



SOUTHERN SOLIDARITY

HIV ADVOCACY SUMMIT 2023

Page: Entry Information

Organization Name (not fiscal sponsor) *

Organization Address (not fiscal sponsor) *

Street:

Line2:

City:

Country Code:

State:

Zip:

County *



SOUTHERN SOLIDARITY HIV ADVOCACY SUMMIT 2023

Phone Number *

Organization Email Address *

Website

Organization's Mission Statement

Organization Logo

[File Upload]

Is this location a site of a larger organization? *

Select one option *put this question after social platforms*

- Yes
- No

Facebook



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Instagram

Twitter

LinkedIn

Name of Person Submitting this Grant Application *

Job Title *

Phone Number *



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Email Address *

Name of Organization Decision Maker *

This should be the name of the Executive Director or CEO.

Job Title *

Phone Number *

Email Address *



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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
- 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



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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
- Internatio
nal

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)? *



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Please provide proof of non-profit status - i.e., IRS 501(c)(3) determination letter (**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?"**)*

Organizational Name of Fiscal Sponsor

Sponsor Contact Person *

Sponsor Job Title *

Sponsor Phone Number *

Sponsor Email Address *



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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

Did you or anyone from your organization attend the Southern Solidarity Advocacy Summit.

(If no one attended the Southern Solidarity Advocacy Summit, your organization is not eligible to be considered for this funding opportunity.)*

Full name of staff/board member who attended the summit?*

Project Title *

Total Amount Requested *

Maximum award request is \$10,000. Any request for more than \$10,000 will not be considered for funding.



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Project Summary *

Provide a brief summary that describes the proposed advocacy project or initiative to include:

- Project purpose, goal/s and intended outcomes
- Proposed activities
- Project timeline
- Person/s responsible for implementing project activities
- Intended audience including an estimate of how many people you will reach and key demographics (i.e., race/ethnicity, age, gender identity, location, etc.)
- Partners or collaborations needed for project implementation
- How you plan to communicate about your project to engage the intended audience (e.g., plans for social media, website, mass media, etc.)

Project summary should be between 500 - 2,000 words or a 5-7 minute video file. Video file cannot be larger than 1GB.

Projects may include:

- **Policy and Advocacy Training:** Develop a training program for your community, coalition, or staff to expand advocacy-related activities, such as a voter registration drive or a letter-writing campaign.
- **Voter Media Campaign:** Create a media campaign to raise awareness about voting and civic engagement within your community.
- **Advocacy Community Group:** Establish a community advocacy group that hosts town hall round tables with elected officials and offers community advocacy training.
- **State or National Hill Visit:** Provide training and travel support for a state or national hill visit to advocate for specific policy changes or issues.
- **Community Advocacy Summit:** Organize a community advocacy summit that brings together local advocates, policymakers, and community members to discuss critical issues.



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These project examples are not exhaustive, and we encourage applicants to:

- Develop proposals that best align with their organization's mission and local or regional community needs
- Collaborate with other community and faith-based organizations, community advocates, and existing advocacy coalitions and networks for a broader reach
- Engage and solicit training and technical assistance from advocacy leaders and speakers from the summit

[File Upload]

Meaningful Involvement of People Living with HIV *

How will you meaningfully involve people living with HIV/AIDS in your proposed project?

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. Your budget should include:

- A short description of each item included in the budget
- The per item cost of all items listed in the budget
- Hourly rate of staff and consultant time

Your budget should match your project overview; therefore, all budget line items must be reflected in the project overview .



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Does your organization currently receive funding to support advocacy related activities?

- Yes
- No

End RFP