

Page: Entry Information

Organization Name (not fiscal sponsor) *

Organization Address (not fiscal sponsor) *

Street:

Line2:

City:

CountryCode:

State:

Zip:

County *

Phone Number *

Organization Email Address *

Website

Is this location a site of a larger organization? *

Select one option

- ☐ Yes
- ☐ No

Facebook

Instagram

Twitter

LinkedIn

Name of Person Submitting this Grant Application *

Job Title *

Phone Number *

Email Address *

Name of Organization Decision Maker *

Please include the name of the Executive Director or CEO.

Job Title *

Phone Number *

Email Address *

Please select all the demographics below that describes the Executive Director (ED) of the organization *

Select all that apply:

- ☐ Person Living with HIV/AIDS
- ☐ Hispanic/Latino Gay, Bisexual, or Other Same Gender Loving Man
- ☐ African American/Black Gay, Bisexual, or Other Same Gender Loving Man
- ☐ Gay, Bisexual, or Other Same Gender Loving Man
- ☐ Hispanic/Latina Transwoman
- ☐ African American/Black Transwoman
- ☐ Person of Trans Experience
- ☐ Person of non-binary experience
- ☐ Hispanic/Latina Woman
- ☐ African American/Black Woman
- ☐ Hispanic/Latinx Community
- ☐ Native Person/Member of the Tribal Nations
- ☐ African American/Black Community
- ☐ Person Who Engage in Sex Work
- ☐ Person Who Use Drugs
- ☐ Person Who Experience Homelessness (last 12 months)
- ☐ Person Currently or Formerly Incarcerated (last 12 months)
- ☐ Refugee
- ☐ Immigrant
- ☐ Youth / Young Adults (13-30 years old)
- ☐ Not Listed (Please list below: _____)
- ☐ None of the Above

Where do most of the clients who access your direct services come from? *

Please select the **ONE** area that is the best fit for most of your clients.

Select one option

- ☐ City/town
- ☐ Metropolitan Area
- ☐ Your county
- ☐ Your county & Neighboring counties
- ☐ State/territory
- ☐ National
- ☐ International

Which communities does this project primarily serve? *

Please select up to THREE communities.

Priority Populations

Is your organization recognized as a 501c3 organization? *

Select one option

- ☐ Yes
- ☐ No

What is your Employer Identification Number (EIN)? *

Please provide proof of non-profit status (e.g. 501(c)(3) verification, certificate of incorporation, organization's registration/reservation) (skip if select no to "Is your organization recognized as 501c3 organization?") *

[File Upload]

What organization will serve as your fiscal sponsor for this grant? (show if selected "no" to "Is your organization recognized as a 501c3 organization?")*

Sponsor Contact Person *

Sponsor Job Title *

Sponsor Phone Number *

Sponsor Email Address *

Please upload a letter of fiscal sponsorship agreement (or contract). *

Is your organization a treating healthcare organization? *

This is defined as organizations that provide medical care directly to patients, and includes medical care that is 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.

Select one option

- ☐ Yes
- ☐ No

How did you learn about this funding opportunity? *

Check all that apply.

Select one or more options

- ☐ Community-Based Organization or Partner
- ☐ COMPASS Coordinating Center (Emory University Rollins School of Public Health, Southern AIDS Coalition, University of Houston Graduate College of Social Work, Wake Forest University School of Divinity)
- ☐ COMPASS Initiative Website (www.gileadcompass.com)
- ☐ COMPASS Initiative E-Newsletter
- ☐ Conference or Public Event
- ☐ Press Release or News Article
- ☐ Social Media
- ☐ Word of Mouth
- ☐ Website other than the COMPASS Initiative
- ☐ Other

Please specify: *

Program Overview

Insert from each Organizational Resiliency or Faith Action RFP

Project Title *

Total Amount Requested *

Project Abstract *

Please include a 5-6 sentence summary of your project. Provide a brief summary that describes the proposed project or initiative and the strategies that the organization seeks to employ to advocate for persons impacted by HIV, offer training and educational opportunities, provide spiritually-integrated practices, and/or create inclusive proclamation and healing spaces.

Page: Funding Request Details

For this section, Please refer back to the “Program Overview” section in the Faith Coordinating Center RFP.

Rationale *

Provide a description of the rationale for your organization’s project. What is the organization’s role in addressing health disparities, and HIV specifically? Why is your project needed and what difference will it make?

We are interested in proposals that are led by or center the following communities in their projects:

- **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**

References

If applicable, please provide a list of references to cite any sources of information used in your application. Sources of information include, but are not limited to, articles, fact sheets, quotes, websites, books, etc.

Project purpose and goals *

State the central purpose and specific goals of the proposed project. How will the project address HIV in the South among people of faith and/or in faith spaces? How will the goals strengthen the organization's capacities in the future?

Project Design *

Provide a detailed description of the project. What is the project's overall design, and what are key activities? The description should include and timeline, the leaders who are responsible for implementing project activities. It should also include any potential collaborating organizations that will assist with the project's implementation.

Explain why your organization is appropriate for this funding request to support faith-based programming and/or services around faith leader training, wellness, mental health, trauma-informed care, substance use, stigma reduction, policy and the intersections of HIV/AIDS.

Please also think about the following:

What experience does your organization have, if any, with faith-based health, social justice or HIV initiatives?

What are the goals of your faith-based initiative to address HIV/AIDS on a local, statewide or national level?

What are some anticipated barriers of your organization conducting this project?

Proposed Audience *

Describe the audience you hope to reach through your project. Include an estimate of how many people you will reach and key demographics (i.e., faith traditions, race/ethnicity, age, sex/gender, concentrated locale, sexual orientation, etc.).

Communication *

Share how you plan to communicate (e.g., plans for social media, website, listservs, TV/radio, etc.) about your project to those in your context and those you hope to reach. What capacity does your organization have regarding marketing and communications?

Anticipated Challenges/Obstacles *

Describe any anticipated obstacles in implementing the project. What are the challenges and key strategies for addressing these obstacles? What initial or ongoing assistance will be needed to address anticipated challenges?

Work Plan *

Click [HERE](#) to download the Work Plan template. Please fill out the work plan template provided, and upload the completed document below. This attachment is **required** with the final submission.

[File Upload]

Alignment with Guiding Principles *

Please describe the ways in which you plan to practice the Faith Coordinating Center's guiding principles.

Meaningful Involvement of People Living with HIV *

When thinking about meaningful involvement of people living with HIV/AIDS (MIPA) Please also respond to the following questions:

What positions do people living with 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.

Racial & LGBTQIA+ equity *

When thinking about racial justice: Please also respond to the following questions:

What positions do Black, Latinx and/or LGBTQIA+ 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?

Project Budget *

Click [HERE](#) to download the Project Budget template. Please complete your project budget and upload the completed document below. This attachment is **required** with the final submission.

[File Upload]

Budget Narrative *

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:

- 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.
- You are expected to limit personnel compensation to 40% of a person's salary
- You must include \$2000 for travel to Faith Coordinating Center and/or Gilead COMPASS sponsored events

Diversity Table *

Click [HERE](#) to download the Diversity Table. Please fill out the table in its entirety, and upload the completed document below. This attachment is **required** with the final submission.

[File Upload]

Board of Directors *

Please upload a list of your Board of Directors. The list must include their name, job title, position on the board, and the length of their term on the board.

[File Upload]

W9 *

Please upload the [W9](#) form of your organization or your fiscal sponsor. Please note that the address listed on the W9 is where the grant funding will be sent. Please make sure the mailbox is monitored regularly.

[File upload]

Page: Geospatial

Responses to the following questions will be used to evaluate geographic areas of programmatic need and opportunities for capacity building in the South, and create a snapshot of services of interest currently available in the South. This data will not be used to evaluate an application, should you apply for a grant or training through COMPASS. If your organization has multiple locations, please answer these questions for the location at the address you provided in your application and profile. Responses from incomplete applications will also be included.

What is your organization's legal status?

Select one option

- ☐ Commercial or For-Profit
- ☐ Government
- ☐ Nonprofit

Does your organization have multiple locations?

Select one option

- ☐ Yes, and all locations provide the same services
- ☐ Yes, and services vary at locations
- ☐ No

Has your organization ever received infrastructure-related capacity building services in the past?

Select one option

- ☐ Yes
- ☐ No

In what year did your most recent capacity building training take place?

Select one option

- ☐ 2021
- ☐ 2020
- ☐ 2019
- ☐ 2018
- ☐ 2017
- ☐ 2016
- ☐ 2015
- ☐ 2014
- ☐ 2013
- ☐ 2012
- ☐ 2011
- ☐ 2010
- ☐ 2009
- ☐ 2008 or earlier

If your organization were to receive capacity building services, how would your organization prefer to receive training?

Check all that apply.

Select one or more options

- ☐ Access to databases, libraries, and publications
- ☐ Consultation/coaching
- ☐ Customized training tailored to your organization
- ☐ In-person trainings
- ☐ Online training/webinars
- ☐ Twinning/mentoring

Does your organization provide any stigma reduction services for people living with HIV in a group format (excluding support groups)?

Select one option

- ☐ Yes
- ☐ No
- ☐ I don't know

Has your organization received any cultural competency/ sensitivity/ humility trainings in the past 2 years?

Select one option

- ☐ Yes
- ☐ No
- ☐ I don't know

Does your organization provide mental health screening?

Select one option

- ☐ Yes, during all routine visits
- ☐ Yes, as needed
- ☐ No
- ☐ I don't know

Does your organization provide mental health treatment referrals?

Select one option

- ☐ Yes
- ☐ No
- ☐ I don't know

Does your organization provide substance use screening?

Select one option

- ☐ Yes, during all routine visits
- ☐ Yes, as needed
- ☐ No
- ☐ I don't know

Does your organization provide substance use treatment referrals?

Select one option

- ☐ Yes
- ☐ No
- ☐ I don't know

Does your organization provide a syringe access program/needle exchange program?

Select one option

- ☐ Yes
- ☐ No
- ☐ I don't know

Does your organization provide overdose prevention/reversal kit accessible on site?

Select one option

- ☐ Yes
- ☐ No
- ☐ I don't know

Does your organization have harm Reduction-oriented direct client services (ex: support groups, education programs, case management)?

Select one option

- ☐ Yes
- ☐ No
- ☐ I don't know

Has your organization ever received training on trauma informed care?

Select one option

- ☐ Yes
- ☐ No
- ☐ I don't know

Does your organization provide any of these evidence-based trauma-informed services?

- Trauma, Addiction, Mental Health and Recovery (TAMAR)
- Addiction and Trauma Recovery Integration Model (ATRIUM)
- Life Goals Collaborative Care (LGCC)
- Healer Women Fighting Disease (HWFD)
- Wellness Recovery Action Plan (WRAP)
- Screening, Brief, Intervention and Referral to Treatment (SBIRT)
- Living in the Face of Trauma (LIFT)
- Seeking Safety

Select one option

- ☐ Yes
- ☐ No
- ☐ I don't know

Are you a faith-based organization?

Select one option

- ☐ Yes
- ☐ No
- ☐ I don't know

Does your organization provide programming on faith and HIV?

Select one option

- ☐ Yes
- ☐ No
- ☐ I don't know

Is your organization LGBTQ friendly?

Select one option

- ☐ Yes
- ☐ No
- ☐ I don't know

Does your organization have a health ministry?

Select one option

- ☐ Yes
- ☐ No
- ☐ I don't know