

# MSM INITIATIVE COMMUNITY AWARDS APPLICATION

Please read the instructions before completing the application forms and project narrative.

Перед заполнением формы заявки и описанием вашего проекта прочитайте руководство по заполнению формы-заявки

amfAR, The Foundation for AIDS Research  
 Grants Administration Department  
 120 Wall Street, 13<sup>th</sup> Floor  
 New York, NY 10005-3908 USA  
 Telephone: +1.212.806.1631  
 E-mail: [msm.awards@amfar.org](mailto:msm.awards@amfar.org)

1. PROPOSED PROJECT TO ADDRESS HIV AMONG MSM			
A. Project Title	<i>Please enter your project title. For example: HIV Prevention, Intervention Among Sexually Active MSM in Local Community</i>		
B. Region (please select one)	Eastern Europe and Central Asia	C. Your application is for funding to support: (please select one)	Direct services / intervention
D. Amount of Funding Request (in US dollars)	\$100.00		

2.0 APPLICANT ORGANIZATION					
A. Institution Name (full legal name, then any common abbreviation)	<i>Please enter your organization's full legal name (abbreviation in parentheses). For example: Healthy, Open, Strong (HOS)</i>				
B. Street Address	111 Main Street				
C. City	City	Country	Country	Province / Postal Code	State / XX1XX

2.1. APPLICANT ORGANIZATION DIRECTOR (Person in charge of applicant organization)			
A. Name: First / Last	John / Smith	Title	Executive Director
B. E-mail	john.smith@hos.org	Tel. / Fax	111-222-3333 / 111-333-4444
2.2 APPLICANT CONTACT PERSON (Person at the organization who will have primary responsibility for oversight of the project)			
A. Name: First / Last	Jane / Doe	Title	Outreach Coordinator
B. E-mail	jane.doe@hos.org	Tel. / Fax	111-222-3334 / 111-333-4444

3. PROPOSED PROJECT BACKGROUND	
A. Summary of Project/ Funding Request (one sentence description of activities to be funded):	<i>Please state a brief description of your project. For example: Peer teams will distribute condoms, lubricant, safe sex information and information on HIV testing to MSM in the local community.</i>
B. Who will benefit from this project? (one sentence description of MSM population who will benefit)	<i>Please provide information of who will benefit from your project. For example: Out and closeted MSM in three districts of my city.</i>

4. APPLICANT ORGANIZATION BACKGROUND (enter information for the organization identified in section 2.0 above)			
A. Applicant Organization Mission (2 or 3 sentences)	<i>Please provide your organization's mission. For example: To provide accurate HIV/AIDS prevention information and services to the local community.</i>		
B. Main E-mail Address	info@hos.org	Website	www.hos.net
C. Is your organization a registered NGO, not-for-profit enterprise, or charity (a U.S. tax-exempt charity/nonprofit or foreign equivalent)?	YES	In what country is the NGO registered?	Country
D. Please provide a brief description of organization NGO or charity registration status	<i>Please describe your organization's NGO/Charity registration status and year this occurred. For example: NGO registered since 1997</i>		
E. Total annual budget for organization (total costs in US\$ for all organization activities for the next 12 months)	<i>Please enter your organization's total annual budget for the next 12 months. For example: \$60,000</i>		
F. List sources of funding and in-kind resource support for applicant organization. Please list by name and location all organization providing \$10,000 (US) or more in the past two years.	<i>Please list which institutions have provided your organization with funding and in-kind resource support over the past two years. For example: Charity Fund, USA - \$30,000 (2006-2008)</i>		

5. PARTNER ORGANIZATION (if applicable, is the organization that would be supported by the applicant organization)			
A. Institution Name (full legal name)	<i>Please enter the partner organization's full legal name (abbreviation in parentheses). For example: Information Where It Counts (IWIC)</i>		
B. Street Address	237 Avenue A		
C. City	City	Country	Country
D. Province/ Postal Code	State / XX1XX		
E. Main E-mail Address	Iwic1@nabob.com	Website	None
PARTNER ORGANIZATION CONTACT (person responsible for conduct of project)			
F. Name: First / Last	Paul / Jones	Title	Prevention Team Chairman
G. E-mail	pj@yahook.net	Tel. / Fax	111-223-3355 / 111-223-5555
H. Sponsored Partner Organization Mission	<i>Please state the supported partner organization's mission. For example: To increase the knowledge of HIV/AIDS through volunteer efforts.</i>		
I. Describe the relationship between the applicant and partner organization	<i>Please explain the relationship between the applicant and the partner organization being supported. For example: Ms. Doe from HOS has worked with IWIC members for 18 months and serves as the primary contact, financially and programmatically, between the two organizations. Weekly meetings have been scheduled to address any concerns and questions as the project progresses.</i>		

6. REFERENCES	
List three individuals who we may contact who might endorse your proposed project and your organization's capacity to carry it out? (please see instructions)	<p><i>Please list the names of three individuals, outside of your organization, who can provide a recommendation of your organization and its proposed project.</i></p> <p><i>For example:</i></p> <ol style="list-style-type: none"> <li>Adin Estrada, Program Manager, City Hospital; <a href="mailto:astrada@hope.net">astrada@hope.net</a>; 111-234-5678</li> <li>Karin Miller, Sister, Church of Compassion; <a href="mailto:sisterkarin@yahook.net">sisterkarin@yahook.net</a>; 111-890-1234</li> </ol> <p>Kyle Sanchez, Executive Director, Philanthropic Family Fund; <a href="mailto:kyle.sanchez@pff.nt">kyle.sanchez@pff.nt</a>; 111-567-8901</p>

7. EXTRA CONFIDENTIALITY CONCERNS?		
Throughout the review and award process, amfAR respects the privacy of the applicant and endeavors to protect from disclosure any confidential or proprietary information contained in a submitted proposal. However, because of volatile social/political contexts and security concerns, you may indicate a need for additional confidentiality (please check <u>only one</u> ).		
<ul style="list-style-type: none"> <li>Indicating NO means that we will maintain routine confidentiality about your proposal, but will feel free to communicate about your organization to other funders and partners in the interest of mobilizing support.</li> <li>Indicating YES means that we will inform reviewers that extra confidentiality is needed, and that we will limit what we communicate about your organization to other funders, partners, or the public.</li> </ul>	No	X
	Yes	

**8. PROPOSED PROJECT BUDGET AND JUSTIFICATION**

Please provide the cost of specific items for your project depending on the Line Description rows. Use the “Requested from amfAR” column only if sole funding is being requested from the MSM Initiative. If you have secured additional funding from other sources, please use the “Other Funding for Project” column accordingly. Details of the specific items in your budget as well as any restricted funds from other donor organizations should be provided in the “Justification” column. The amount requested from amfAR may not exceed the maximums stipulated on page one of the instructions. See the *instructions* for information about the budget categories. *Guidance for developing a more detailed budget for the MSM Initiative is available on request.*

Line Description	Requested from amfAR	Other Funding for Project	Justification	
<b>A. Salaries, Stipends and Fees to Support People</b> (including consultants)	<b>\$10.00</b>	Volunteered time	Stipends for two outreach workers who will recruit peer volunteers and coordinate and monitor field condom/info distribution in community.	
<b>B. Equipment</b> (such as telephone, fax, computer, or printer)	<b>\$10.00</b>	donated	Telephone rental for 3 months	
<b>C. Supplies for HIV prevention, treatment, etc.</b> (see instructions for more information)	<b>\$15.00</b>	None	Purchase of 100 condoms @ \$.10 each and 10 packets of water-based lubricant @ \$.50 each	
<b>D. Project Related Materials/Supplies</b> (see instructions for more information)	<b>\$15.00</b>	None	Cost of design & printing of educational materials = \$5; cost of pens, paper & internet access charges = \$5; cost of coffee, snacks etc. for support group meetings = \$5	
<b>E. Local Travel</b> (international travel, which is not allowed unless essential to the project, should be included under other direct costs, with details and justification for travel provided in line G.)	<b>\$15.00</b>	None	Roundtrip train tickets for two outreach workers facilitating support group meetings in three districts of the city	
<b>F. Space Rental and Related Costs</b>	<b>\$10.00</b>	None	Rental and utilities for support group meeting spaces	
<b>G. Other Direct Costs</b> (explain in section 9)	<b>\$6.00</b>	None	Contract and notary fees between partner organizations	
<b>H. Fees, Insurance and Taxes</b> (specify fees between partner organizations in section 5 Line I.)	<b>\$10.00</b>	20.00	Local taxes and fees	
<b>I. Total Direct Costs</b>	<b>\$90.00</b>	None		
<b>J. Indirect Costs/Overhead</b> (no more than 10%; see guidance and instructions for more information.)	<b>\$9.00</b>	None	General costs of our organization (rent, heat, paper towels etc.)	
<b>K. TOTAL FOR EACH SOURCE</b>	<b>\$100.00</b>	\$20.00	<b>L. TOTAL PROJECT BUDGET</b>	\$120.00

## 9.0 PROJECT NARRATIVE (see Instructions for detailed guidance)

Please describe your proposed project in a narrative that is no more than 10 pages long and not less than 3 pages (not including this page). Please use 12 point Times New Roman font.

Please describe your program in relation to **only one** of the following three objectives of the MSM Initiative, as defined below:

### **DIRECT SERVICES/INTERVENTION**

Front-line organizations and collaborations addressing HIV among MSM: Under this objective, amfAR is inviting proposed projects that meet the HIV prevention, treatment, and/or care needs of defined MSM populations.

### **POLICY AND ADVOCACY**

Strong policies and public funding for HIV efforts among MSM: Under this objective, amfAR is inviting proposals for policy work that might influence and change social, cultural, and policy environments related to HIV among MSM.

### **RESEARCH**

Research to understand HIV epidemics and interventions among MSM: Under this objective, amfAR is inviting proposals for small community-based research that might advance knowledge about HIV among MSM and to contribute to an evidence base to inform policy and funding decisions.

**Please be sure to read the instructions before preparing your narrative. All applicants are to follow the formats described below and as elaborated in the instructions.**

### **DIRECT SERVICE/INTERVENTION AND POLICY PROPOSALS (see instructions for detailed guidance):**

- I. Background
- II. Long term objectives
- III. Process/Activities
- IV. Short-term outcomes
- V. Qualifications

### **RESEARCH PROPOSALS (see instructions for detailed guidance):**

- I. Description of the problem or needs
- II. Project goals
- III. Methods of work
- IV. Work plan
- V. Application/impact of research results
- VI. Qualifications

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## **PROJECT NARRATIVE**

使用您的提案的正確敘事格式，參與您的項目記敘文這裡。 Using the correct narrative format for your proposal, enter your project narrative here. Используя правильно повествовательную текст форму для вашего предложения, напишите вашу повесть проекта здесь. 당신의 계획을 위한 정확한 이야기 체재를 사용하여, 당신의 프로젝트 설화에 여기에서 참가하십시오. Usando la disposizione narrativa corretta per la vostra proposta, entri nella vostra descrizione di progetto qui. Χρησιμοποιώντας το σωστό αφηγηματικό σχήμα για την πρότασή σας, εισάγετε το αφήγημα προγράμματός σας εδώ. Utilisant le format narratif correct pour votre proposition, écrivez votre récit de projet ici. Gebruikend het correcte verhalende formaat voor uw voorstel, ga hier uw projectverhaal in.