**2020 ending the hiv epidemic partnerships**

**Proposal Application**

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| Please make sure to email all necessary documents with your completed, signed and dated application. Ensure all attachments are labeled appropriately. Necessary documents are listed below:   1. *Cover letter on organizational letterhead; (Attachment A)* 2. *Completed Proposal Application; (Attachment B)* 3. *Itemized budget; (Attachment C)* 4. *Work plan; (Attachment D)* 5. *Organizational Chart; (Attachment E)* 6. *Completed IRS W-9 form; (Attachment F)* 7. *IRS 501(c)(3) letter - if requested funding is exempt from payment of income tax; (Attachment G) [If organization does not have 501c3 status, please provide letter from fiduciary agent and their 501c3 letter.]* 8. *If awarded, you must complete monthly and final reports due on the 10th of every month for the previous month. (Financial and narrative).*   Email your completed documents to [Marty.Carpenter@gnrhealth.com](mailto:Marty.Carpenter@gnrhealth.com) . Please include “2020 EHE Partnerships Proposal” in the subject line.  For more information, contact Marty Carpenter at (678) 442-6897 or [Marty.Carpenter@gnrhealth.com](mailto:Marty.Carpenter@gnrhealth.com) |

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| **I. Organizational Information** | | | |
| Name of Organization: Enter text here. | | | |
| When was the organization established?  Enter text here. | | Annual Organization Budget:  Enter text here. | |
| Tax ID #: Enter text here. | | Tax Status: Enter text here. | |
| Website: Enter text here. | | | |
| Address: Enter text here. | | | |
| City: Enter text here. | State: Enter text here. | | Zip Code: Enter text here. |
| Contact Name: Enter text here. | | Contact Title: Enter text here. | |
| Contact Phone #: Enter text here. | | Contact Email: Enter text here. | |
| Please provide a brief summary of your organization’s history, mission, and goals (max 200 words):  Enter text here. | | | |

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| **II. Grant Request Information** | | |
| Project Title: Enter text here. | | |
| Project Start Date: Click to enter a date. | Project End Date: Click to enter a date. | |
| Total Project Budget: Enter text here. | Amount Requested: Enter text here. | |
| Proposed number of people to be impacted and/or directly served by this initiative: Enter text here. | | |
| Please describe the focus populations served by the proposed initiative and the extent to which the organization’s staff mirrors those population (max 200 words):  Enter text here. | | |
| Please describe the level of your organization’s ability to be culturally responsive in the provision of the services for which funding is requested, including relevant experience and expertise of key management and front-line staff (max 200 words):  Enter text here. | | |
| Please list up to three (3) SMART objectives for the proposed initiative | | |
| Objective | | Target |
| 1. Enter text here. | | Enter text here. |
| 2. Enter text here. | | Enter text here. |
| 3. Enter text here. | | Enter text here. |
| ☐ Our organization agrees to complete the required mid-year and final reporting forms upon request. | | |

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| **III. Project Narrative** |
| Describe the project: 1) What are the goals? 2) How will it impact the targeted population? 3) What activities will take place to carry out the project and accomplish its objectives? (max 500 words)  Enter text here. |
| How does the project align with the EHE goals and strategies? (max 200 words)  Enter text here. |
| How will you inform the target population of this effort? (max 200 words)  Enter text here. |

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| **IV. Program Evaluation** | | | |
| What type of evaluation will be utilized to measure success of the project? (Check one box)  ☐Summative Evaluation  ☐Process Evaluation  ☐Outcome Evaluation  ☐Impact Evaluation | | | |
| How will you measure success of the project? (max 400)  Enter text here. | | | |
| What data will be collected to measure success of the project? (max 200)  Enter text here. | | | |
| Please indicate your intended method of data collection. Check all that apply.  ☐Survey  ☐Key informant interview  ☐Focus group discussion  ☐Other: \_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| What software will be utilized to analyze data collected for the project? (e.g., STATA, SPSS, SAS, Excel) (max 200)  Enter text here. | | | |
| Please insert the inputs, activities, outputs and outcomes of the project into the logic model listed below.  **Outcomes**  Enter text here.  **Outputs**  Enter text here.  **Inputs**  Enter text here.  **Activities**  Enter text here.  **Benefits for participants during and after program activities.**  **The direct products of program activities.**  **Resources dedicated to or consumed by the program.**  **What the program does with the inputs to fulfill its mission.** | | | |
| **Examples:**   * Money * Staff time * Facilities * Equipment/Supplies | **Examples:**   * Providing job training * Counsel pregnant women * Create youth mentorship program | **Examples:**   * Number of classes taught * Number of counseling services conducted * Number of educational materials distributed * Hours of services delivered * Number of participants served | **Examples:**   * New knowledge * Increased skills * Changed attitudes or values * Modified behavior * Improved health condition |

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| **Key Term** | **Definition** |
| **Process Evaluation** | To assess whether an intervention has been implemented as it was intended. |
| **Outcome Evaluation** | Focuses on the changes in comprehension, attitudes, behaviors, and practices that result from program activities. |
| **Formative Evaluation** | Evaluates a program during development in order to make early improvements. Helps to refine or improve the program. |
| **Summative Evaluation** | Provides information on program effectiveness. |
| **Logit Model** | A graphic representation of the relationship between a program’s day-to-day activities and its outcomes. |
| **Input** | Resources dedicated to or consumed by the program. |
| **Activity** | What the program does with the inputs to fulfill its mission. |
| **Output** | The direct product of program activities. |
| **Outcome** | Benefits for participants during and after program activities. |