



**Organization Name:** \_\_\_\_\_

Funding Type (Please choose one):  **Unrestricted General Operating Funds**  
 **Restricted Operating Funding**  
 Program Name: \_\_\_\_\_

**1. Organizational Overview**

1.1 What are the applicant’s organizational opportunities and challenges over the next 12 months? How are board and staff planning to address these opportunities and challenges? (2,000 characters)

1.2 Describe any external professional development provided to staff and management consulting services received by the organization within the past two years. (1000 characters)

1.3 Describe what professional development and management consulting services would be of use to the organization, its staff and board members in the coming 12 months. (500 characters)

1.4 How does the organization measure its effectiveness and efficiency? Give specific examples of operational and programmatic outcomes. How is this information aligned with the organization’s strategic plan? (2,000 characters)

1.5 Describe how the organization develops and maintains partnerships with other organizations. Describe the organization’s primary partners and results from partnerships. Include information on new partnerships or results from the last 12 months. (2,000 characters)

1.6 What new marketing strategies and tools has the organization used during the last 12 months? How does the organization know the tools are effective? (750 characters)

**2. Human Resources**

2.1 Number of salaried full-time staff:	Salaried part-time staff:
Paid non-staff/consultants/contractors:	Non-board volunteers:

2.2 Complete the table with information about the people who make up the entire organization.

Full and Part-Time Staff	Female	Male	Total		Contractor/Volunteer	Female	Male	Total
African American or Black					African American or Black			
Asian or Pacific Islander					Asian or Pacific Islander			
Latino					Latino			
White					White			
Other:					Other:			

Total				Total			
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2.3 List characteristics important to note about the organization’s staff that are not defined by gender or the races/ethnicities listed above. (250 characters)

2.4 Answer these questions for the organization relative to each characteristic.	Organizational practice?	
a. Staff orientation and training is provided for every new hire.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Organization has written personnel policies that are distributed to all staff.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. Organization has written job descriptions for each staff position.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d. Professional development opportunities are available to staff every year.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e. All staff, including the executive director, receives annual written performance reviews that include a personal conference with the supervisor.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
f. Staff is representative of the community and clients served.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Provide an explanation for any characteristic above for which your organization selected “No.” (500 characters)		

**3. Mission - Related Activities**

Please identify which of the following your organization addresses (Check all that apply)

- Awareness/Education  Prevention  Testing  Treatment/Care  Advocacy/Policy  Other

3.1 Provide a link to the section on the organization’s website where the mission-related activities are summarized.

3.2 Has the organization added any new mission-related activities during the last 12 months? Why? (1,500 characters)

3.3 Describe the organizations program(s) or core activities. Be sure to include the target population (LGBT, homeless, race/ethnic-specific, IV drug users, etc.) and the program’s outcomes. **If you are applying for Restricted General Operating Support, please specify which program you are requesting for funding.** (4,000 characters)

3.4 Provide data on the population served by the organization in the last completed fiscal year.

The populations figures below are	<input type="checkbox"/> Actual	What is the source of these figures?
	<input type="checkbox"/> Estimated	

Race/Ethnicity & Gender	Female	%	Male	%	Total	%	Age Groups	#	% of Total
African American or Black							Young Children (0-5)		
Asian or Pacific Islander							Children (6-12)		
Latino							Youth (13-18)		
White							Adults (19-63)		
Other:							Elderly (64+)		
Total							Total		

3.5 If necessary, provide clarification regarding people served (300 characters)

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3.6 Provide data on the population served by the organization in the last completed fiscal year.

The populations figures below are	<input type="checkbox"/> Actual <input type="checkbox"/> Estimated	What is the source of these figures?	
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Geography	Number	%	Geography	Number	%	Geography	Number	%
Barrow			Douglas			Paulding		
Bartow			Fayette			Pickens		
Butts			Forsyth			Rockdale		
Carroll			Fulton			Spalding		
Cherokee			Gwinnett			Walton		
Clayton			Hall			Other county		
Cobb			Henry			Other state		
Coweta			Morgan			No data		
DeKalb			Newton			TOTAL		100%

Of the total people served, how many live in the City of Atlanta? \_\_\_\_\_

3.7 Primary group(s) served by your organization

The populations figures below are	<input type="checkbox"/> Actual <input type="checkbox"/> Estimated	What is the source of these figures?	
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Category	Number	%	Category	Number	%
General Population			Members of a religious community		
Persons who are homeless			MSM		
Injection Drug Users			LGBT-identified		
Other substance abusers			People living with HIV/AIDS		
Incarcerated or formerly incarcerated persons			People with other disabilities		
Commercial sex workers			Women		
Youth			Other: _____		

Are there other ways to characterize the primary group(s) served by your organization? \_\_\_\_\_

3.8 Please tell us the number of persons served by your organization in the following categories.

The populations figures below are	<input type="checkbox"/> Actual <input type="checkbox"/> Estimated	What is the source of these figures?	
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Category	Number	%	Category	Number	%
HIV Negative :			HIV Positive:		
Unknown or undisclosed:			TOTAL		100%

#### 4. Public Will & Policy

4.1 How many times, within the last 12 months, did the organization engage in the following activities?	Not at all	Once	Two to five	Six or more
a. Testifying at legislative or administrative hearings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Advocating on behalf of or against a proposed bill/ordinance or other policy regulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Working in a planning or advisory group that includes policy makers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Personal meeting with policy makers about the work the organization does	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Encouraging stakeholders to write, call, fax or email policy makers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Releasing information and stories to media outlets, the public or policy makers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4.2 In the past 12 months, how has the organization partnered with stakeholders and/or organizations to address civic issues and public policies? Does the organization have one or more persons who have responsibility for government relations or public policy? If yes, identify them and describe their role(s). (1,000 characters)

#### 5. Governance

5.1 Answer these questions for the organization relative to each characteristic.	Organizational practice?	
a. Board's role is formalized and there are job descriptions for board members.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Board has committees, work groups or task forces with identified leadership.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. Board formally assesses itself annually.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d. Board annually creates a board development and diversity plan.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e. Board conducts a formal annual evaluation of the executive director.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
f. Succession plans exist for leadership of staff and board.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
g. Board is representative of the community and clients/audience served.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Provide an explanation for any characteristic above for which your organization selected "No." (500 characters)		

5.2 How do individual board members fulfill their strategic role regarding leadership, finances, etc.? (1000 characters)

5.3 Answer these questions about board giving in the last completed Fiscal Year.	
a. Number of board members at the end of the last FY:	_____
b. Percent of board members from last FY who contributed financially from their own funds:	_____ %
c. Percent of board members from last FY who made financially measurable in-kind contributions:	_____ %
d. Value of measurable in-kind contributions:	\$ _____

#### 6. Financial Information

6.1 How has the organization adapted fiscally to the economic climate over the last 12 months? (1,500 characters)

6.2 Indicate sources of revenue for the last completed fiscal year.

Revenue Source	Unrestricted	Temporarily Restricted	Permanently Restricted	Total	% of Total Revenue
Board Members	\$ _____	\$ _____	\$ _____	\$ _____	
Individuals	\$ _____	\$ _____	\$ _____	\$ _____	
Places of worship	\$ _____	\$ _____	\$ _____	\$ _____	

United Way	\$	\$	\$	\$	
Federal Government	\$	\$	\$	\$	
State Government	\$	\$	\$	\$	
County Government	\$	\$	\$	\$	
City/Local Government	\$	\$	\$	\$	
Businesses/Corporations	\$	\$	\$	\$	
Foundations	\$	\$	\$	\$	
Investment revenue	\$	\$	\$	\$	
Private fee for service	\$	\$	\$	\$	
Special events	\$	\$	\$	\$	
Other (specify):	\$	\$	\$	\$	
Other (specify):	\$	\$	\$	\$	
Net Assets Released from Restriction	\$	\$	\$	\$	
Total	\$	\$	\$	\$	

6.3 If the organization's total liabilities exceed 25% of total assets, please complete the following table.

To whom is organization's debt owed? List largest debtors first.	Amount owed	When is it due?	For what was the debt originally accrued?
	\$		
	\$		
	\$		
	\$		
	\$		

**7. What else?**

7.1 Use this space to clarify any of the information provided in this Final Application. (500 characters)

**8. Attachments Checklist – label your attachments using the letters A – M provided**

Required Attachment ( <i>see Instructions document for more details</i> )	Included?
Human Resources <b>A.</b> Organizational chart showing titles, employee names and vacant positions <b>B.</b> Brief biographies of senior management staff	<input type="checkbox"/> <input type="checkbox"/>
Governance <b>C.</b> Board Information Form ( <a href="http://www.cfgreateratlanta.org/Repository/Files/2011BoardInformationForm.doc">http://www.cfgreateratlanta.org/Repository/Files/2011BoardInformationForm.doc</a> )	<input type="checkbox"/>
Financial Information <b>D.</b> Current fiscal year operating budget as approved by the board of directors <b>E.</b> Most current year-to-date Profit & Loss statement (P&Ls) <b>F.</b> Most current Balance Sheet <b>G.</b> List of nongovernmental sources of revenue of \$25,000 or more for the organization's current fiscal year <b>H.</b> Most recent financial report as presented to the board <b>I.</b> Two ( <i>three preferred</i> ) most recent audited or reviewed financial statements as dictated by budget size <b>J.</b> If financial statements (H & I) do not include the most recent year-end, provide internal year-end financials including a Balance Sheet, P&Ls and budget with actuals	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
General <b>K.</b> Current strategic or business plan ( <i>send the AIDS Fund the entire strategic plan</i> ) <b>L.</b> Summary of current fundraising plan	<input type="checkbox"/> <input type="checkbox"/>

M. Annual report ( <i>1 copy if available</i> )	<input type="checkbox"/>
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<b>Authorizing signatures:</b> <i>Typing in your name acts as your official signature and certifies that you have personally reviewed this application and that the information presented is complete and meets all eligibility criteria as outlined in</i>	
Organization Leader:	Date:
Board Chair:	Date:

**Submit Final Application and attachments to [AIDSFund@cfgreateratlanta.org](mailto:AIDSFund@cfgreateratlanta.org).**  
**Final Applications with blank or incomplete fields, those missing required attachments or those received after the deadline will not be considered.**

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