



**ATLANTA AIDS FUND
INSTRUCTIONS FOR APPLYING FOR A GRANT
FINAL APPLICATION (BY INVITATION ONLY)**

Completing the Final Application:

- **Saving the Form:** Before beginning to fill out the form, be sure to download and save the form to your computer. As the AIDS Fund will be receiving many of these Final Application submissions, please include your organization's name in the file name and in the subject line of your emailed Final Application (ex. ABC Center – Final Application)
- **Format Rules:** Allow the text to wrap automatically within the box. Do not use the Enter key to change lines or use bullets in text boxes. Do not recreate or alter the application form or its questions

Guidance on Specific Questions in the Final Application

The following information is intended to provide helpful tips to selected questions as you complete the application. The question number from the application is in bold, followed by useful information.

Funding Type: Please Choose One

Unrestricted General Operating Funds: Answer all questions in the application. Unrestricted dollars support the day-to-day activities of an AIDS/HIV serving (prevention, intervention, advocacy) nonprofit organizations (as stated in its mission). Characteristics of successful applicants include that they will have a clear vision of the organization's role in making a difference in the community, demonstrate effectiveness through the investment of time and personnel in measuring and planning for success, and have written strategic plans that cover three or more years, include goals and methods to measure effectiveness, and are used to form an annual work plan.

Restricted Operating Funding: Answer all questions in the application. Include Program Name in the text box provided. Providing targeted operating funding to support the ongoing program administrative and infrastructure costs for agencies that have a clear HIV/AIDS (intervention, prevention, and advocacy) component to its work, but not necessarily stated in its mission, and meet all of the following criteria:

- Program budget more than \$100,000 (funding will be restricted to no more than 10% of program budget)
- Program budget must be able to be delineated from the organization's budget
- At least one dedicated staff (salaried—no contractor/consultant)
- Programs/Activities must be detailed in the organization's strategic plan and be able to demonstrate that the program is an integral component to the organization and HIV/AIDS advocacy, prevention education and service community
- Organization must meet other AIDS Fund requirements
- Must be based on Evidence Based Interventions (EBIs)/Diffusion of Effective Behavioral Interventions (DEBIs) or be innovative in nature and provide a research based hypothesis on why they are effective

1. ORGANIZATIONAL OVERVIEW

1.1 This question asks you to reflect on the status of your organization in the near term. Discuss any changes within the organization that are likely to occur going forward and how staff and board plan to adapt to and address these changes; this question does not ask you to reflect on the past

1.2 The AIDS Fund defines external professional development for staff as educational opportunities including workshops, seminars, classes, conferences and fellowships. The AIDS Fund defines management consulting services as services provided by consultants to help organizations improve or plan their performance, primarily through the analysis of existing problems and development of plans for improvement. Consultants may assist an organization with the creation of a strategic plan, fund development plan, board development, etc. Be sure to explain the results of the described management consulting services. Did these activities (professional development and management consulting) build on each other and, if so, how?

1.3 This question asks you to reflect on what type of management consulting services would be useful for the organization including staff and board. Be sure to consider items that have been outlined in the organization's strategic plan. The Community Foundation offers a variety of professional development and management consulting services through its Nonprofit Effectiveness portfolio. This answer should identify areas in which the organization wishes to build its capacity, whether through individual staff or board members or the organization as a whole. If possible, make the connection between particular kinds of professional development and management consulting and the concrete results you expect.

1.4 Provide information about the process the organization uses to assess itself, including its mission-related activities and operations, both in terms of impact and in use of resources. Discuss the kinds of evaluation methods the organization uses, how often activities are reviewed and how you use results to further continuous improvement. Further, provide evidence of programs that are evidence based interventions or dissemination/diffusion of evidence based interventions (EBI/DEBIs) or have a research based hypothesis to explain effectiveness. Remember the AIDS Fund is interested in learning about your whole organization and provides general operating support; do not focus only on your mission-related activities in this question.

1.5 Discuss how the organization works with other organizations to achieve specific goals. Identify the organizations, corporations, government agencies, etc. with whom the organization partners and the results of those partnerships. Be sure to describe the process for starting and maintaining those relationships.

1.6 Describe the new marketing strategies and tools your organization has implemented within the last 12 months to promote itself to any audience (clients, partners, funders, etc.), and how you know what works and doesn't work. Be sure to adequately address both sections of the question.

2. HUMAN RESOURCES

2.1 When entering in numbers, count each person, regardless of full-time or part-time status, as an individual. Ensure that those counted as staff members or consultants/contractors are paid; exclude board members when entering volunteers.

2.2 When filling out this section, remember that there are two sections to this table. Ensure to delineate which individuals are **paid** full-time or part-time **staff and non-staff** contractor/volunteer. Remember to count each individual member of the organization. This question is for the entire organization.

2.3 This question provides the opportunity to detail staff characteristics that enrich the organization’s diversity and gives you an opportunity to highlight aspects of staff members other than race and gender, such as disability, age, sexual orientation, and faith tradition or language skills. This may also include individuals with current or past experience with HIV/AIDS and/or related issues.

2.4 Check the box for Yes or No for each characteristic, indicating whether this is something your organization already has in place. Mark only one box per characteristic. Watch for characteristics that include two or more parts. Your organization must meet both criteria to mark Yes. If you are currently developing the characteristic, mark No. Briefly explain any characteristics that are marked with No in the last section of the question. Marking No will not disqualify you from getting to the next stage of review.

3. MISSION-RELATED ACTIVITIES

Identify which of the following your program addresses: *Awareness/Education; Prevention; Testing; Treatment/Care; Advocacy/Policy.*

3.1 Please make sure the address is hyperlinked to the program page of the website

3.2 Describe any new mission-related activities your organization has launched within the last 12 months. Explain to the reviewers the rationale behind initiating new activities at this time.

3.3 Identify and describe the organization’s programs and core activities. Further, provide evidence of programs that are evidence based interventions or dissemination/diffusion of evidence based interventions (EBI/DEBIs) or have a research based hypothesis to explain effectiveness. Be sure to outline the outcomes of the program, not just the evaluation method used to assess the programs. The AIDS Fund wishes to support programs that fall into the categories outlined above and any program that is described should be based on EBI/DEBIs or if they are innovative in nature, provide a research based hypothesis on why they are believed to be effective. All programs should include an evaluation component. Grant requests in the policy/advocacy category must have clear outcomes related to the generation of legislation/rules/practices or identify specific legislation the organization is attempting to affect. For all programs, provide information on clear outcomes and evaluation. **This section is focused on programs and core activities. Be specific**

3.4 – 3.8 Please answer the question for your entire organization. If you are applying for restricted operating support, please indicate in the “What is the source of these figures?” if the data is based on the program that you are proposing or the entire organization. This is the only section where program or core activity data is acceptable.

Actual vs. estimated numbers – The AIDS Fund recognizes that many social service and health organizations collect demographic data about the individuals they serve. Other organizations that engage groups of people where a detailed interaction with individuals does not happen may estimate the people they serve. Your total figures and percentages should be consistent across all tables. Make sure that when all of the percentages in the table are totaled that they equal 100%. Please provide the source document for your data, such as intake forms, school records, census data, etc.

Geography –The Atlanta AIDS Fund serves a 23-county region in North Georgia. The AIDS Fund wants to know how many people your organization serves that live **INSIDE** the 23-county region and in which counties. Funds cannot benefit people living outside of this region. The Other county category is for counties in Georgia outside of the 23-county region. The Other state category is for people the organization serves that live anywhere outside Georgia. The No data category allows you to indicate any individuals served whose data you do not have or were unable to obtain. Note the request for

population living in the City of Atlanta. Your total figures and percentages should be consistent across all tables. Make sure that when all of the percentages in the table are totaled that they equal 100%.

Primary Groups Served: The AIDS fund recognizes that these categories do not encompass all the individuals that pass through your doors but we are interested in getting an overview of the individuals that you are coming to your organization. This is a standard grouping that was taken from the National AIDS Fund reporting form. The AIDS Fund understands that you may also not know all of this information so please just do the best you can to be accurate.

Infection Status: Please list the number served by your organization in the corresponding categories. The AIDS Fund understands that it may be difficult for certain organizations, particularly prevention/education programs, to complete this section. Please do your best to be accurate. If your organization did not serve people in this category, please enter “0” in the field.

3.5 This question gives applicants an opportunity to identify characteristics of the populations it serves that are not associated with race/ethnicity, gender, age or place of residence. These characteristics could include level of income, immigrant or refugee status, levels of physical, mental or developmental disability or sexual orientation.

4. PUBLIC WILL & POLICY

4.1 For each line please check the box that best describes the frequency which your organization engaged in the listed advocacy activity within the last 12 months.

4.2 Discuss the ways that your organization works with others to educate elected officials, staff or government employees at any level – state, federal, local (city, county and school board) – about the issues and strategies associated with your organization’s mission. Identify the board member or staff person(s) responsible for government relations or public policy and explain what activities this person performs regarding public policy and/or government relations. Examples of such partnerships could be joint public awareness activities or a shared lobbyist as well as more informal arrangements. If your organization does not partner with constituents or other organizations, explain why.

This section is not designed to find out if your organization is engaged in “illegal lobbying.” There are many legal and appropriate ways for nonprofit organizations to influence public policy and legislation *including lobbying*. If you are unsure about what is and is not allowable please check here:

http://www.independentsector.org/the_basics_of_nonprofit_lobbying

5. GOVERNANCE

5.1 Check the box for Yes or No for each characteristic, indicating whether this is something your organization already has in place. Mark only one box per characteristic. Watch for characteristics that include two or more parts. Your organization must meet both criteria to mark Yes. If you are currently developing the characteristic, mark No. Briefly explain any characteristics that are marked with No in the last section of the question. Marking No will not disqualify you from getting to the next stage of review.

5.2 Explain the ways in which individual board members help to lead the organization, such as through committees, fundraising, etc.

5.3 The AIDS Fund wants to know the number and percentage of Board members who served on the board during the last fiscal year that made cash donations of their own funds and financially measurable in-kind contributions to your

organization. Additionally, the AIDS Fund wants to know the value of in-kind contributions. **The applicant organization must have had 100% participation during the last completed fiscal year in order to be eligible.**

6. FINANCIAL INFORMATION

6.1 Do not allocate space describing the current national economic picture or discussing events that took place more than 12 months ago. While you may briefly discuss the consequences the organization has experienced, the AIDS Fund is interested in understanding how the organization has adapted. You may discuss strategies including scenario planning, shutting down programs, laying off staff, creating a new budget, merging, acquisition or closing of the whole organization based on certain circumstances.

6.2 Total Liabilities are defined as all expenditures paid and debts owed by the organization. Total Assets are all income received and property owned by the organization. (www.Guidestar.org)

The first column asks you to name the organization to which the debt is owed. This may include a bank, a vendor or other organization that expects payment from your organization. The fourth column in the chart asks for you to explain the reason why this money is owed (ex. loan for capital improvements, line of credit to cover cash flow, etc.).

6.3 This table asks you to list all sources of revenue and categorize these sources based on the restrictions placed on the money, such as a donor requesting that the contribution be reserved for a particular program. Total the sum of all figures across the rows and down the columns; calculate the percentages as requested in the table. Make sure that when all of the percentages in the table are totaled they equal 100%. The Federal Accounting Standards Board's Statement of Financial Accounting Standards No. 116 (FAS116) states that:

*A not-for-profit organization shall distinguish between contributions received with **permanent restrictions**, those received with **temporary restrictions**, and those received without donor-imposed restrictions. A restriction on an organization's use of the assets contributed results either from a donor's explicit stipulation or from circumstances surrounding the receipt of the contribution that make clear the donor's implicit restriction on use. Contributions with donor-imposed restrictions shall be reported as restricted support; however, donor-restricted contributions whose restrictions are met in the same reporting period may be reported as unrestricted support provided that an organization reports consistently from period to period and discloses its accounting policy. Restricted support increases **permanently restricted net assets** or **temporarily restricted net assets**. Contributions without donor-imposed restrictions shall be reported as unrestricted support that increases **unrestricted net assets**.* (<http://72.3.243.42/pdf/fas116.pdf>)

Net Assets Released from Restriction: The only assets that can be released from restriction are Temporarily Restricted Net Assets. This occurs when the organization has satisfied the stipulations (conditions) placed on the contribution. Once satisfied, the funds become Unrestricted.

Earned Revenue is revenue or income that an organization receives in exchange for a service or product. Payments can be made by the direct beneficiary or recipient (for example, tuition) or by a third party (for example, performance-based government contracts). ([Nonprofit Finance Fund](#))

Contributed Revenue is revenue or income received from individual, foundation, corporate or government donations. The donor may make contributions on an unrestricted basis (i.e. not specify the services to be delivered or the timeframe for service delivery) or may impose restrictions for use of the contribution under specific purposes. ([Nonprofit Finance Fund](#))

7. WHAT ELSE?

Use this space to clarify any information you need to make regarding a prior answer or attachment. **Do not** use this space to make the case for why the AIDS Fund should support your request.

AUTHORIZING SIGNATURES

Prior to completing this section, review the Terms and Conditions for submitting a Final Application to the Atlanta AIDS Fund. The Guidelines and Terms and Conditions describe how the AIDS Fund does business, including submission deadlines. After reviewing this document, type in the name of the Organization Leader and the Board Chair and enter the date. Typing in the names of the Organization Leader and Board Chair acts as a signature; electronic signatures are not necessary. By typing in the names of the Organization Leader and the Board Chair, they authorize submission of the proposal and take responsibility for its content. You may find the Guidelines and Terms and Conditions documents on the United Way of Metropolitan Atlanta (www.unitedwayatlanta.org), the Atlanta AIDS Partnership website (www.nonewcases.org) and The Community Foundation for Greater Atlanta (www.cfgreateratlanta.org) websites.

ATTACHMENTS CHECKLIST

This section explains the preferred method for submitting each of the attachments. Each attachment must accompany your application in order for the application to be considered complete. Please review this section to determine which forms should be submitted via email and which should be sent to the office via regular mail. Please note that all attachments, regardless of the method in which they are sent, must arrive at the AIDS Fund office prior to the deadline in order for your application to be considered complete. **Incomplete applications will be declined and will not be reviewed.**

Sending attachments via regular mail: When submitting the documents that have been requested in hard copy and mailed to the AIDS Fund, send the documents to:

Atlanta AIDS Fund
50 Hurt Plaza, Suite 449
Atlanta, GA 30303

Further explanation for the attachments:

The following documents should be attached as separate documents and sent via email to the AIDS Fund with your Final Application: The following documents should be attached as separate documents and sent via email to the Foundation with your Final Application; be sure to label all attachments using the letters provided so that Foundation staff can easily match the document to the required attachment.

Human Resources

- A. **Organizational chart showing titles, employee names and vacant positions:** An organization chart should show the structure of the entire organization and the relationships of its positions/jobs. Be sure to include staff members' names and titles of filled positions, and titles of vacant positions.
- B. **Brief biographies or resumes of senior management staff:** Provide no more than *one page* for each senior staff member, summarizing their individual professional qualifications and tenure with the organization.

Governance

- C. **Board Information Form (found on our website):** download The Community Foundation's Board of Directors Form from <http://www.cfgreateratlanta.org/Repository/Files/2011BoardInformationForm.doc> and complete the document. Be sure to complete all columns.

Financial Information

- D. **Current fiscal year operating budget as approved by the board of directors**
- E. **Most current year-to-date Profit & Loss statement** (also called a Statement of Income & Expenses or a Statement of Activities)
- F. **Most current Balance Sheet**

- G. List of nongovernmental sources of revenue of \$25,000 or more for the organization's current fiscal year:** Feel free to annotate an existing list, but please indicate annual amounts, grant periods and if applicable, any specific restrictions on the grants. If any individual donors have committed more than \$25,000 to your organization, list each one separately and label as Individual Donor.
- H. Most recent financial report as presented to the board**
- I. Three most recent audited or reviewed financial statements as dictated by budget size:** Submit one copy of each of the three most recent audited or reviewed financial statements. Organizations with annual budgets over \$500,000 must have their financial statements audited; organizations with annual budgets between \$100,000 and \$249,999 must have financial statements reviewed by an independent, certified public accountant. Organizations with budgets below \$100,000 may submit internal financials but should submit audited or reviewed financials if they have them
- J. If financial statements (H & I) do not include the most recent year-end,** applicant must provide internal year-end financials including a balance sheet, P&Ls and budget with actuals: this is only required when an organization's audit/review for the last completed fiscal year has not been finalized or when the most recent financial report as presented to the board does not reflect the last completed fiscal year

General

- K. Current strategic or business plan:** send the AIDS Fund the **entire** strategic plan, **not** a summary of the plan. As stated in the Guidelines, the AIDS Fund requires organizations to have a current written strategic or business plan for the whole organization that covers multiples years which includes the organization's entire current fiscal year and includes the following: mission statement; evidence of an environmental scan; stakeholder participation (staff, board, etc.); strategic goals and measureable objectives; implementation plan with assigned staff and/or board responsibilities; on-going evaluation to keep plan current; and addresses multiple years with regular updates.
- L. Summary of current fundraising plan:** two pages maximum
- M. Artistic support materials:** Only submit if your organization has NOT received a grant from the AIDS Fund in the last three years (2008, 2009, 2010). Details on what to submit are below.

Submitting a Final Application to the Atlanta AIDS Fund

- **Form:** Applicants must use the form provided on United Way of Metropolitan Atlanta (www.unitedwayatlanta.org) and The Community Foundation for Greater Atlanta (www.cfgreateratlanta.org) websites.
- **Application Deadline:** The AIDS Fund will only consider Final Application submissions for the upcoming deadline; old or outdated forms are not acceptable and will not be reviewed. Please check the date at the top of the application before completing and submitting the form.
- **Filing Your Application:** The AIDS Fund accepts Final Applications any time prior to the deadline. Email your Final Application as a MS Word attachment to AIDSFund@cfgreateratlanta.org **no later than 5:00PM** on the deadline day. Submissions received after 5:00PM based on the AIDS Fund's computer date and time will be automatically declined as late. No staff may extend an AIDS Fund deadline. Staff urges you to file your Final Application, complete with attachments, several hours in advance of the 5:00PM deadline to avoid any computer-related problems that could arise when many applications are filed at one time. Note the name of the applicant organization and the phrase "Final Application" in the subject line of the email. (Please see the Attachments section for further guidance on sending hard copies of required attachments)
- **Acknowledgement of Receipt of Application:** Every applicant will receive an email notifying them that the AIDS Fund has received their Final Application within three business days of submission. If your organization does not receive the acknowledgement email, please contact our Grants Administrator by calling 404- 688-5525.

Questions?

You are strongly encouraged to attend an orientation session. The full schedule is available on the United Way of Metropolitan Atlanta (www.unitedwayatlanta.org) and The Community Foundation for Greater Atlanta (www.cfgreateratlanta.org) websites. For further information, you may also contact AIDSFund@cfgreateratlanta.org or call Mary Spanburgh at United Way of Greater Atlanta (404-527-3514), Tene Traylor at The Community Foundation for Greater Atlanta (404-688-5525).