

# MSM INITIATIVE COMMUNITY AWARDS APPLICATION

amfAR, The Foundation for AIDS Research  
 Grants Administration Department  
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+Please read the instructions before completing the application form and project narrative.

Eligibility Assessment (please answer Yes or No to all of the questions below.)		
1. Do MSM or LGBT individuals work, volunteer and/or serve on the board at your organization?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
2. If Yes, are a majority of the individuals involved in the organization MSM or LGBT?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
3. If No, are you a sponsoring organization helping a new MSM or LGBT organization?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4. If No, does your organization have formal relationships with <b>MSM/LGBT communities</b> ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5. Is your organization located in: Algeria • Angola • Benin • Botswana • Burkina Faso • Burundi • Cameroon • Cape Verde • Central African Republic • Chad • Comoros • Congo • Cote d'Ivoire • Democratic Republic of Congo • Djibouti • Egypt • Equatorial Guinea • Eritrea • Ethiopia • Gabon • Gambia • Ghana • Guinea • Guinea-Bissau • Kenya • Lesotho • Liberia • Libyan Arab Jamahiriya • Madagascar • Malawi • Mali • Mauritania • Mauritius • Mayotte • Morocco • Mozambique • Namibia • Niger • Nigeria • Réunion • Rwanda • Saint Helena • Sao Tome and Principe • Senegal • Seychelles • Sierra Leone • Somalia • South Africa • Sudan • Swaziland • Togo • Tunisia • Uganda • United Republic of Tanzania • Western Sahara • Zambia • or Zimbabwe	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
6. Is your organization a registered nonprofit or charity, non-governmental organization (NGO), or community-based organization (CBO)?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
7. If No, does your application identify a sponsor organization that is a registered nonprofit or charity, non-governmental organization (NGO), or community-based organization (CBO)?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
8. Is your project narrative 10 pages or less?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
<b>If you checked "No" to questions 3, 4, 5, or to both questions 6 and 7, it is likely that you are not eligible to apply and that your proposal will not be accepted for review nor approved for funding.</b>		

1. Please provide a title for your project (no more than 72 characters including spaces)			
<b>HIV Prevention, Intervention Among Sexually Active MSM in Local Community</b>			
Region	AFRICA	Enter the total amount (USD) requested from amfAR:	\$100
Please select the general category that best describes your proposal		HIV prevention + treatment/care	
Use the drop downs to identify the kinds of activities you are proposing. See the RFP for details.		Direct services/interventions for MSM Policy, advocacy, human/civil rights Research	

2. PROPOSED PROJECT BACKGROUND	
Please enter a 1 or 2 sentence description of the project.	Teams will distribute condoms, lubricant, safe sex information and information on HIV testing to MSM in the local community and collect baseline data of the knowledge of HIV/AIDS prevention in the MSM reached.
Please describe the MSM/LGBT community/population that will be involved in and benefit from this project.	Out and closeted MSM youth in three districts of my city.

3. APPLICANT ORGANIZATION	
Enter the full legal name of the organization applying for this award.	<b>Healthy, Open, Strong (HOS)</b>

Enter the organization's address					
<b>Street address</b>	111 Main Street				
<b>City</b>	City	<b>Country</b>	Country	<b>Province / Postal Code</b>	State / XX1XX

#### 4.1 APPLICANT ORGANIZATION DIRECTOR

Enter the first (given) and last (family) names of the applicant organization's director or chief executive (i.e., the person in charge, who is authorized to enter into agreements on behalf of the organization). Include job title (e.g., executive director, president), e-mail address, telephone number, Skype name, and fax number.

<b>Name: First / Last</b>	<b>John / Smith</b>	<b>Title</b>	Executive Director
<b>E-mail</b>	john.smith@hos.org	<b>Telephone</b>	111-222-3333
<b>Skype name</b>	john123	<b>Fax</b>	111-333-4444

#### 4.2 PROJECT CONTACT PERSON

Enter the first (given) and last (family) names of the person who will have primary responsibility for implementing/ monitoring and reporting on the project at the applicant organization. Include job title (e.g., project coordinator), e-mail address telephone number, Skype name, and fax number. If the project person is the same as the director, please enter contact details for another person.

<b>Name: First / Last</b>	<b>Jane / Doe</b>	<b>Title</b>	Outreach Coordinator
<b>E-mail</b>	jane.doe@hos.org	<b>Telephone</b>	111-222-3334
<b>Skype name</b>	jane456	<b>Fax</b>	111-333-4444

#### 5. APPLICANT ORGANIZATION BACKGROUND

<b>Please enter the applicant organization's mission statement. If you do not have one, in 1 or 2 sentences describe the organization's overall goal or reason for existence.</b>	To provide accurate HIV/AIDS prevention information and services to the local community.			
<b>Organization's main E-mail Address</b>	info@hos.org			
<b>Organization's Website</b>	www.hos.net			
Applications are only accepted from eligible institutions. Answer "YES" to verify that the applicant organization is a U.S. tax-exempt organization, or the foreign equivalent, i.e., a registered non-profit (a) charity, (b) non-governmental, or (c) community-based organization operated for a charitable purpose and indicate in what country the group is registered. <b>IF YOU CANNOT ANSWER YES</b> because you are not registered, then your organization must work with an eligible organization willing to monitor and support the project as a sponsor.				
<b>Is your organization a registered NGO, not-for-profit enterprise, or charity?</b>	NO			
<b>In what country is your NGO registered?</b>	Country			
<b>Please provide a brief description of organization NGO or charity registration status (e.g. NGO registered since 2001 or non-profit registration pending approval expected Sept. 2011).</b>	Not yet registered as an NGO			
<b>What is the organization's total annual budget (in USD) for the next 12 months? (Organizations with an annual budget of more than \$1 million USD are <u>not eligible to apply.</u>)</b>	\$60,000			
Please list sources of funding and in-kind resource support for applicant organization. Please list by name, location, amount, year and nature of the project) all organizations providing \$5,000 (US) or more in the past two years.				
<b>Funder's Name</b>	<b>Funder's location</b>	<b>Funding Amount (in USD)</b>	<b>Year</b>	<b>Is/was the funding MSM/LGBT specific?</b>
Charity Fund	USA	\$30,000	2006-2008	Yes
Philanthropy Foundation	U.K.	\$10,000	2007-2008	No

<b>CURRENT/PAST AWARD RECIPIENTS ONLY</b> Please provide your award ID # (ex. 123456-46-HAMM); award amount and date award received. Further explanation to be provided in the Background section of the project narrative (please see instructions)	<b>Award ID #</b>	<b>Award Amount /</b>	<b>Date Award Received</b>
	N/A	N/A	N/A

<b>6. SPONSOR ORGANIZATION (if applicable)</b>					
A sponsorship is a relationship between an eligible organization and one that is newly formed. Such sponsorships allow organizations that are not yet formally registered to access funding for an approved project. Sponsorship proposals should describe in detail all technical support the sponsoring organization will provide to the applicant organization. Clearly delineate budgetary allocations between partners, and in the project narrative include the plan for the sponsoring partner's oversight of expenditures, project implementation, and monitoring. Please include a letter of agreement from the sponsor with this application.					
<b>Enter the full legal name of the sponsor organization</b>			<b>Information Where It Counts (IWIC)</b>		
Enter the organization's address					
<b>Street Address</b>		237 Avenue A			
<b>City</b>	City	<b>Country</b>	Country	<b>Province/ Postal Code</b>	State / XX1XX
<b>Organization's Main E-mail Address</b>			Iwic1@nabob.com		
<b>Organization's Website</b>			None		
<b>SPONSOR ORGANIZATION CONTACT</b>					
Enter the first (given) and last (family) names of the sponsor organization's director or chief executive (i.e., the person in charge, who is authorized to enter into agreements on behalf of the organization). Include job title (e.g., executive director, president), e-mail address, telephone number, Skype name, and fax number.					
<b>Name: First / Last</b>		Paul / Jones		<b>Title</b>	Chairman
<b>E-mail</b>		pj@yahook.net		<b>Telephone</b>	111-223-3355
<b>Skype name</b>		pj789		<b>Fax</b>	111-223-5555
<b>Please enter the sponsor organization's mission statement. If they do not have one, in 1 or 2 sentences describe the organization's overall goal or reason for existence</b>			To increase the knowledge of HIV/AIDS through volunteer efforts.		
<b>Please describe the relationship between the applicant and sponsor organization</b>			Mr. Jones from IWIC has worked with HOS 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.		

<b>7. REFERENCES</b>				
Provide the name, title, organization affiliation, e-mail address, and telephone number of three individuals who are familiar with your organization but are not staff or board members. These references should be able to describe the organization's capacity to implement the proposed project. References may be contacted directly by amfAR staff as part of assessing the proposal. <b>Do not</b> ask these individuals to send letters of reference, and <b>do not</b> include reference letters in the application. Be sure and seek permission from the individuals before listing them as a reference.				
<b>Name</b>	<b>Title</b>	<b>Organization Affiliation</b>	<b>E-mail</b>	<b>Telephone</b>
Adin Estrada	Program Manager	City Hospital	<a href="mailto:aestrada@hope.net">aestrada@hope.net</a>	111-234-5678
Karin Miller	Sister	Church of Compassion	<a href="mailto:sisterkarin@yahook.net">sisterkarin@yahook.net</a>	111-890-1234
Kyle Sanchez	Executive Director	Philanthropic Family Fund	<a href="mailto:kyle.sanchez@pff.nt">kyle.sanchez@pff.nt</a>	111-567-8901

## 8. EXTRA CONFIDENTIALITY CONCERNS?

Throughout the review and award process, amfAR routinely respects the privacy of the applicant and is committed to protecting 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 only **ONE**).

- 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.
- 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.

No	X
Yes	

## 9. PROJECT NARRATIVE

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 application form). Please use 12 point font. See instructions for additional guidance.

### Use format for **DIRECT SERVICE INTERVENTIONS** and/or **POLICY, ADVOCACY** and **RIGHTS-BASED PROPOSALS**

<b>Background</b>	Begin with a general description of the problem in your community that your project is designed to address. Be specific in the definition of the identified problem. Discuss the urgency of the problem; specify the target group(s) to benefit from your project, and the project's overall goal. Be sure to include how the project fits within other HIV-related activities targeted towards gay men, other MSM, and/or transgender individuals in your country (e.g., national HIV/AIDS strategies referencing gay men, other MSM, and/or transgender individuals; and/or HIV efforts among gay men, other MSM, and/or transgender individuals being implemented by other community-based groups or NGOs). For current /past amfAR awardees, include information from past award and how the new proposal builds upon successes and lessons learned from the past project.
<b>Objective</b>	The overall goal should be broken into no more than <b>three</b> objectives. Objectives should be challenging but realistic for the 12 month project time frame. Be as specific as possible. For example: <i>Increase number of visits by gay men, other MSM, and/or transgender individuals to local clinic for voluntary counseling and testing by 25%.</i>
<b>Process / Activity</b>	Under each objective, concretely describe in order the <u>specific award-supported activities/tasks</u> you will undertake to reach each overall objective; identify <u>who</u> will do it and by <u>when</u> . (e.g., <i>Clinic referral coupons, condoms, and lube packets will be distributed by volunteer outreach counselors to 35 gay men per week.</i> )
<b>Short-Term Outcomes and</b>	Under each activity, state the measurable short-term outcome that would indicate its successful completion in meeting the related objective. (e.g., <i>at least 15 coupons will be redeemed for VCT each month.</i> ) Please also discuss activities that will be undertaken to measure these outcomes (e.g., <i>monitoring and evaluation activities</i> ).
<b>Monitoring &amp; Evaluation Plan</b>	Please also discuss activities that will be undertaken to measure these outcomes (e.g., <i>monitoring and evaluation activities</i> ).
<b>Qualifications</b>	This section must be completed by all applicants. Describe the organization's (and, if applicable the sponsoring partner's) qualifications to undertake the proposed project. Note previous projects and successes working with MSM/LGBT communities; discuss in detail how members of MSM/LGBT communities and other stakeholders were involved in those programs and activities and describe how they will be involved in the proposed project. In addition, discuss resources available within the organization for project and financial management, as well as ongoing partnerships that offer technical assistance or guidance when needed. Discuss the qualifications of key personnel who will oversee implementation of the project.

**OR**

### Use format for **RESEARCH PROPOSALS**

<b>Description of problem or needs</b>	Begin with a general description of the problem that has arisen in your community and the related research question(s) to be explored in the proposed project. Be specific in the definition of the identified problem and discuss its urgency. Be sure to include how the project fits within other HIV-related activities targeted towards gay men, other MSM, and/or transgender individuals in your country (e.g., national HIV/AIDS strategies referencing gay men, other MSM, and/or transgender individuals; and/or HIV efforts among gay men, other MSM and/or transgender individuals implemented by other community-based groups or NGOs).
<b>Project goals</b>	Clearly state the overall research questions to be studied. Specify the population to be studied and identify immediate and peripheral target groups that will benefit from the research.
<b>Method of work</b>	Describe in detail the methods that you will use in conducting the research and in analyzing its results.
<b>Work plan</b>	Provide a timeline for the project. Specify the activities/tasks to be completed, who will do them and when they will be done.

<b>Application / impact of research results</b>	Describe how the research results will be disseminated and steps planned to ensure that the results will be used to enhance the provision of direct services, implementation of prevention interventions or the development of humane and effective public policy regarding HIV/AIDS in the targeted communities of gay men, other MSM, and/or transgender individuals.
<b>Qualifications</b>	This section must be completed by all applicants. Describe the organization's (and, if applicable the sponsoring partner's) qualifications to undertake the proposed project. Note previous projects and successes working with MSM/LGBT communities; discuss in detail how members of MSM/LGBT communities and other stakeholders were involved in those programs and activities and describe how they will be involved in the proposed project. In addition, discuss resources available within the organization for project and financial management, as well as ongoing partnerships that offer technical assistance or guidance when needed. Discuss the qualifications of key personnel who will oversee implementation of the project. (Biographical sketches or curricula vitae (CV) may be attached and do not count as part of the 10 page limit.) For biomedical, clinical, social, or behavioral research involving human subjects, please identify the Human Research Ethics Committee (HREC) or Institutional Review Board (IRB) that will review and approve research protocols and participant consent documents. For current/ past amfAR awardees, include information from past award and how the new proposals builds upon successes and lessons learned from the past project.

SAMPLE