template – Fields are completed; ONLY input your organization's info at the top
2. 501(c)(3) Verification (or letter from fiscal sponsor or agent)
3. Board of Directors List
4. Diversity Table
5. Fiscal Sponsorship Agreement or Letter from Fiscal Sponsor (if applicable)

*Note: Applicants who are selected for funding may be required to submit an Audit or IRS Form 990

References

- BEAM. *Healing Justice*. Retrieved from: <http://www.beam.community/healing-justice>
- Centers for Disease Control and Prevention (CDC). (2019). *HIV in the Southern United States*. CDC Issue Brief. <https://www.cdc.gov/hiv/pdf/policies/cdc-hiv-in-the-south-issue-brief.pdf>
- Coyle, R. P., Schneck, C. D., Morrow, M., Coleman, S. S., Gardner, E. M., Zheng, J. H., ... & Anderson, P. L. (2019). Engagement in Mental Health Care is Associated with Higher Cumulative Drug Exposure and Adherence to Antiretroviral Therapy. *AIDS and behavior*, 1-10.
- Mellins, C. A., Havens, J. F., McDonnell, C., Lichtenstein, C., Uldall, K., Chesney, M., Bell, J. (2009). Adherence to antiretroviral medications and medical care in HIV-infected adults diagnosed with mental and substance abuse disorders. *AIDS care*, 21(2), 168–177. doi:10.1080/09540120802001705
- National Institute of Mental Health (NIMH). (2017). *Mental Illness*. Retrieved from https://www.nimh.nih.gov/health/statistics/mental-illness.shtml#part_154910.
- RAND Health. (2018). *HIV Cost and Services Utilization Study (HCSUS) Key Findings*. Retrieved from <https://www.rand.org/health/projects/hiv/HCSUS-findings.html>