2021 United States Funding Opportunity Announcement by Gilead Sciences, Inc.

BACKGROUND

Gilead Sciences, Inc. is a biopharmaceutical company that has pursued and achieved breakthroughs in medicine for more than three decades, with the goal of creating a healthier world for all people. The company is committed to advancing innovative medicines to prevent and treat life-threatening diseases, including HIV, viral hepatitis and cancer. Gilead operates in more than 35 countries worldwide, with headquarters in Foster City, California.

As part of our commitment to end the epidemic, Gilead supports community-led programs for people living with and affected by HIV to improve access to healthcare, reduce health barriers encountered by underserved populations, advance disease education, and support local communities. Importantly, addressing social determinants of health such as stigma, social factors and systemic barriers is vital to improving engagement in the care continuum.

Building on the successes from Gilead's initial three-year investment in HIV and aging through the Gilead HIV Age Positively® initiative, we seek to support the continued development of supportive services and coordinated healthcare that meets the needs of aging people living with and affected by HIV. Older people living with HIV include long term survivors, people who have lived with HIV for many years, some since the pre-HAART era, as well as newly diagnosed people aged 50 and older.

With numerous scientific advances and therapeutic options, those living with HIV who are on effective treatments can expect a median life expectancy of more than 70 years of age. In 2018, over 50% of people living with HIV in the United States were aged 50 and older, an increasing number living into their 70's and beyond. As people living with HIV live longer, they not only face the expected challenges associated with the natural aging

process but may also experience significant challenges decades before their peers not living with HIV.

People aged 50 and older accounted for 17% of new HIV diagnosis in 2018. Being newly diagnosed with HIV after the age of 50 has complications unique to the aging population.

Just as the field of HIV has led the way in community-informed integrated and coordinated care models, there is an opportunity to apply these lessons learned to how people living with and affected by HIV want to grow old. With a focus on healthy aging, improving health outcomes and quality of life, Gilead aims to support creating the systems people living with HIV and affected by HIV want to age into. As the majority of people living with HIV are now aged 50 and older it is critical to address isolation, stigma and trauma as part of the coordinated care and policy agenda for aging older adults. Gilead believes a sustained focus on improving systems, informed by affected individuals and communities, will lead to supportive care for older people living with and affected by HIV.

PROGRAM AND PURPOSE

Gilead supports advocacy organizations, community organizations and healthcare entities around the world that work to empower people and improve lives. Through HIV Age Positively, Gilead will support organizations to participate in the HIV Age Positively Collaborative (2022-2024) to address the challenges and advance opportunities for aging people living with and affected by HIV through the development of social programs and policies that help aging people with HIV. Specifically, Gilead will support an Organizing Center and Collaborative Member organizations as part of the HIV Age Positively Collaborative.

- Option A – Organizing Center: Selection of an Organizing Center to virtually convene a community advisory board (CAB) and collaborative-wide discussions on emerging issues, learning opportunities, processes for feedback on program elements, and dissemination of templates, resources and best practices created by collaborative members

- Option B – Collaborative Member Grantee: Identify and support up to 24 diverse organizations with direct grants to participate in the HIV Age Positively Collaborative based on their programmatic work in two areas: Policy & Advocacy, Care & Wellbeing

The key goals of this current funding opportunity are to identify and evaluate potential programs and interventions in the following areas:

Policy & Advocacy
To realize accessible supportive services, coordinated systems of care, and a healthcare system that is meeting the needs of older people living with and affected by HIV, policy and advocacy are needed at the local, state, and national level. Potential projects may include a wide range of policy proposals and advocacy efforts to increase access and

engagement for older people living with HIV ultimately increasing their overall health and well-being. Lessons learned from Phase 1 of HIV Age Positively included needs for programs and services to:

- Create systems change within and without the HIV field toward a coordinated care model (policy work to ensure people living with HIV can access older-adults services at younger ages, coodination between HIV and aging programs at the local, state and federal level; supporting HIV and LGBTQ+ competency standards for aging services including nursing home and assisted living services)
- Advocacy for the development and scaling of combinations of HIV-specific and older-adult (inclusive of people living with HIV) care
- Train and support a diverse community of policy advocates to take action to support aging people living with and affected by HIV
- Expand knoweldge of and access to local, state and federal public aging programs
- Focus on expanding HIV-specific services for older adults and bridging with aging-specific services at the local, state, and national level
- Expand policy and funding to bolster financial security and access to public benefits including housing, mental health services, and substance use services
- Identify opportunities to develop strategic coalitions to implement an HIV and aging policy agenda at the local, state, and national level.
- Advocate for aging-specific services within HIV programming at the local, state and federal level including Ryan White and EHE
- Advocate for HIV-inclusive and aging-specific services at the federal level including maintaining Medicare Part D drug access protections across the Six Protected Classes and expand focus on high-quality care and quality of life

Care & Wellbeing
To realize social and health care services that meet the needs of older people living with and affected by HIV, potential projects may include: 1) person-centered training and tools to empower individuals to be their own advocates, 2) person-centered clinic and clinic-adjacent services, in person, online, and hybrid approaches to address difficulties older people may face with distributed healthcare and to help bridge the digital divide for older people 3) increase accessiblity and effectively scale proven models of coordinated care and wellbeing services. Lessons learned from Phase 1 of HIV Age Positively included needs for programs and services to:
- Scale proven models of coordinated personal health & health care, including managing complex conditions and co-morbidities
- Train and equip the clinical and non-clinical workforce, including navigation services, to provide culturally competent and trauma-informed care for aging people living with and affected by HIV
- Combinations of clinic-based and community based organization (CBO)-based, personal health and health care adjacent programs and services addressing isolation, stigma, and trauma

- Scaling and replicating person-centered training and tools for self-management and those that advance access to supportive personal and health care services, including sexual and reproductive health
- Develop in person, online and hybrid approaches, including leveraging technology, support and training for staff and participants, to overcome barriers to technology access
- Vision beyond the HIV field with a systems approach making connection with adjacent services in aging, trauma-informed care, mental health, and wellbeing

The funding may not be used to build capacity to directly provide, facilitate, or expand, e.g. paying capital costs for treatment facilities, space refurbishment, medical equipment and supplies, medical expenses, medications, personnel, healthcare professional or allied healthcare professional compensation support, laboratory fees, or other costs of providing medical care.

Organizations interested in applying for funding under this initiative may only apply for funding under Option A or Option B, described above.

ROLES AND RESPONSIBILITIES

Organizing Center
The Organizing Center will be a direct grantee of Gilead and will be responsible for convening a CAB to support grantees' program development. The Organizing Center will be responsible for convening the Collaborative for regular virtual learning opportunities, processes for feedback on program elements, discussions on emerging issues, and disseminating templates, resources and best practices created by collaborative members.

Collaborative Member Grantee

Direct service grants will be awarded to a diverse cohort of organizations to actively participate in the HIV Age Positively Collaborative. Grantees will implement a wide range of programs to advance access to coordinated care and a robust policy agenda for aging and older adults affected by HIV. Collaborative Members will benefit together from the CAB and are expected to actively participate in virtual convenings through regular attendance and sharing learnings, resources, and best practices with the collaborative.

ELIGIBILITY CRITERIA

General qualifications for applicant organizations include:

- Nonprofit status: IRS determination letter confirming current 501(c)3 tax status
- Submission of previous two (2) fiscal years operating budget
- Submission of previous two (2) IRS 990 forms
- Letters of support from three (3) organizations or community members
- Proven track record of sound financial stewardship and ability to deliver impactful programming
- Institutional infrastructure, including administrative capacities
- Core content expertise and a strong grounding in existing data and methodologies
- Knowledge of social change approaches
- Strong network and partnership capacity and ability to collaborate effectively
- Ability to identify leverage points for action and broaden stakeholder base

Key capabilities required for organizations applying for the Organizing Center role:
- Demonstrated ability to engage a diverse membership and build community toward a common goal
- Experience engaging and maintaining an active CAB that is inclusive and diverse
- Experience in the field of HIV and social determinants of health
- Management capacity and key staff credentials
- Success in development, replication or expansion of successful approaches to convening a diverse, national collaborative
- Strong communications and outreach strategies to reach the community as well as to educate decision makers at the state and federal level

SELECTION CRITERIA

An organization may only apply to one of the options under this initiative. Successful proposals will clearly reflect:

- An investment in purposefully intersectional approaches to the work: racial justice, disability justice, elder justice, gender justice, economic justice, intergenerational work and other intersectional approaches to health equity work
- An emphasis on Black-led and non-Black people of color led organizations and programming
- A demonstrated commitment to organizational antiracism work with outcomes to advance and increase BIPOC leadership
- An understanding of the state of the field, and how the proposed approach can make a unique and important contribution to aging people living with and affected by HIV
- Clear program logic and a timely approach to address an identified unmet need

- Staff expertise and experience in line with project scope and the HIV Age Positively Collaborative goals
- Robust dissemination plan to share learning from grant-funded activities
- A demonstrated commitment to actively participate in the HIV Age Positively Collaborative
- Original, innovative ideas and proven excellence in program development and implementation

Key principles to guide the work of the HIV Age Positively Collaborative:

- **Racism is a public health crisis.** To achieve health equity we reckon with racism at the individual, organizational, and institutional level.

- **Meaningful involvement of community is essential.** Progress is made through hiring, promoting, involving impacted communities.

- **Leverage existing models of intervention and success.** Replicate and adapt existing models of intervention or best practices.

- **Innovation must lead to impact.** Innovation is most meaningful if it provides tangible, replicatable solutions to real problems.

- **We are stronger together**. We convene to amplify each other and our collective work through increased engagement for shared learning, relationship building and collective storytelling.

EVALUATION AND REPORTING

Grantee organizations will be required to submit narrative and financial reports to Gilead for the purposes of monitoring progress toward project goals and ensuring budget adherence. Through both the reporting process and related data collection, Gilead hopes to create opportunities to learn from both the successes and challenges faced by grantees and to assess ways to increase the impact of future programs.

Gilead may engage a third-party evaluation committee to provide formative evaluation elements to allow for course corrections as necessary with the goal of continuous improvement.

USE OF GRANT FUNDS

Gilead funding may be used for:
- Planning and demonstration projects
- Replication or expansion of successful interventions
- Policy and statistical analysis in line with programmatic goals
- Strategic communications, including education
- Community engagement and coalition-building
- Program research and evaluation

Gilead funding cannot support:
- Medications or purchasing of medications
- Direct medical expenses, including labs
- Existing deficits
- Basic biomedical research, Gilead-sponsored clinical 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
- Organizations that discriminate based on race, color, gender, religion, disability, sexual orientation, or gender identity or expression

HOW TO APPLY

Solicited grant proposals must be submitted online; the application can be found at http://www.gilead.com/responsibility/corporate-contributions/north-america/how-to-apply.

When submitting your application, please select community/patient as the grant type, include "HIV Age Positively" in your program title, and check the program tag "HIV Age Positively."

GRANT AWARDS

Organizing Center
The Organizing Center is eligible to apply for a maximum of $1,500,000 for the period of three years and two months. Budget requests should be proportional to program scope and reflect reasonable, good faith estimates of the true operational costs related to the proposed project. Indirect costs of 10% may be requested on top of direct program costs (see appendix A to learn more about Gilead's indirect cost policy).

Collaborative Member Grantee

Collaborative Member awards to organizations will range between $100,000 and $700,000, with a grant period of 1-3 years. Budget should be based on actual program need and the reasonableness of proposed budgets relative to the program scope and impact will be a factor in final awards. Indirect costs of 10% may be requested on top of direct program costs (see appendix A to learn more about Gilead's indirect cost policy). Applicants may allocate up to 10% of the grant award outside of indirect cost to engage an independent program evaluator to conduct program evaluation.

KEY DATES & DEADLINES

Organizing Center
Letter of Intent due: August 6, 2021
Invitations for Organizing Center Applications sent: August 12, 2021
Deadline to submit grant proposals: September 8, 2021
Intent to fund announcement by: October 31, 2021
Organizing Center Grant period begins: November 1, 2021
Mid-year reports due: July 31, 2022
Grants end: December 31, 2024

Collaborative Member Grantee
Deadline to submit grant proposals: September 1, 2021
Intent to fund announcement by: October 31, 2021
Grant begins: January 1, 2022
Mid-year reports due: July 31, 2022
Grants end: December 31, 2024

INQUIRIES

Questions related to this Funding Opportunity Announcement should be directed to Shannon Weber at shannon.weber2@gilead.com. Please include "HIV Age Positively RFP" in the subject line.

DISCLAIMER STATEMENT

- Gilead reserves the right to approve or disapprove any application for any reason in its sole discretion.
- Award of a grant in any one cycle does not imply that a subsequent grant will be awarded without further application and approval.
- Application to the Corporate Grants program is not a promise of funding.

ABOUT GILEAD SCIENCES

Gilead Sciences, Inc. is a biopharmaceutical company that has pursued and achieved breakthroughs in medicine for more than three decades, with the goal of creating a healthier world for all people. The company is committed to advancing innovative medicines to prevent and treat life-threatening diseases, including HIV, viral hepatitis and cancer.

For more than 30 years, Gilead has been a leading innovator in the field of HIV, driving advances in treatment, prevention and cure research. Gilead is committed to continued scientific innovation to provide solutions for the evolving needs of people affected by HIV around the world. The company also aims to improve education, expand access and address barriers to care, with the goal of ending the HIV epidemic for everyone, everywhere.

Gilead operates in more than 35 countries worldwide, with headquarters in Foster City, California.

APPENDIX A - Indirect Cost Guidelines

Indirect costs are overhead expenses incurred by the applicant organization as a result of the project but that are not easily identified with the specific project. Generally, indirect costs are defined as administrative or other expenses that are not directly allocable to a particular activity or project; rather they are related to overall general infrastructure operations. Indirect costs are sometimes referred to as "overhead costs" and more recently by the government as "facilities and administrative costs." Examples include executive oversight, accounting, grants management, legal expenses, utilities, technology support, and facility maintenance.

Gilead prefers, whenever possible, that specific allocable costs of an applicant organization's project should be requested and justified in the proposal as direct costs, including those for dedicated ongoing project management, facilities and support (further definitions are provided below).

As a company we seek to fund the actual cost of the proposed project, and to support the efficiency and effectiveness needed for improving the care of people living with life-threatening diseases around the world. Gilead will consider supporting a consolidated indirect cost fee on a case-by-case basis, provided that it constitutes 10% or less of the total proposed project cost.

For the purpose of funding the grants, Gilead has established basic definitions and guidance to be used by our applicants and prospective applicants (see below).

Through our philanthropy and grants programs, Gilead does not match the indirect-cost rates that the federal government may pay to its applicants and contractors. We recognize that this means that our applicants may need to engage in cost-sharing between projects, tap into unrestricted funds, or conduct other fundraising activities to cover unbudgeted operation costs.

Direct and Indirect Cost Definitions

Direct Costs	Indirect Costs
⇒ Salaries of employees directly attributable to the execution of the project o Includes project management o Includes administrative support solely dedicated to the project ⇒ Fringe benefits of employees directly attributable to the execution of the project o Includes project management o Includes administrative support solely dedicated to the project ⇒ Travel for employees directly attributable to the execution of the project	⇒ Facilities not acquired specifically and exclusively for the project (e.g., Foundation, Institute, or University headquarters) ⇒ Utilities for facilities not acquired for and not directly attributable to the project ⇒ Information technology equipment and support not directly attributable to the project ⇒ General administrative support not directly attributable to the project. Examples are as follows: o Executive administrators o General ledger accounting o Grants accounting

⇒ Consultants whose work is directly attributable to the execution of the project
⇒ Supplies directly attributable to the execution of the project
⇒ Sub-awards directly attributable to the execution of the project
⇒ Sub-contracts directly attributable to the execution of the project
⇒ Equipment acquired for and directly attributable to the execution of the project
⇒ Facilities newly acquired and specifically used for the grant project (excludes existing facilities). Examples include:
  o A new field clinic
  o New testing laboratories
  o Project implementation unit office
⇒ Utilities for facilities acquired for and directly attributable to the execution of the project
⇒ Information technology acquired for and directly attributable to the execution of the project
⇒ Internal legal and or accounting staff and/or external legal counsel or accountants directly attributable to the project
	o General financial management
	o Internal audit function
	o IT support personnel
	o Facilities support personnel
	o Scientific support functions (not attributable to the project)
	o Environment health and safety personnel
	o Human resources
	o Library & information support
	o Shared procurement resources
	o General logistics support
	o Material management
	o Executive management
	o Other shared resources not directly attributable to the project
	o Institutional legal support
	o Research management costs
	⇒ Depreciation on equipment
	⇒ Insurance not directly attributable to a given project