

**Page: Entry Information**

Name of Person Submitting this Grant Application \*

Title \*

Phone Number \*

Email Address \*

**Do you own a 501c3 non-profit organization?**

Yes

No

\*if no, skip to questions about social media “Facebook, Instagram, etc.”

**Your Organization’s Name (not fiscal sponsor) \***

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**Organization Address (not fiscal sponsor) \***

Street:

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Line2:

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City:

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CountryCode:

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State:

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Zip:

**County \***

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**Phone Number \***

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**Organization Email Address \***

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**Website**

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**Is this location a site of a larger organization? \***

Select one option

- Yes
- No

**Facebook**

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**Instagram**

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**Twitter**

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**LinkedIn**

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**Your Job Title \***

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**Phone Number \***

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**Do you have an organization that will serve as your fiscal sponsor for this grant? \***

Yes

No

\*if no, skip sponsor questions\*

Name of Sponsor Organization

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**Sponsor Contact Person \***

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**Sponsor Job Title \***

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**Sponsor Phone Number \***

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**Sponsor Email Address \***

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

[File Upload]

**Is your or your sponsor's 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

**Please provide proof of non-profit status (e.g. 501(c)(3) verification, certificate of incorporation, organization's registration/reservation) (skip if selected fiscal sponsor)\***

[File Upload]

**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](http://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: \***

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**Program Overview**

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 Learning It Together Artists Cohort will provide funding of up to \$10,000 for non-profit organizations to support the creation and amplification of arts-based projects centered around faith to help reduce stigma and aid in changing the perception of HIV/AIDS in the south. The Faith Coordinating Center will provide potential opportunities for amplification in collaboration with GLAAD and other local, statewide and national media outlets.

We are seeking to fund creative projects that facilitate the creation of inclusive and healing faith spaces (virtual and/or in-person) for LGBTQ persons and people living with and affected by HIV.

Example of funded activities in this focus area might include but are not limited to:

- Creation of new works of art in the artist's preferred media (e.g., graphic design, painting, music production, spoken word, screen or play writing, etc.), with a focus on creating works that address HIV-related stigma; reflect the lived experiences of people affected by HIV/AIDS; address faith-based trauma and its intersection with HIV; reflect themes of healing, spirituality, interfaith perspectives, etc.
- Formalizing an existing program that has been well-received in your faith community (e.g., youth writing or performing program, production of a play or other performance, etc.);
- Adapting an existing evidence-based intervention to include content that addresses faith at the intersection of HIV-related stigma (e.g., photovoice);
- Trainings for faith leaders and lay audiences in faith communities to build their capacity to develop content and/or facilitate arts-based interventions
- Establishing partnerships across interfaith, medical, and/or academic sectors with the arts

LIT Cohort Members will be expected to:

- Produce work connected to themes about HIV and faith
- Present their work and/or provide portfolio of completed work

**Project Title \***

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**Total Amount Requested \***

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**Project Abstract \***

Please include a 5-6 sentence summary of your project. Provide a brief summary that describes the proposed creative project or initiative and how your project relates to spiritually-integrated practices, create inclusive proclamation, healing spaces, or other faith-related ways to address HIV stigma.

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**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 or has been your role in addressing HIV in your community as an artist/organization? Why is your project needed and what difference will it make?

**Statement of Need\***

**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**

Explain why you as an artist and/or your organization are in need of funding to support the development and/or performance of creative works related to HIV and faith?

Please also think about the following:

What experience do you or does your organization have, if any, with faith-based health, social justice or HIV initiatives? Please provide a list of art projects you have worked on and/or completed in the past five years

**Portfolio \***

Please attach 3-5 relevant examples of your completed artworks. Please attach an artist portfolio or resume if you have one (acceptable formats: .png .jpeg, .mp3, .mp4, .mov, .m4a). You may also send us YouTube links or links to Google drive folders if the files are too big to upload.

[File Upload] and space for text input

**Previous art impact \***

- Please describe in detail the community impact of your previous artwork. (This could include audiences reached, community events where your artwork was presented or on display, opportunities to teach or speak on your art, works commissioned by community members and

**Project Design \***

What is the timeline for completing the project? This project would be funded for 6 months. It should also include any potential collaborating organizations that will assist with the project's implementation.

**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.).

**Outcomes and Success Indicators \***

Provide a detailed description of the outcomes that the project hopes to achieve through the project. For example, describe the impact the project is meant to have in communities, congregations, church agencies, and other among other constituencies. Describe how your project will help shift negative narratives and raise awareness about the HIV epidemic in the Southern United States.

**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 do you or does your organization have regarding marketing and communications? Do you need support or training in this area?

**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 may only cover up to 40% of personnel salary
  - You must include \$1000 for travel to Faith Coordinating Center and/or Gilead COMPASS sponsored events
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### **Diversity Table \***

Click [HERE](#) to download the Diversity Table. Please fill out the table in its entirety related to your organization (not your sponsor organization), and upload the completed document below. This attachment is required with the final submission.

[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]

### **Board of Directors \***

Please upload a list of your Board of Directors for your organization, if applicable (not your sponsor organization). The list must include their name, job title, position on the board, and the length of their term on the board.

[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

Please provide a signed copy of our organization's form W-9 (Rev. October 2018 or later only). \*

[File Upload]

Have you ever been awarded a COMPASS Initiative grant? \*

Select one option

Yes

No

If Yes, when were you awarded? \*

If Yes, what COMPASS grant did you receive? \*