



COMPASS
INITIATIVE®

Coordinating Centers: Emory University Rollins School of Public Health, Southern AIDS Coalitions, University of Houston Graduate College of Social Work, and Wake Forest School of Divinity

2024 Transformative Grants:

*Building Capacity in the South for
Better Health Outcomes*

Application Deadline: Thursday, April 11, 2024



Table of Contents

Acronym List	4
Transformative Grant Overview	5
Background	5
HIV in the South	5
Who Are We	5
Transformative Grant Funding Opportunity	6
Evaluation	7
Guiding Principles	8
Eligibility Information	9
Application Deadline	10
Informational Webinar	11
Application Process, Award Information, and Timeline	11
Application Requirements and Restrictions	12
Building Organizational Capacity (Emory University Rollins School of Public Health)	16
Focus Areas	16
Selection Criteria	20
Budget Requirements	21
Funding Limitations	21
Evaluation and Program Monitoring	22
Technical Assistance Application Submission	23
Wellbeing, Mental Health, Substance Use, Trauma-Informed Care, and Telehealth (University of Houston Graduate College of Social Work)	23
Focus Areas	23
What Are We Looking For?	24
Proposal Recommendations and Suggestions	25
Tips for Successful Implementation	26
Time Commitment	27
Change Team	27
Budget Requirements	28
Evaluation	28

HIV-Related Stigma Reduction (Southern AIDS Coalition)	28
Content Areas	29
Focus Areas	29
What We're Looking For	31
Evaluation	32
Allowable Expenses	32
Prohibited Expenses	32
Faith-Based HIV Stigma Reduction (Wake Forest University School of Divinity)	32
Focus Areas	33
Allowable Expenses	34
Tips for a Successful Grant Application	34
Additional Attachments	34
Evaluation Requirements	35
References	37

Acronym List

AIDS	Acquired Immune Deficiency Syndrome
CC	Coordinating Centers
CDC	Centers for Disease Control and Prevention
ECCC	Emory University COMPASS 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
SUSTAIN	Supporting US Southern States to Incorporate Trauma-Informed HIV/AIDS Initiatives
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 the 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, 2019).

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) Sustaining and Advancing Initiatives, 2) Organizational Mentoring and Twining and/or 3) Community/System 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 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 Coalition

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® visit www.gileadcompass.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 U.S. South.

Transformative Grants provide HIV-serving 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; creating upstream (structural) interventions planning like housing or transportation initiatives; developing grassroots, evidence-based, and/or anti-stigma interventions to enhance community mental health and wellness; and building brave and inclusive narrative spaces for LGBTQ+ persons to seek healing in community; and exploring faith and spirituality.

This funding opportunity aims to support the:

- Creation or enhancement of systems and protocols;
- Strategic planning to adopt upstream (structural) public health interventions in HIV-care;
- Development of culturally appropriate, stigma-free interventions;
- Integration of mental health screenings, creation of trauma-informed and affirmative environments for communities; and/or
- 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 partners 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.

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 ETR may 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 ETR may contact organizations 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.

Guiding Principles

The four COMPASS Coordinating Centers are committed to reflecting the guiding principles (shared values) 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.

[Click here to access the Coordinating Centers shared values.](#)



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 a 15-month period beginning in June 2024 and ending in September 2025.

Award Amount

The maximum amount an applicant can request varies by Coordinating Center (CC). Please check the CC specific Transformative Grant application for CC specific maximum award amount and other CC specific eligibility requirements.-

Application Deadline

Completed proposals are due via [the COMPASS Initiative® website](#) by **Thursday, April 11, 2024 at 11:59 PM CT / 12:59 AM ET.**

Late applications will not be accepted. Applications must be completed and received by the deadline in order to be considered. We strongly encourage completing the application early to allow for unforeseen technical difficulties.

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, please send an email to info@gileadcompass.com by **Friday, March 29, 2024 at 11:59 PM CT / 12:59 AM ET** 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.

Informational Webinars

The COMPASS Coordinating Centers will host an *optional*, live 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, in the Resource Center](#), for future reference.

Additionally, each Coordinating Center may host one optional webinar to discuss their Center specific content in further detail.

[CLICK HERE](#) to register for the general Transformative Grant Informational Webinar on Thursday, March 14, 2024 at 12 PM - 1:30 PM CT/ 1 PM - 2:30 PM ET

A yellow graphic with a rounded right side. At the top, the text 'TRANSFORMATIVE GRANT INFORMATIONAL WEBINAR' is written in large, bold, blue letters. Below this, on the left, is an illustration of a laptop. The laptop screen shows a map of the Southern United States with the text 'TRANSFORM the SOUTH' overlaid in a stylized font. To the right of the laptop, the text 'THURSDAY, MARCH 14TH' is written in large, bold, white letters. Below this, the times '1 PM - 2:30 PM EST' and '12 PM - 1:30 PM CST' are listed in white. At the bottom right, the text 'INTERESTED IN APPLYING?' is written in bold, blue letters, followed by 'WE HIGHLY RECOMMEND ATTENDING THE LIVE WEBINAR!' in bold, black letters.

**TRANSFORMATIVE GRANT
INFORMATIONAL WEBINAR**



THURSDAY, MARCH 14TH
1 PM - 2:30 PM EST
12 PM - 1:30 PM CST

INTERESTED IN APPLYING?
**WE HIGHLY RECOMMEND ATTENDING
THE LIVE WEBINAR!**

NOTE: It is highly recommended for those interested in applying for a Transformative Grant to attend the live webinar to gain valuable insights and guidance on the application process. This is a great opportunity to clarify any doubts and ensure a strong application.

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.. Applications that do not include all required information including supplemental materials will be considered 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.

Application Rubric & Scoring

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

NOTE: Be sure to revisit the specific requirements for each Coordinating Center and programmatic focus areas for additional instructions and eligibility requirements.

Project Cover Page	
Section	Additional Details
1. Project Title	-----
2. Total Amount Requested	Varies by Coordinating Center. Please check the Center Specific RFP.
3. Coordinating Center (CC)	Select <u>one</u> of the following: <ol style="list-style-type: none"> 1. Emory University – Building Organizational Capacity 2. University of Houston – Wellbeing, Mental Health, Trauma-Informed Care, Substance Use, & Telehealth 3. Southern AIDS Coalition – HIV-Related Stigma 4. Wake Forest University - Faith-Based Advocacy and Spiritually Integrated Capacity Building
4. Project Abstract	5-6 sentence summary of your project

Project Narrative			
Section	Points	Max. Length	Additional Details
Statement of Need	15	250 words	Please describe the need to build your organizational capacity, skills, and knowledge around the specific focus area of the CC to which you are submitting an application.

Organizational Background and Capacity	15	500 words	<ul style="list-style-type: none"> ● 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, also briefly describe your fiscal sponsor's 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.
Program / Work Plan Narrative	35	2000 words	<p>Please provide a detailed description of your program/work plan, including a detailed description of the objectives, goals, activities, timeline, and explain how the plan will help you address the problem or need. Please organize this section by objectives.</p> <p>Please fill out the work plan template provided. This is an opportunity for you to outline and explain your program 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"> ● 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). ● Population of focus on which the project is intended to serve. ● How your organization will benefit from the proposed project. ● How the proposed project meets the goals of the respective Coordinating Center. ● How the proposed project helps to enhance access to high-quality HIV care and/or prevention services. ● Your plans for sustaining the work of the project at the end of the grant.
Alignment with Guiding	10	250 words	Please describe the ways in which you plan to practice the COMPASS CC guiding principles.

Principles (Shared Values)			Please refer back to the Guiding Principles section of the RFP.
Vision / Impact	15	500 words	<ul style="list-style-type: none"> • What impact does your organization want to make with this project? • What does your organization want to see at the end of the year project? • How will your organization know that your project was a success?
6. Budget and Budget Narrative	10	Use template	Please upload your completed budget using the provided budget template. Your budget should provide details about each line item (i.e., what that item is for) and briefly describe the responsibilities, time commitment, and rate for any staff or consultant included in the budget.

Supplemental Materials	
Required	
<ol style="list-style-type: none"> 1. Project Budget Template 2. Work Plan Template, if required by the CC to which you are applying 3. Organization's (or fiscal sponsor's) IRS 501(c)(3) Designation Letter 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	

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;
- Government lobbying activities; and,
- Organizations that discriminate on the basis of race, color, gender, religion, disability, sexual orientation or gender identity or expression.

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 of Priority Areas

Building Organizational Capacity (Emory University Rollins School of Public Health)

Background

[The Emory University Rollins School of Public Health COMPASS Coordinating Center](#) is dedicated to empowering organizations that serve individuals living with or at risk for HIV. Our mission is to foster sustainable change in leaders, organizations, and communities. We achieve this by providing strategic support and capacity-building initiatives; and strengthening the infrastructure of these organizations to enhance their long-term impact and sustainability.

Through grant funding opportunities, we invest in innovative thinking, expertise, and the ability to address challenges that extend beyond routine operations. These grants serve as a catalyst for driving positive change.

We prioritize directing resources to organizations located in rural areas or recognized as service desert areas with fewer than 50,000 residents not adjacent to urban areas or urban clusters. To clarify, service deserts are regions with limited to no access to essential services. We are committed to promoting inclusivity by encouraging applications from organizations led by and/or serving communities disproportionately impacted by HIV and health inequity. This includes

same-gender-loving, cis, trans, and gender non-conforming people of color, African American women, and Latinx communities, among others. Together, we strive to create a healthier and more equitable future for all.

Focus Areas

The Emory University Rollins School of Public Health COMPASS Coordinating Center offers applicants the opportunity to seek funding for organizational capacity-building activities in the following three focus areas:

- **Sustaining and Advancing Initiatives:** Supporting initiatives to maintain momentum, optimize resources, and adapt to changing needs.
- **Organizational Mentoring and Twinning:** Enhancing innovation and efficiency through collaboration across diverse organizations, fostering knowledge exchange, multifaceted problem-solving, and replication of best practices
- **Community/Systems Level Interventions:** Promoting behavior change and reducing disparities by collaborating with other organizations in the community to create wide scale impact.

Applicants may submit proposals for one (1) focus area that aligns with their organization's goals and priorities.

Focus Area One: Sustaining and Advancing Initiatives

This focus area is critical for the longevity and continuous improvement of initiatives that have already been set in motion. This focus area aims to consolidate gains from previous efforts, ensuring that the organization's resources are effectively utilized and that the projects continue to evolve and adapt to the changing needs of the community and stakeholders. By building on established foundations, this focus area emphasizes the importance of maintaining momentum and fortifying existing structures and systems.

Projects funded under this focus area will be expected to demonstrate a clear plan for sustaining and enhancing their initiatives, highlighting a deep understanding of the project's current state, and outlining tangible steps for future development. Organizations must provide evidence of their project's past success and present a convincing case for its continued relevance and potential for positive impact.

Eligible organizations are encouraged to analyze their current projects, identifying areas of strength, and areas that require enhancement or modification. This may involve a reassessment of the project's goals, strategies, and implementation methods to ensure they are still relevant and effective. Additionally, organizations should consider the long-term sustainability of the project, developing strategies to secure ongoing funding, resources, and stakeholder support.

NOTE: existing projects that are already funded are not eligible for funding; however, expansion of existing projects is permissible.

Projects may address one or more of the following areas:

- **Project/Organization Expansion and Adaptation:** Conducting comprehensive evaluations of current projects to identify areas for improvement, adaptation, or

expansion. This may involve revisiting the project's objectives, strategies, and implementation plans to ensure they remain aligned with the organization's mission and the community's needs.

- **Resource Optimization:** Ensuring that the organization is making the most efficient use of its available resources, including staff, funding, and technology. This may involve streamlining processes, enhancing productivity, and exploring new avenues for resource acquisition.
- **Strategic Expansion Planning:** Developing a targeted strategy to strategically expand upon previous project achievements, aligning with organizational goals and community needs. This involves identifying opportunities for growth, securing necessary resources, and creating a roadmap to maximize the project's impact through strategic expansion efforts.
- **Knowledge Management and Dissemination:** Enhancing systems for capturing, managing, and sharing knowledge generated by the project. This may involve creating documentation protocols, developing training programs, and disseminating findings to relevant stakeholders.
- **Technological Enhancements and Innovations:** Identifying and implementing technological solutions to enhance the efficiency, effectiveness, and impact of the project. This may involve upgrading existing systems, adopting new tools, and exploring innovative approaches to service delivery.
- **Quality Assurance and Continuous Improvement:** Establishing robust quality assurance mechanisms to monitor the projects or organization's performance and impact. This may involve developing performance indicators, conducting regular audits and evaluations, and implementing continuous improvement processes.

By focusing on Building and Sustaining Current Projects, organizations can ensure that their initiatives remain relevant, effective, and poised for future success, contributing to the betterment of the communities they serve.

Examples include, but are not limited to: Conducting a project review to identify areas of improvement; expanding access to HIV testing and counseling services in under-resourced areas (not including use of funds for HIV testing materials); strengthening partnerships with local healthcare providers for comprehensive care; enhancing data collection and analysis for evidence-based decision-making; establishing a disaster preparedness plan to ensure service continuity; or engaging in international collaborations to share best practices and resources for HIV/AIDS services.

Focus Area Two: Organizational Twinning and Mentoring

This focus area is dedicated to improving the operational capacity and effectiveness of organizations through partnerships between emerging and more experienced organizations. This focus area is based on the concept that hands-on learning and mentoring from a "twin" organization, one that has successfully navigated similar challenges, can significantly positively promote an organization's growth and capacity. Applications are encouraged to detail twinning and mentoring approaches that foster organizational advancement and refinement.

The role of the twin organization is to serve as an extensive mentor, sharing insights, advice, and strategy based on their own experiences and achievements. This partnership allows the recipient organization to adopt and tailor these proven practices to fit their specific needs,

enhancing their overall capabilities and replicating best practices in other emerging organizations or areas.

Projects funded in this area must explicitly outline how the twinning and mentoring relationship will concretely enhance the recipient's operations and service delivery. These projects should be committed to broadening the organization's impact, especially reaching new or disproportionately impacted populations. This expansion should be supported by the mentor organization's proven experience and success in similar endeavors. Additionally, it is crucial that the mentoring organizations receive only a small portion of the funds, with the majority allocated to the organization being mentored, to ensure that the primary focus and resources are directed towards the "mentee" organization's growth, development, expansion of services, and replication of best practices.

Projects may address one or more of the following areas:

- **Cross-sector Collaboration for Innovative Problem-Solving:** Encouraging innovative solutions through cross-sector partnerships, focusing on collaborative problem-solving and project implementation.
- **Resource Mobilization Strategies:** Focusing on innovative and effective strategies for resource mobilization, helping organizations to secure necessary resources through creative and sustainable methods.
- **Strategic Problem Solving:** Enhancing the organization's capacity in identifying, analyzing, and solving strategic problems and operational inefficiencies, thereby improving decision-making processes and strategic planning.
- **Strategic Outreach:** Developing comprehensive outreach strategies to effectively engage with communities, stakeholders, and potential partners. This includes a problem-solving approach to identify and overcome outreach challenges, thereby expanding the organization's influence and impact.
- **Service Delivery Innovation and Enhancement:** Adopting best practices in HIV/AIDS care, including technological innovations like telehealth or strategic partnerships, to improve service quality and access.
- **Enhanced Public Health Strategies:** Exploring innovative public health approaches and integrating them into HIV/AIDS care and prevention strategies.

By engaging in Comprehensive Organizational Twinning and Mentoring organizations can significantly enhance their operational capacity, service delivery quality, and overall impact in the communities they serve. This approach encourages a more sustainable, resilient, and responsive organization, capable of addressing diverse community needs effectively. Examples of projects include but are not limited to: engaging in a twinning relationship for advanced training in HIV/AIDS treatment protocols and patient support services; collaborating on the implementation of innovative peer support and community outreach programs for HIV/AIDS; or learning from a mentor organization's experience in streamlining administrative and operational processes for enhanced efficiency in HIV/AIDS service delivery.

Focus Area Three: Community/Systems Level Interventions

This focus area concentrates on transforming community norms, attitudes, awareness, and behaviors to address HIV/AIDS-related issues and disparities at local levels such as cities,

counties, or regions. The primary goal is to foster behavior change, improve health outcomes, and bridge gaps in health equity for individuals affected by HIV/AIDS within these communities. To achieve this, projects must adopt a comprehensive strategy that extends beyond immediate health concerns. This includes tackling broader social determinants like socioeconomic status, educational opportunities, neighborhood and physical environments, food access, employment, social support networks, and issues of racism and discrimination. Such an approach ensures a more holistic view of health and wellness in the community.

Moreover, these community level interventions necessitate collaborative efforts. This involves forming coalitions or partnerships with multiple organizations, where each entity brings its unique expertise, strengths, and resources. This collaboration is crucial for enhancing the efficacy and reach of the services provided. For funding eligibility, organizations must demonstrate robust collaboration, engaging with at least two other groups. These partnerships should not only highlight the unique contributions of each participant but also align closely with a shared, overarching objective. **The budget and workplan must thoroughly outline each organization's contribution.**

Projects in this focus area may address one or more of the following areas:

- **HIV Risk Reduction and Prevention Awareness:** Implementing targeted campaigns and initiatives to promote HIV risk reduction behaviors and raise awareness about biomedical prevention methods and available resources to prevent HIV transmission.
- **Support Service Provider Collaboration:** Establishing collaborations among support service providers to streamline and coordinate care for individuals living with HIV/AIDS, ensuring comprehensive and accessible services.
- **Equitable Decision-Making Processes:** Implementing transparent and inclusive decision-making processes that prioritize community input and involvement. This may involve establishing community advisory boards, conducting town hall meetings, and utilizing participatory budgeting methods.
- **Resource Mobilization:** Developing the capacity to secure external funding and resources to support community initiatives.
- **Innovative Strategies:** Exploring and implementing innovative strategies to address HIV/AIDS-related challenges, including the development of new approaches for prevention, care, community engagement, and advocacy.

Community and Systems Level Interventions emphasize shared leadership, innovation, and equity. Proposals should engage small grassroots organizations and individuals from disproportionately impacted populations in the U.S. South, fostering non-traditional HIV-focused partnerships. Through collaboration, inclusivity, and advocacy, organizations can drive lasting change, improve health outcomes, and reduce disparities, contributing to the broader goal of addressing the HIV/AIDS epidemic.

Examples include, but are not limited to: Advocating for policy changes to reduce barriers to accessing HIV testing and care; establishing a transportation subsidy program to help patients reach healthcare facilities; developing a centralized referral system to streamline access to HIV care; addressing language and cultural barriers through diverse and culturally competent healthcare services; or developing a city-wide financial assistance programs for low-income individuals to cover healthcare costs.

Selection Criteria

Successful programs have successful proposals. The most successful applicants will demonstrate the following criteria in their proposal:

1. **Public Health Problem in HIV:** Clearly describes the public health needs in their community and/or priority population with respect to HIV and the social determinants of health, and how their organization intends to address those needs through evidence based or evidence-informed practices. *Answers the question: What is the potential impact of your organization on HIV in your community to justify our support of your organization?*
2. **Alignment to Grant Priorities:** Clearly explains how the priorities of this funding opportunity align with their organization's needs in one of 3 focus areas: 1) sustaining and advancing initiatives, 2) organizational mentoring and twinning, and/or 3) community/systems level intervention. *Answer the question: How does your proposal apply to our funding opportunity and to your community's health needs?*
3. **Community Engagement:** Provides a list of community organizations or partners that will be involved or will be recruited in the project, if any, and the roles they will play. Discusses how the population being centered will be fully engaged throughout the project. *Answers the question: Do you have the right people, collaborative partners, and a ready community in place (or to be recruited) to be successful?*
4. **Reasonable:** Provides a realistic timeframe, staffing plan, and budget for the proposed project deliverables, and a commitment to measuring project implementation, outcomes and success. Focuses on a single problem or issue that the organization is facing that may be accomplished within the time of the 15-month period ending no later than September 2025. *Answers the question: Is the proposed project reasonable as described in the plan?*
5. **Sustainability:** Describes a commitment to promote program efforts through this grant, a willingness to capture ongoing stories for sharing with Emory (and the larger COMPASS Initiative[®]), their organization, and community as appropriate, and plans to develop a long- term sustainability plan to include at least one future funding opportunity after this grant is complete. *Answers the question: Will funding this project result in a return on investment in HIV long term?*

Budget Requirements

Projects will be funded via a sub-award from the Emory University Rollins School of Public Health COMPASS Coordinating Center. Grantees will be responsible for all grant reporting, evaluation, and identifying the point of contact for the award.

Budgets submitted with proposals should include any costs for consultation services and/or training for staff and leadership to address the focus area, any equipment that is needed to build the required capacity, staff time to implement the required changes within the organization, and any other items specific to the project being proposed. **Requests should not exceed \$100,000.**

Funding Limitations

The Emory COMPASS Coordinating center has the following limitations for funding for all focus areas:

- Funds may not be used to support the direct provision of medical services, including medical care provided directly to patients, or 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.
- Funds cannot support the activities, equipment, or personnel of the medical care component of an organization (this includes HIV testing equipment).
- Funded organizations cannot distribute any grant funds to the medical care component of the organization.

Allowable expenses include, but are not limited to the following:

- Personnel expenses
 - Support for staff positions and/or consultants are acceptable requests under this funding initiative, however, these positions must directly support the proposed capacity building efforts and cannot replace partially funded or uncovered programmatic positions.
 - Fringe benefits
- Consultant costs
 - Consultants do not have to be identified at the time of application; however, they must be able to be on-boarded within 3 months of the initiation of funding. If an organization needs assistance with identifying a consultant, the Emory Center staff can serve as a resource.
- Meeting space
- Continuing education
- Mentoring/twinning visits
- Equipment and supplies
- Travel to implement the proposed project

Allowable activities include, but are not limited to the following:

- Cultural Competency Training
- Health Equity Training
- Coalition Development Training
- Pilot and demonstration projects
- Replication/Expansion of successful interventions
- Public health capacity building
- Policy and statistical analysis in line with programmatic goals
- Strategic communications, including public/patient education
- Community engagement and coalition-building
- Advocacy training and community mobilization
- Program research and evaluation; and
- Indirect expenses of up to 10% of the proposed budget.

NOTE: Emory has the right to award an amount different from the funds requested.

Evaluation and Program Monitoring

Data-driven programming is central to the objectives of the Emory University Rollins School of Public Health COMPASS Coordinating Center (ECCC). Evaluation provides key data for us to

learn from project implementation processes, develop organizational capacity, enhance community accountability, and identify effective practices. If funded, your organization will be required to work collaboratively with the ECCC and the initiative evaluator, ETR, to define and report on common evaluation indicators and performance measures. This will include developing and/or revising evaluation plans, monitoring of evaluation plans for the entire grant cycle, completing quarterly reports and participating in qualitative interviews or completing surveys as requested by Emory or ETR.

Work plans and evaluation plans developed as a part of the grant application will be reviewed by the ECCC team. ECCC will work collaboratively with funded partners to make any required revisions.

Technical Assistance for Application Submission:

In addition to the grant orientation webinars, the Emory Coordinating Center staff will be available for questions and will host office-hours for TA requests related to the submission of proposals on **Thursdays from 9:00am to 10:00am EST.** Additionally, the webinar information session will answer questions and clarify requirements for the RFP's submission. Applicants may also send questions regarding the Transformative Grant application and RFP (Request for Proposals) to emory@gileadcompass.com.

Wellbeing, Mental Health, Substance Use, Trauma-Informed Care, and Telehealth (University of Houston Graduate College of Social Work)

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. Organizations need the resources to plan, create, expand, implement, and evaluate much-needed programs and projects. SUSTAIN works with organizations to build the capacity to provide Southern communities with high-quality, affirming, and culturally responsive care.

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 harm the communities they serve and their staff. 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 the tools to address multilevel trauma to transform organizational culture and practices. We believe these transformative changes will enhance the well-being of people living with HIV and truly end the HIV epidemic.

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 below). Trauma-informed approaches can be applied to all our content areas (wellness, mental health, substance use, and telehealth) and their intersection with HIV.

Focus Areas

- Wellbeing,
- Mental Health,
- Substance Use,
- Trauma-Informed Care,
- Telehealth, and
- “Approach Matters: Trauma-Informed Care Organizational Change Initiative

What is Organizational Change?

Organizational change refers to actions that transform culture, infrastructure, and 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 change process typically includes three major phases: pre-implementation, implementation, and sustainability. We know that organizational change is not easy; however, organizations must 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 attitudes 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 changing how 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 rather than 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.

The Six Guiding Principles to a Trauma-Informed Approach



The image is from the [CDC's Website](#).

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, practices, or 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.

Proposal Recommendations and Suggestions

Centering Communities

We are interested in proposals that our and/or centers lead in 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 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 into ALL aspects of your proposal.**

MIPA in Action is the meaningful and intentional involvement of individuals 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 how 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 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 and the budget.

Racial Justice

The Inclusion of Racial Justice is essential in your proposal. Racial justice is the active involvement of learning and understanding to make actionable and measurable steps to achieve fairness, equity, and justice for the racial marginalized, particularly Black people, to give them

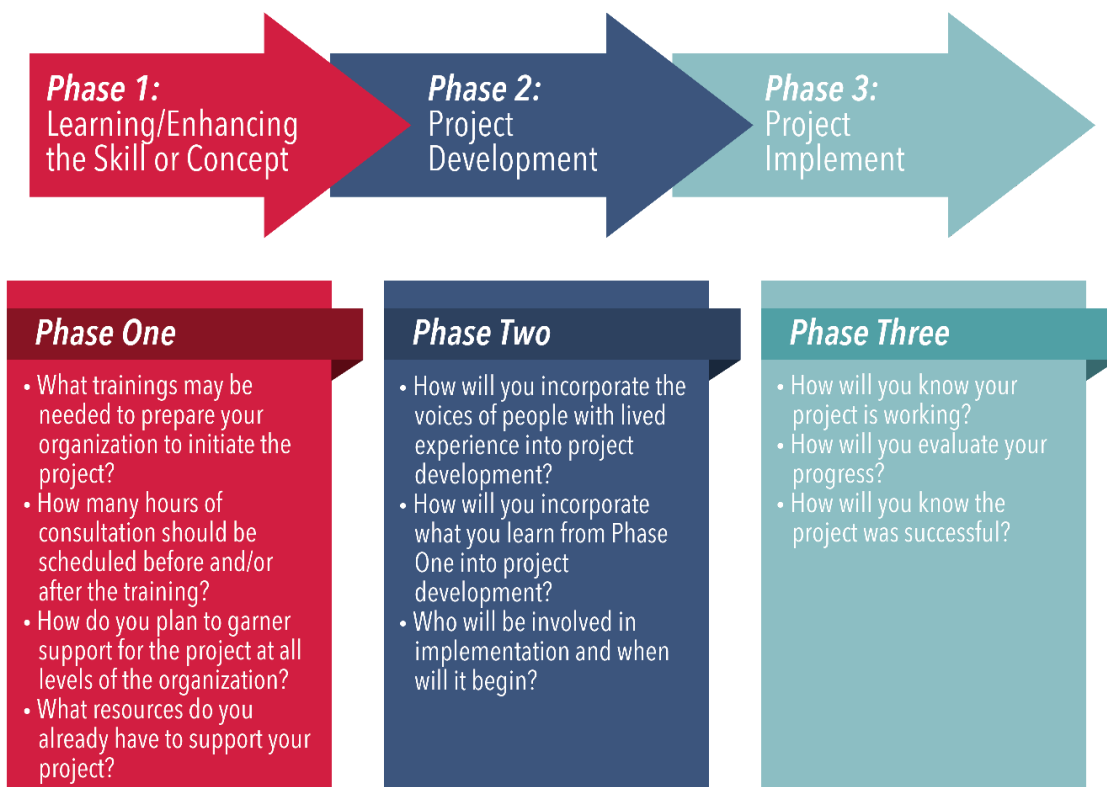
what they need to enjoy full, healthy lives. There is an interconnected relationship between racism, anti-Blackness, systems of oppression, and HIV. These same racist and anti-Black policies, systems, and practices have shaped organizational practices and stripped funding away from Black-led organizations. 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 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 are discussing their projects on our [YouTube page](#).

Tips for Successful Implementation of this Initiative

Below, you will find a visual representation of how the work plan narrative and work plan template should flow. Please consider the following questions for each phase. These will help guide the development of your work plan:



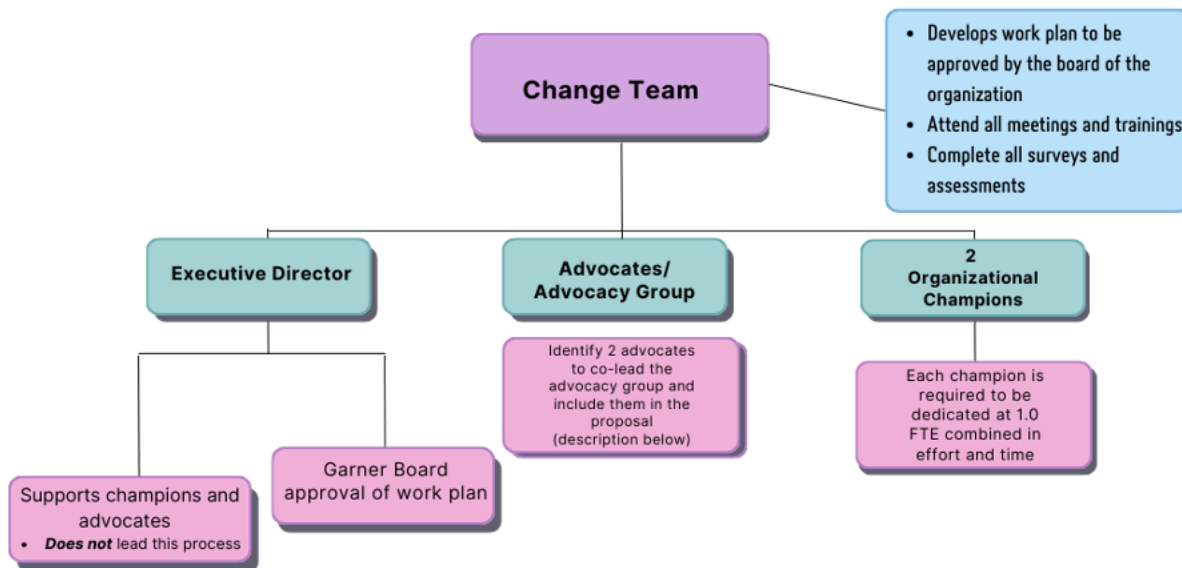
Time Commitment

- It will require 150 - 200 hours to be dedicated to this project SOLELY, with over 100 hours taking place within the first six (6) months of the project's start date. This initiative is a journey, not a sprint. Therefore, the budget reflects 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 Deeper Dive

The information below explains the Change Team composition, roles, and responsibilities. Please review it in great detail.

Change Team Composition with Responsibilities



Role of Change Team

Change Team Lead will:

- Oversee and lead the change team process
- Ensure all members are on the trainings
- Ensure the team is developing the advocacy group process
- Ensure the work plan is developed

Additional Advocacy Group Information

- Must be a 3-6 member team, with two (2) being identified in the proposal and already agreed to participate
- Assist with recruiting an additional 1-4 members

- Must reflect the population/communities your organization serves to complete this group and openly living with HIV

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.

Budget Requirements

The budget line items and accompanying mandatory allocations for this project are below.

Required Items

The total budget will be \$130,000 in direct funding to be allocated as follows:

- Budget to offset travel costs for mandatory meetings - \$8,000
- 2 Change Team Champions must be at 1.0 FTE and dedicated to this initiative to develop, oversee, and manage this program and work on evaluation tasks. They are required to dedicate 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 - \$45,000
- 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.]) - \$2,000
- Consultancy and trainings - You will have to utilize the SUSTAIN-provided consultants—SUSTAIN will pay the consultant directly, and it does not come out of your direct funding budget

Evaluation

There will be two levels of evaluation. The first level occurs within the COMPASS Coordinating Centers (CCs) to assess the success of individually funded programs. It 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. Funded community partners are expected to collaborate on and participate in assessments with the Coordinating Centers and ETR to support the COMPASS evaluation efforts.

HIV-Related Stigma Reduction (Southern AIDS Coalition)

Background

In the southern United States, the pervasive stigma surrounding HIV remains a significant barrier to effective healthcare and support for individuals living with the virus. Deep-rooted

societal misconceptions, fear of discrimination, and lack of education contribute to this enduring stigma. As a consequence, people living with HIV (PLHIV) in the southern states may be hesitant to disclose their status, hindering their access to essential medical care and support services.

This stigma not only exacerbates the emotional and psychological burden on those living with HIV but also has tangible consequences for their health outcomes. Persons facing HIV-related stigma in the southern US are often subject to delayed diagnoses, reduced engagement in medical care, and face internalized stigmatism that should be addressed. As a result, the association between stigma and poorer health outcomes for individuals with HIV is a pressing concern in the southern region, highlighting the urgent need for targeted efforts to dismantle stigma, raise awareness, and promote a more supportive and inclusive environment for those affected by the virus.

The South stands at the forefront of a challenging healthcare landscape, marked by the highest rates of HIV diagnoses and mortality in the United States. This region grapples with a complex interplay of factors, including limited access to healthcare resources, socioeconomic disparities, and entrenched stigma surrounding HIV. Tackling the HIV epidemic in the South requires a comprehensive approach that addresses both medical and socio-cultural aspects, aiming to bridge gaps in healthcare accessibility and dismantle the barriers contributing to the region's alarming rates of HIV diagnoses and mortality. For this reason, there is a dire need for programming and services in southern communities that specifically address the impact of stigma on those living with HIV. [See COMPASS Maps.](#)

Content Areas

There is a pronounced need to design, implement, and evaluate interventions to reduce HIV-related stigma for PLHIV. This need is greatest in the South, where stigma is a significant driver of the epidemic, and stigma-reduction services are lacking in many communities. [The Southern AIDS Coalition \(SAC\) COMPASS Coordinating Center](#) seeks to support the development of interventions focused on reducing internalized HIV-related stigma in the South.

Specifically, we are looking for any combination of program elements or strategies designed to reduce HIV-related stigma impacting PLHIV by:

- A. Influencing knowledge, attitudes, beliefs, and skills among PLHIV;
- B. Increasing social support for PLHIV; and/or
- C. Creating supportive environments, policies, and resources for PLHIV.

To that end, SAC seeks to support organizations that are addressing the unique challenges and needs of PLHIV in the South through community-informed interventions. Applicants are encouraged to think creatively. The intervention design should reflect the demonstrated need and programming gaps in your community.

Focus Areas

The Southern AIDS Coalition will allow applicants to seek funding for interventions addressing HIV-related stigma in two focus areas:

1. Development or adaptation of an intervention to meet specific community needs.
2. Implementation of an intervention that the applicant has previously developed or adapted to meet specific community needs.

NOTE: Applicants may only apply to one (1) focus area.

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. Programs in this area may be either:

1. Original intervention with a proposed comprehensive formative process that considers existing programming gaps and relevance to the culture and experiences of the community of focus.
2. Adaptation of existing evidence-based intervention(s) with a proposed comprehensive process and justification for developing additional content that specifically addresses HIV-related stigma.

Successful proposals in this focus area will clearly outline steps that will be 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 (but not limited to):

- Focus groups, online surveys, or other formative research with PLHIV and/or those providing social or emotional support to PLHIV;
- Formalizing an existing program that has been well-received by PLHIV in your community;
- Adapting an existing evidence-based intervention to include more focused content that addresses the needs of a specific community of PLHIV or a specific stigmatizing behavior or practice that is prevalent in your community; or
- Trainings for PLHIV to build their capacity to develop content and/or facilitate the intervention.

Focus Area (2): Intervention Implementation

Proposed projects in this focus area should result in the implementation of an intervention that was previously developed and piloted by the applicant. In this focus area, your project should culminate in a minimum of one complete cycle of your intervention with program evaluation at every step of programming by the end of the funding period. Your application should clearly demonstrate an existing program of promise, with existing programmatic content. Example of funded activities might include:

- Program implementation with appropriate audience based on earlier program development, evaluation, and/or piloting;
- Adjusting existing program content based on data/feedback from earlier participants;
- Recruitment and outreach activities;
- Training of program facilitators in intervention content;

- Analysis and application of data to improve program delivery;
- Development of communications planning—to include strategies for virtual delivery of content previously offered in person

What We're Looking For

For the purposes of this opportunity, “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 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, or in the home.

Evaluation

Ultimately, our goal is to identify scalable and fundable interventions that are effective at reducing 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 that can be compiled and compared across Coordinating Centers. In addition to the COMPASS® Initiative evaluator ([ETR](#)), the Southern AIDS Coalition COMPASS Coordinating Center will work collaboratively with its own set of selected evaluation partners to evaluate the implementation and outcomes of this funding. If funded, your organization will be required to work collaboratively with all evaluation parties on these common evaluation indicators and performance measures.

Allowable Expenses

Allowable expenses include, but are not limited to the following:

- Personnel expenses
 - Support for staff positions and/or consultants are acceptable requests under this funding initiative; however, these positions must support the proposed capacity building efforts, and cannot replace partially funded or uncovered programmatic positions.
- Fringe benefits
- Marketing and promotion costs
- Consultant costs
- Meeting space
- Program-related supplies
- Travel to implement the proposed project

- Participant incentives
- Indirect expenses up to 10% of the proposed budget.

Prohibited Expenses

SAC has the following limitations for funded programs:

- Funds may not be used to support the direct provision of medical services, including medical care provided directly to patients, or 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;
- Funds cannot support the activities, equipment, or personnel of the medical care component of an organization;
- Funded organizations cannot distribute any grant funds to the medical care component of the organization.

Faith-Based HIV Stigma Reduction (Wake Forest University Faith Coordinating Center)

Background

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 Faith Transformative Grant activities that focus on infrastructure development and coalition and network building between faith communities and non-traditional partners. Faith Transformative Grant grants will support the establishment of infrastructures to enhance health ministries, communications, trauma informed care, and other programs to respond to the HIV crisis in the South and promote healing and life-enhancing possibilities for those impacted by HIV/AIDS. We use the phrase, Faith Transformative Grant, intentionally to acknowledge the strengths and knowledge that organizations already possess while aiming to expand scope, reach and effectiveness together as partners. Our aim is to collaborate with Christian and interfaith partners to help end the HIV epidemic; create and sustain inclusive faith spaces (virtual and/or in-person) for people of color, LGBTQ persons, and people living with HIV; create opportunities for spiritual, physical, emotional, and financial wellness; and educate 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 faith-focused programs and initiatives or conduct research to enhance health ministries, communications, trauma informed care, and other programs that promote positive and transformative 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 proposed impact and evaluation activities at each stage of work.

Example of funded activities in this focus area might include:

- Expanding health ministries and theological research and practice to develop interventions that explicitly addresses the HIV care continuum, leveraging faith communities.
- Establishing or formalizing an existing faith-based program that has demonstrated and measurable impact with addressing the HIV Epidemic.
- Theological education or trainings for faith leaders and lay audiences in congregations to build their capacity to develop interventions to address the HIV epidemic.
- Focus groups, online surveys, or other formative research with PLHIV, people affected by HIV/AIDS, and/or those providing spiritual, social, or emotional support to people affected by HIV/AIDS, with a particular focus on faith-based approaches to engaging these groups.

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 with and in faith communities.

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 physician 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 and how your project has a demonstrable faith lens.
- Clearly articulate how you will deliver your program, including the planned platform that will be used for communication (e.g., radio, TV, social media, website, email listserv, etc.) and how many people will be directly impacted by your proposed project.
- Projects that demonstrate a clear focus and are large-scale, statewide or national programs or initiatives with strategic organizational partnerships will be strongly considered

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 the 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 2023 operational budget (not to be substituted by the 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.
6. Work Plan
7. Diversity Table

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.

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>.