ViiV Healthcare
Positive Action for Youth
2019 Amp Grant
Proposal and Application

PLEASE SUBMIT YOUR PROPOSAL ONLINE AT:
https://viivhealthcare.fluxx.io

No paper or email submissions will be accepted. This document is only meant to serve as a reference to the online proposal.

PROPOSALS ARE DUE BY FEBRUARY 22

Organization Information

Contact Information

1. Organization:

2. Organization's Website:

3. Organization's Mailing Address:
    a. City:
    b. State:
    c. Zip:

4. Organization's Billing Address (if different than mailing address)
    a. City:
    b. State:
    c. Zip:

5. Primary Contact Person for Request
    a. Name:
    b. Title:
    c. Email:
    d. Phone:

6. Secondary Contact Person for Request (if applicable)
    a. Name:
    b. Title:
    c. Email:

d. Phone:

7. Executive Director (if not listed above)
    a. Name:
    b. Email:

8. Project Lead (if applicable)
    a. Name:
    b. Email:

Required: Verify Contact Information

TO ALL APPLICANTS
As part of the application submission process, we require you to complete your user record as well as your request record.

To do this, click on "People" under "Users" on the left side of the Online Grantee Portal. Make sure your user information is complete and correct. Click "Edit" to update your user information.

Please verify below that you have completed your user information before filling out the application.

General Organization Information – Applicant

1. Organization's Mission:

2. Year Organization Established:

3. Year Organization Began Providing HIV Support Services: [Drop down years]

4. Are you a 501(c)3 charitable organization? ☐ Yes ☐ No

5. Tax-Exempt ID Number (EIN)

6. Is your organization based in the United States of America or Puerto Rico? ☐ Yes ☐ No
    a. [conditional – if no] Only organizations located within the United States or Puerto Rico are eligible to apply – we advise you to revisit your organization's qualifications and reference our Request for Proposals.

7. Does your organization have a pharmacy license? ☐ Yes ☐ No

8. Are any members of your staff licensed to write prescriptions? ☐ Yes ☐ No
    a. [conditional – if yes] If so, please briefly describe their licensure and roles.

9. Does your organization submit claims for reimbursement to federal healthcare programs for medical or pharmacy services? ☐ Yes ☐ No
    a. [conditional – if yes] Please provide more details on the type and purpose of the reimbursement.

10. Does your organization operate a clinic that provides direct medical care? ☐ Yes ☐ No
    a. [conditional – if yes] If so, please briefly describe the role and relationship of the clinic at your organization:
    b. [conditional – if yes] If so, does the clinic hold its own 501(c3) or incorporation? ☐ Yes ☐ No
        i. If yes, please include the clinic's EIN#

11. [conditional – if no] Does your organization plan to open a clinic that will provide medical care in 2019 or 2020?
    a. [conditional – if yes] What date will the clinic open?
    b. [conditional – if yes] Will the clinic hold its own 501c(3) or incorporation? ☐ Yes ☐ No ☐ Unsure
        i. If yes, please include the clinic's EIN# (as available)

12. Is your Organization owned fully or in part, by a Healthcare Professional or Customer of ViiV Healthcare? Examples of Healthcare Professionals or Customers include, but are not necessarily limited to, physicians, physicians' assistants, nurses, pharmacists, residents and medical students, phlebotomists, medical case managers, adherence counselors, pharmacy and medical directors within managed care organizations, other personnel within managed care organizations, and policy advocates. ☐ Yes ☐ No

13. Staffing
    a. Total # Full Time Staff
        i. # Full Time Staff Dedicated to HIV/AIDS Services
    b. Total # Part Time Staff
        i. # Part Time Staff Dedicated to HIV/AIDS Services

14. Organizational Budget
    a. 2019 Proposed Organization Budget:
        i. % Change in Budget 2018 to 2019: [auto-calculates]
        If the percent change in budget from 2018-2019 is over 25% (either increase or decrease) please elaborate:
    b. 2018 Organization Budget:

i. % Change in Budget 2017 to 2018: [auto-calculates]
If the percent change in budget from 2017-2018 is over 25% (either increase or decrease) please elaborate:

c. 2017 Organization Budget:

15. Has your organization applied in 2019 for any other funding from ViiV Healthcare?
☐ Yes ☐ No (Mandatory Response for Eligibility)
   a. [conditional – drop down] If yes, what program?
      i. ☐ Positive Action Community Grants
      ii. ☐ Amp Grant
      iii. ☐ Positive Action for Youth Mentorship Grants
      iv. ☐ Positive Action Southern Initiative
      v. ☐ Positive Action Southern Initiative Rural Innovation Fund
      vi. ☐ Other:
   b. [conditional – if yes] What amount was requested?

16. Organization's Top Five Funders- please list your organization's top funders for 2018.

Name	Total Gift – 2018

17. Organization's Top Three Corporate Donors:

Name	Total Gift – 2018

18. Does your organization publish an annual report (online or in print)? ☐ Yes ☐ No

19. Does this application include a Fiscal Sponsor? ☐ Yes ☐ No
[conditional] If yes, Fiscal Sponsor and Applicant representative are required to work together to complete this application (Please note: this section applies to Fiscal Agent only)

   a. [conditional] Fiscal Sponsor Organization Information
      i. Organization Name:
      ii. Street Address:
      iii. City:
      iv. State:

v. Zip:

b. [conditional] Fiscal Sponsor Contact Information
   i. Contact Name:
   ii. Contact Email:
   iii. Contact Phone:

c. [conditional] Is your fiscal sponsor based in the United States of America or Puerto Rico? ☐ Yes ☐ No
   i. [conditional – if no] Only organizations located within the United States or Puerto Rico are eligible to apply to ViiV Healthcare U.S. programs – we advise you to revisit your organization's qualifications and reference our Request for Proposals.

d. Does your fiscal sponsor have a pharmacy license? ☐ Yes ☐ No

e. Are any members of your fiscal sponsor's staff licensed to write prescriptions? ☐ Yes ☐ No
   i. [conditional – if yes] If so, please briefly describe their licensure and roles.

f. Does your fiscal sponsor submit claims for reimbursement to federal healthcare programs for medical or pharmacy services? ☐ Yes ☐ No
   i. [conditional – if yes] Please provide more details on the type and purpose of the reimbursement.

g. Does your fiscal sponsor operate a clinic that provides direct medical care? ☐ Yes ☐ No
   i. [conditional – if yes] If so, please briefly describe the role and relationship of your fiscal sponsor's clinic:
   ii. [conditional – if yes] If so, does the clinic hold its own 501(c3) or incorporation? ☐ Yes ☐ No
      1. If yes, please include the clinic's EIN#

h. [conditional – if no] Does your fiscal sponsor plan to open a clinic that will provide medical care in 2019 or 2020?
   i. [conditional – if yes] What date will the clinic open?
   ii. [conditional – if yes] Will the clinic hold its own 501c(3) or incorporation? ☐ Yes ☐ No ☐ Unsure
      1. If yes, please include the clinic's EIN# (as available)

i. Is your fiscal sponsor organization owned fully or in part, by a Healthcare Professional or Customer of ViiV Healthcare? Examples of Healthcare

Professionals or Customers include, but are not necessarily limited to, physicians, physicians' assistants, nurses, pharmacists, residents and medical students, phlebotomists, medical case managers, adherence counselors, pharmacy and medical directors within managed care organizations, other personnel within managed care organizations, and policy advocates. ☐ Yes ☐ No

j. [conditional] Fiscal Sponsor Organizational Budget
    i. 2019 Proposed Organization Budget:
        1. % Change in Budget 2018 to 2019: [auto-calculates]
           If the percent change in budget from 2018-2019 is over 25% (either increase or decrease) please elaborate:
    ii. 2018 Organization Budget:
        1. % Change in Budget 2017 to 2018: [auto-calculates]
           If the percent change in budget from 2017-2018 is over 25% (either increase or decrease) please elaborate:
    iii. 2017 Organization Budget:

k. [conditional] Fiscal Sponsor Top Five Funders- please list your Fiscal Sponsor's top funders for 2018.

Name	Total Gift – 2018

l. Fiscal Sponsor Top Three Corporate Donors:

Name	Total Gift – 2018

Required: Verify Organization Information

TO ALL APPLICANTS
As part of the application submission process, we require you to complete your organization record as well as your request record.

To do this, click on "Organizations" on the left side of the Online Grantee Portal. Make sure your organization information is complete and correct. Click "Edit" to update your organization information.

Please verify below that you have completed the organization information before filling out the application.

Amp Grant Request Information

1. 2019 Grant Request Amount:
2. Does your organization have at least two years' experience working with youth living with or affected by HIV ages 13-24? ☐ Yes ☐ No
3. Please describe your organization's role in the current HIV landscape for young people in your community (please define your community – local, regional, national, etc)?
    - What, if any, other sectors or networks does your organization act in as it impacts and/or directly involves youth ages 13-24 (i.e. sexual and reproductive health and rights, LGBTQ rights, etc)?
4. Please provide a brief description of the proposed project and request (250 words or less).

Amp Grant Proposal Narrative

Section 1 – Organizational Capacity

1. **Organization Overview:**
    - Briefly describe your organization, including mission, programs, key populations reached and key accomplishments.
        - Please describe your organization's role in the current HIV landscape for young people in your community (please define your community – local, regional, national, etc.)?
    - How does your organization maintain a culture that is youthful and welcoming to young people?
        - Describe how your organization ensures that its mission and staff are culturally competent, sensitive to youth culture and responsive to youth movements, racial/ethnic cultures, sexual orientation and/or HIV status.
        - How does your organization approach building safe spaces for youth and ensure all organizational spaces are youth-friendly?
2. **Experience:**
    - Please describe any previous experience your organization has in making grants and/or managing grant programs.
        - Please describe how and why your organization is uniquely qualified to manage and implement this grant fund. What knowledge, experience or resources do you provide to the community that another organization would not?
    - Please describe any previous experience your organization has in supporting youth leadership development, including: developing capacity building experiences or providing technical assistance to young leaders.

3. **Organization Status:**
    - Please describe any major changes your organization has undergone in the past year (i.e. leadership or staff changes, project changes, etc).

    - **Financial Status:** Describe your organization's financial status. Elaborate on any special financial issues and/or significant recent changes in your financial position. Please use this section to highlight your organization's financial strengths and weaknesses, including any possible issues in your IRS Form 990 and/or audited financial statements.
        - **2018 budget, proposed 2019 budget and most recent IRS Form 990 are required attachments.**

Section 2 – Project Approach

1. **Goals:** What does success look like for this project at your organization?
2. **Grantmaking:**
    - Please outline your proposed plan for launching and selecting recipients of the Amp Grant funds.
        - **Please share criteria you might use to select the Amp Grant recipients (Youth Leaders).** Consider how you would identify innovative and impactful solutions, relevant leadership qualities, connections, experience and scalable community-driven solutions.
        - **Please describe your draft application and selection process.**

            - What are the steps to selecting Youth Leaders – from announcement and solicitation, to application submission, to review, selection, announcement and any/everything in between.
            - Who will be involved to help review and select applications?
    - Please describe how you would approach managing the Amp Grant funds throughout the year. For example, you may schedule quarterly check-ins with the Youth Leaders.
3. **Technical Assistance and Capacity Building:** Please outline your proposed technical assistance/capacity building plan for the Youth Leaders, year-round.

    - Describe the kinds of technical assistance or capacity building you might provide to the Youth Leaders. Be sure to distinguish group activities from individual activities. ViiV Healthcare values diversity in technical assistance/capacity building activities for emerging leaders and will prioritize organizations that outline a diverse and robust technical assistance/capacity building plan.
        - Co-creation: Please describe opportunities youth will have to provide insights and input regarding their own technical

assistance and capacity building activities provided by your organization.

- Describe how you will help the Youth Leaders build their networks – within and outside of the Amp Grant Network – to ensure the success of their projects.
    - Co-Creation: Please describe opportunities youth will have to provide feedback and insights on one another's projects.

4. **Staffing:**
    - Describe how the project will be staffed and/or managed.
        - Please include a list of **key staff biographies** as an attachment to this application.
    - What percent/how many of your staff who might work on this project are under the age of 35?
5. **Implementation Plan:**
    - How will you measure project impact and know your work is successful? How will you ensure that your work is not only impactful, but also the work of the Youth Leaders is successful, sustainable and scalable? Information provided here should support activities outlined in your attached implementation plan.
        - Please describe any relevant metrics you will use. (We know Youth Leaders are not yet selected, and thus these responses are examples).
    - Complete the attached **implementation plan** – outlining the key outcomes, objectives and metrics. Be sure to include draft grantmaking and technical assistance/capacity building timeline activities as part of the plan.
    - If you have a **logic model for your organization, or the proposed project, please include it as an attachment.**

Section 3 – Collaborations

1. What networks are you a part of that would enhance your ability to launch and/or manage the grant fund, and/or offer technical assistance and capacity building?
    - If applicable, describe the collaboration(s) you will pursue to complete this project and describe the roles and responsibilities of each partner involved in the collaboration(s), and how the collaboration(s) will be managed.

Section 4 – Project Evaluation Plan and Capacity

1. Describe your plan to evaluate your proposed project and the metrics previously stated. At least 5% of your grant request must be used to assess the project.
2. Describe your plan to monitor the Youth Leaders' projects, year-round.

3. What types of tools do you plan to use to evaluate the impact of your leadership development technical assistance and capacity building? For example: post workshop surveys.

Section 5 – Project Budget

1. Please describe how your organization will use and/or leverage ViiV Healthcare funds to support the project. In particular, highlight and provide further detail on the top five (5) major budget items and/or any unusual items.
    - Information provided here should support the budget worksheet, which is a required attachment. Use template provided.

Section 6 – Conclusion

1. Please include here any other relevant information not covered in the other sections or in the attachments of this application. If nothing applies, please write "No additional comments."

Positive Action for Youth
2019 Amp Grant
2019-2020 Implementation Plan

Please complete the implementation plan below by including outcomes and metrics over time for the duration of the two-year grant period, to the best of your ability.

- Outcomes describe the change that occurs as a result of the project.
- Metrics identify what the project achieves.

Project Primary Goal			
	Short-term Outcome 1	Short-term Outcome 2	Short-term Outcome 3
Outcome Description			
Include up to three relevant metrics as needed	Priority Metric(s) per Outcome		
Metric Description			

Key Activities Timeline

Project Launch: May 1, 2019

Describe the activities that will occur during each quarter in order to accomplish aforementioned outcomes.

Q1 Starting May 1, 2019			
Q2 Starting August 1, 2019			
Q3 Starting November 1, 2019			
Q4 Starting February 1, 2020			
Q5 Staring May 1, 2020			
Q6 Starting August 1, 2020			

Grantee Requirements

Recipient organization will be expected to fulfill the following requirements:

- ☐ **Submit Signed Letter of Agreement, Conflict of Interest Declaration and Contributions Verification Form** that confirms you will abide by the funding requirements, any potential conflict of interest can be identified openly and appropriately managed, and that the funds represent a gift to the organization. This must be received prior to payment being sent.
- ☐ **Submit Signed Omnibus Budget Reconciliation Act (OBRA) form** that confirms receipt of payment, agreement to abide by funding requirements and that the funds represent a gift to the organization. Must be submitted within two weeks of payment receipt.
- ☐ **Submit a Year End Final Report** that outlines the successes and challenges faced by your organization and relevant to ViiV funding over the year. The report will include a narrative of how funding was used, progress towards your organizational and/or programmatic goals connected to the grant, as well as data on who was reached through program efforts. Year-end reports will be due within 14 months of the grant date.
- ☐ **Agree to not directly or indirectly publish, approve or issue** any advertising, sales promotion, press release or public statement relating to this grant without the prior written approval of ViiV Healthcare's authorized representative. Please contact us if you would like to obtain our logo or other materials to recognize this funding support from ViiV Healthcare in written materials, verbal acknowledgments and published reports. We encourage you to use this award as an opportunity to increase awareness of your program. If you wish to issue a press release about this community grant, please allow five full business days for ViiV Healthcare to review the release and return it to you with any comments/approval.
- ☐ **Acknowledge ViiV Healthcare Support.** ViiV Healthcare will list our Positive Action for Youth charitable contributions on our website. To that end, charitable contributions will be given under the condition that the recipient organization consents to public disclosure. Details disclosed may include but are not limited to the recipient organization's name, the community grant purpose, and the amount of the community grant.

Proposal Check-list

- ☐ **Completed ViiV Healthcare Proposal via online grants system www.viivhealthcare.fluxx.io**
- ☐ **Copy of your organization's budget for the most recent, completed operating year (2018).** The operating budget should include the total revenue *and* expenditures for the entire organization.
- ☐ **Copy of your organization's proposed budget for the current fiscal year (2019),** including total revenue and expenses
- ☐ **Draft Application for Youth Leaders**
- ☐ **Most recently completed IRS 990 Form or 990N**
  - If 990N, please provide a recommendation letter from an organizational partner or your Board of Directors.
- ☐ **IRS 501(c)(3) Non-Profit Determination Letter**
- ☐ **List of Directors and Officers** (including specification of anyone who is a healthcare professional or government official)
- ☐ **Draft budget for project– use attached budget template.**
- ☐ **Implementation Plan**
- ☐ **Biographies of project staff related to the *Positive Action for Youth* project.** Limit to one page and do not include resumes.
- ☐ **[conditional] If you have a fiscal sponsor, please include the following documents:**
- ☐ **[conditional] Fiscal- 2018 Organization Budget**
- ☐ **[conditional] Fiscal- 2019 Proposed Organization Budget**
- ☐ **[conditional] Fiscal- IRS 990**
- ☐ **[conditional] Fiscal- IRS 501(c)(3) Non-Profit Determination Letter**
- ☐ **[conditional] Fiscal- List of Directors and Officers** (including specification of anyone who is a healthcare professional or government official)

Additionally, if available please provide the following:

- ☐ Organization and/or Project Logic Model(s)
- ☐ A copy or online link to your organization's most recent Annual Report

Verification

If our organization is selected to participate in ViiV Healthcare's *Positive Action for Youth* program, I certify we will adhere to the grantee requirements stated above, that the grant will be used as stated in this request form, and that the information provided in this application is true to the best of my knowledge.

I understand that failure to comply with grantee requirements will lead to discontinued funding.

(Print Name) **(Title)***

(Signature)* **(Date)**

* Signature must be from an executive of the applicant organization, such as Executive Director, Board Chair or Chief Operating Officer.