



## Requests for Proposals: Grants for Innovative HIV Prevention and Services

### Overview

The Amida Care Fund at Stonewall Community Foundation works to fund programs and projects on the cutting edge of HIV prevention and services in New York City, especially those aimed at curbing the epidemic in line with municipal and state campaigns. The Fund seeks broad-based prevention and intervention strategies that engage members of the LGBTQ community who are most at risk for HIV infection, or who are HIV positive but not virally suppressed or receiving necessary care. The Fund is announcing its fourth grant cycle with multiple grants, which will range in size from \$2,000 to \$5,000.

### Eligibility Requirements

A qualifying organization or program is one that:

- Is focused on residents of, or clients in, New York City
- Serves people who are lesbian, gay, bisexual, transgender, queer, intersex, or MSM and also HIV-positive or at greatest risk for new infection
- Works to eliminate the spread of HIV among low-income Black and Latino young men and transgender women who have sex with men

Preference will be given to proposals that best articulate how direct impact would be made. Small grassroots organizations are strongly encouraged to apply.

Organizations selected as finalists must take part in a site visit to be considered for funding. During the site visit, members of the selection committee will visit the organization's office (or another location where the work is best re/presented) in order to learn firsthand about the organization's work and meet its leaders. Visits typically last for 60 to 75 minutes.

### Key Dates

- **July 26:** Completed applications due by **noon**
- **August 23:** Semi-finalist organizations notified
- **September 2-October 11:** Site visits will take place for semi-finalist organizations
- **November 1:** Final grant decisions communicated
- **December 10:** Grants will be awarded at Amida Care's annual reception. **Organizations selected for grants are expected to send two representatives to accept the grant.**
- **March 26, 2021:** A final report due (including results and reflection on the work)



## Grant Period

- The grant period will be from January 1, 2020 to December 31, 2020.
- Stonewall and Amida Care staff will check in midway through the grant period to learn about challenges, successes, and other ways to further support grantee partners' work.
- A final report, including results and reflection on the work, will be due by March 26, 2021.
- Grants may eligible for a one-year renewal after a final report is submitted.

## How to Apply

Proposals should be typed in the form provided and emailed to [grants@stonewallfoundation.org](mailto:grants@stonewallfoundation.org). Please indicate "Amida Care Fund" in the subject line of your email. In addition to the proposal form, please provide the following documents:

- Concise operating budget for the current fiscal year; and
- A detailed budget of the program or project the grant would support, indicating what has already been raised for the program or project, any pending grants or donations, and outstanding funds that still need to be raised. This can be outlined as a budget narrative.

Budget materials will help us evaluate your proposal. We ask that these be up-to-date and accurate. You may submit them using your own templates, but please make sure they meet the guidelines above.

Please complete and submit the accompanying **proposal form**, along with your **operating budget** and **program or project budget**, by noon on Friday, July 26, 2019.

Questions about applying may be sent to [grants@stonewallfoundation.org](mailto:grants@stonewallfoundation.org) or directed to Maryse Pearce, Stonewall's Program Manager, at (212) 457-1349.

**COMPLETED PROPOSALS MUST BE RECEIVED BY**  
**NOON ON FRIDAY, JULY 26, 2019.**



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**Applicant Information**

**Organization or Project Name (if fiscally sponsored)**

**Mission Statement (100 words or less)**

**Total Operating Expenses for Current Year**

**\$ Amount Being Requested**

**Website URL**

**Which of the following best describes your organization or project?**

We maintain our own 501(c)(3) status and our Employer Identification Number (EIN) is

We are a project of a larger host organization that has 501(c)(3) status\*

We are fiscally sponsored by an organization that has 501(c)(3) status\*

*\*Please be sure to complete the Payee Information section on the following page.*

**Primary Contact Person**

**Position or Title**

**Phone Number**

**Email Address**

**Mailing Address**

**City · State · Zip**

Please indicate the geographic focus of your organization or project.

- |                                   |  |
|-----------------------------------|--|
| <input type="checkbox"/> Citywide | <input type="checkbox"/> Manhattan     |
| <input type="checkbox"/> Brooklyn | <input type="checkbox"/> Queens        |
| <input type="checkbox"/> Bronx    | <input type="checkbox"/> Staten Island |

Briefly describe the foremost issue(s) that will be addressed by your work. (100 words or less)

How did you hear about this grant?

By checking this box, I affirm that the project or program to be funded by this grant focuses on people who are lesbian, gay, bisexual, transgender, queer, intersex, or MSM who are also HIV-positive or at greatest risk for new infection.

**Payee Information** *(Please complete only if you are a hosted or fiscally-sponsored project)*

Name of Organization or Fiscal Sponsor

Name of Primary Contact Person

Position or Title

Phone Number

Email Address

Address

City · State · Zip

Employer Identification Number (EIN)

*Please be sure to attach a copy of your host's or fiscal agent's IRS-issued determination letter, and your sponsorship agreement if applicable.*

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**Proposal for Funding: Prompt #1**

**Please provide an overview of the program or project, sharing any relevant background or data. Include a description of why the funding is being sought and how the grant would be used. (400 words or less)**

**Proposal for Funding: Prompt #2**

Keeping in mind the guidelines provided in the RFP, please provide a concise breakdown of the specific goals and objectives you have for the grant. (400 words or less)

**Proposal for Funding: Prompt #3**

How long (approximately) did it take you to conceptualize, draft, and write this proposal? We use this information to assess whether the time and resources applicants invest are commensurate with the level of funding offered in this grant program.

**Proposal for Funding: Prompt #4**

**Acknowledgements**

By checking this box, I acknowledge that a site visit is required for finalists, and commit to making representatives of the organization available for such visit between September 2<sup>nd</sup> and October 11<sup>th</sup>, 2019.

If selected as a finalist, which days would work best for you to host a site visit? (Check all that apply.)

- Mondays
- Tuesdays
- Wednesdays
- Thursdays
- Fridays

Which times of day would work best for you to host a site visit? (Check all that apply.)

- 9AM-12PM
- 12PM-2PM
- 2PM-5PM

By checking this box, I acknowledge that, if we are a grant recipient, we will ensure organizational representation at Amida Care's December 10<sup>th</sup> reception.

The following staff would attend the December 10<sup>th</sup> reception to accept the grant:

**Name of Representative 1**

**Name of Representative 2**

**Name of Representative 3 (as an alternate)**