

# OFFICE OF MINORITY HEALTH RESOURCE CENTER

## HIV/AIDS CAPACITY BUILDING AWARD APPLICATION AND PROCEDURES

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### **Funding Title**

Office of Minority Health Resource Center (OMHRC)  
Pacific Project Capacity Building Award

### **Funding Source**

Minority AIDS Initiative

### **Award Amount**

Up to \$25,000 for each award, with a total of 4 awards

### **Eligible Applicants**

Only non-profit/non-governmental agencies located in the U.S. Pacific Territories and Freely Associated States: American Samoa, Commonwealth of the Northern Mariana Islands, Federated States of Micronesia, Guam, Republic of Marshall Islands and the Republic of Palau.

### **Application Deadline**

Friday, December 9, 2011, 5 pm PST

### **Project Period**

January 1, 2012 – December 7, 2012

Funds may be utilized within any given month during the project period, or the project may be implemented over the entire project period. Upon completion, a final report must be submitted to the Office of Minority Health Resource Center. The format for the final report will be forwarded shortly after receipt of the award letter.

### **Background**

The Pacific Project is a capacity building, training, and technical assistance project of the OMHRC, funded by the Minority AIDS Initiative. The Pacific Project aims to improve coordination between health providers, increase the number of community partnerships in addressing HIV/AIDS/STD/TB and increase the collaboration efforts and information sharing between agencies and organizations within the U.S. Associated Pacific Island Jurisdictions (USAPIs).

OMHRC was established by the U.S. Department of Health and Human Services, Office of Minority Health in 1987. OMHRC serves as a national resource and referral service on minority health issues. The center collects and distributes information on a wide variety of health topics, including substance abuse, cancer, heart disease, violence, diabetes, HIV/AIDS/STD/TB and infant mortality. OMHRC also facilitates the exchange of information on minority health issues.

### **Summary and Purpose**

The project goal is to strengthen community-based organizations (CBOs) to partner with local health departments and health ministries in responding to HIV/AIDS/STD/TB concerns that target ethnic and/or racial minorities. OMHRC assists smaller CBOs to build their capacity to provide HIV/AIDS/STD/TB services. The area for this particular announcement is limited to the US APIs (American Samoa, Commonwealth of Northern Mariana Islands, Federated States of Micronesia, Guam, Republic of Marshall Islands and the Republic of Palau). Capacity is defined as services that would help improve and/or increase HIV/AIDS/STD/TB services provided to communities of color.

Project goals may include but not limited to increasing the number of people educated about HIV/AIDS, creation of a peer education program, reduce silence and shame associated with HIV/AIDS, increase number of people accessing HIV/AIDS care, services, and testing.

### **Funding Availability**

At most 4 Capacity Building Awards (CBA) will be made during this fiscal year. Funds awarded are to assist smaller agencies in developing, supplementing or enhancing HIV-related services.

### **Eligibility Requirements**

To be eligible for a Capacity Building Award, agencies:

1. Must have been in existence for longer than 6 months;
2. Must possess an agency-specific 501(c)3 federal tax status and/or state/country incorporation for these organizations in the Freely Associated States (Applicant name and 501(c)3 agency name must be the same);
3. Must currently provide HIV/AIDS/STD/TB services to the Pacific Island Jurisdictions;
4. Must have an overall agency operating budget that does not exceed \$750,000 (This limitation applies to the ENTIRE AGENCY BUDGET of the applicant agency holding the federal agency tax status, and not just the portion of the agency's budget that funds the HIV/AIDS/STD/TB Program. Please include a copy of the agency's entire operating budget for the previous operating year, and

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5. Must have successfully completed any previously awarded Capacity Building Award projects and final reports prior to re-application.

### Application and Submission Information

#### 1. List Contact Information

Provide name of agency, name of executive director/board of directors, agency address, phone number, fax number, e-mail address and Web site. If the contact person is different than the executive director, list that person's name and contact information.

#### 2. Background (2 pages maximum)

State your agency's mission, describe your agency's organizational history and outline your agency's services delivered.

#### 3. Need (3 pages maximum)

Explain the justification for the proposed HIV/AIDS/STD/TB project in your community, and identify the target ethnic or racial minority population to benefit from your proposed project. Please note that, funds may NOT be used for the following purposes: support grant writing or support needle exchange programs.

#### 4. Proposal (5 pages maximum)

Describe the proposed program or project. Describe the project goals and objectives.

#### 5. Capacity Building (1 page maximum)

Discuss how your HIV/AIDS/STD/TB project will help to build capacity for your agency to provide HIV/AIDS/STD/TB services to your target populations.

#### 6. Sustainability (1 page maximum)

Discuss how your agency plans to sustain operation after the one time HIV/AIDS/STD/TB capacity building mini-grant has been awarded.

#### 7. Monitoring and Evaluations (2 pages maximum)

Describe how this HIV/AIDS/STD/TB capacity building award will be monitored and evaluated.

#### 8. Timeline

Submit a timeline for your proposed HIV/AIDS/STD/TB project. Your agency has up to December 7, 2012 to complete the project. State all activities associated with

your HIV/AIDS/STD/TB project on a monthly basis. If the duration of your HIV/AIDS/STD/TB project is shorter than one year submit a timeline for that particular time period.

#### 9. Budgets

Submit a line item budget attachment for your proposed HIV/AIDS/STD/TB project. Also, submit an overall agency budget describing your most recent fiscal year. Federal funds cannot be used for food or refreshments.

#### 10. Accompanying Documents

Attach a copy of the Internal Revenue Service (IRS) letter documenting applicant agency holding the 501(c)3 federal tax status. Or attach a copy of your state or country Letter of Incorporation. Include a copy of the agency's annual operating budget. Include a list of current Board of Directors.

#### 11. Affirmative Statements Regarding Eligibility

Please state affirmatively that you meet all eligibility requirements on Page 1 under eligibility.

### Application Instructions

- Completely fill out Agency Contact
- Sign Certification
- Attachments
  - Copy of 501(c)3 federal tax status OR
  - Copy of your State or Country Letter of Incorporation
  - Copy of your agency's annual operating budget
  - Current list of Board of Directors
- E-mail completed application to [hocampo@omhrc.gov](mailto:hocampo@omhrc.gov)
- Send by mail the completed application and cover letter signed by the submitting official

### Mail original application to:

Henry Ocampo  
Senior Program Analyst  
Office of Minority Health Resource Center  
35111 F Newark Blvd., #256  
Newark, CA 94560  
USA  
510-797-7682  
301-251-2160 Fax  
E-mail: [hocampo@minorityhealth.hhs.gov](mailto:hocampo@minorityhealth.hhs.gov)

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### Agency Contact

Date:	
Pacific Island Jurisdiction:	
Contact Name:	
Job Title:	
Agency Name:	
Mailing Address:	
Work phone:	
Fax:	
E-mail Address:	
Web site:	

Would you like to receive information via email? Yes  No

Board President Name:	
Executive Director Name:	
Financial Officer Name:	

When was the organization founded? (please enter month and year)	
Does the agency have a 501(c) 3 status?	
Does the agency have a Letter of Incorporation?	
What is the agency's current HIV/ AIDS budget?	
What is the agency's current annual operating budget?	
Does the agency currently receive funding from Office of Minority Health?	
How did you hear about OMHRC?	

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### BOARD OF DIRECTORS – Please list the current Board of Directors for your agency

Position	Name

### CERTIFICATION

The information contained in this application, including all attachments and support materials, is true and accurate to the best of my knowledge. I understand that if I am awarded and accept a Capacity Building Award that my acceptance of the award requires a commitment to complete the project as stated in the application and to abide by the administrative requirements set by Office of Minority Health Resource Center.

Print Name of Official: \_\_\_\_\_

Signature of Official: \_\_\_\_\_

Date: \_\_\_\_\_

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### BACKGROUND (2 pages maximum)

Agency Mission:

Agency Mission:	
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Agency Organizational History:

Agency Organizational History:	
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Outline of current services delivered:

Outline of current services delivered:	
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**NEED:** Explain the justification for the proposed HIV/AIDS/STD/TB project in your community, and identify the target ethnic or racial minority population to benefit from your proposed project. Please note that, funds may **NOT** be used for the following purposes: support grant writing or support needle exchange programs. **(3 pages maximum)**

Need:	
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**PROPOSAL:** Describe the proposed program of project. Describe the project goals or objectives. State each goal and objective in measurable terms. **(5 pages maximum)**

Proposal:	
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**CAPACITY BUILDING:** Discuss how your HIV/AIDS/STD/TB project will help to build capacity for your agency to provide HIV/AIDS/STD/TB services to your target populations. **(1 page maximum)**

Capacity Building	
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**SUSTAINABILITY:** Discuss how your agency plans to sustain operation after the one time HIV/AIDS/STD/TB capacity building mini-grant has been awarded. **(1 page maximum)**

Sustainability	
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**MONITORING and EVALUATIONS:** Describe how this HIV/AIDS/STD/TB CBA Award will be monitored and evaluated. Please refer to the measurable objectives as stated in the proposal section to be the basis of the evaluation. **(2 pages maximum)**

Monitoring and Evaluations:	
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**TIMELINE:** Submit a timeline for your proposed HIV/AIDS/STD/TB project. Your agency has up to December 7, 2012, to complete the project. State all activities associated with your HIV/AIDS/STD/TB project on a **monthly** basis. If the duration of your HIV/AIDS/STD/TB project is shorter than one year submit a timeline for that particular time period.

Timeline	
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**BUDGET:** Submit a line item budget attachment for your *proposed* HIV/AIDS/STD/TB project. Also, submit an overall agency budget describing your most recent fiscal year (following page).

Sample Budget	Proposed Budget
<b>Personnel</b> Graphics Designer            \$3,000 Translation Services        \$2,000	
<b>Supplies</b> Printing Costs                \$6,000 Radio/TV/Newspaper time    \$3,000	
<b>Community Incentives</b> \$1,500  Incentives for community members to participate in focus group \$30 per person x 10 people    \$300	
Incentives for models to be campaign \$50 per person x 5 people    \$ 250	
<b>TOTAL \$14,550</b>	

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**BUDGET NARRATIVE:** Provide a narrative budget justification, which describes how the categorical costs are derived. Discuss the necessity, reasonableness, and allocation of the proposed costs. Only the direct costs requested in this application need to be justified. Describe the specific functions of the personnel, consultants, and collaborators (if relevant).

Budget Narrative	
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**BUDGET:** Submit an overall agency budget describing your most recent fiscal year.

Budget	
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