



**ATLANTA AIDS FUND
INSTRUCTIONS FOR APPLYING FOR A GRANT
LETTER OF INTENT TO APPLY FOR GRANT FUNDING (LOI)**

The Atlanta AIDS Fund (AIDS Fund) provides general operating and restricted operating support grants to sustain HIV/AIDS serving organizations and programs pursue their missions throughout the 23-county Atlanta region. **In a two-part process, applicants will complete and submit a Letter of Intent to Apply for Grant Funding (LOI) Application by August 12, 2011.** The LOI is a snapshot of the organization's mission, financial history, strategies and strengths. The AIDS Fund staff team will review each submitted LOI and invite selected organizations to complete the Final Application. From the Final Applications, the Atlanta AIDS Fund Advisory Committee conducts site visits for further review and funding consideration.

The AIDS Fund publishes Guidelines to help applicants understand the priorities and criteria of this competitive grants program. Make sure to review the current Guidelines for the AIDS Fund, which is located on The Community Foundation for Greater Atlanta (www.cfgreateratlanta.org) and United Way of Metropolitan Atlanta (www.uwma.org) websites. Feel free to contact staff at AIDSFund@cfgreateratlanta.org for specific questions or concerns.

Completing the LOI:

- **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 LOIs, please include your organization's name in the file name and in the subject line of your emailed LOI. (ex. "ABC Center - Letter of Intent to Apply"). If possible, please submit the form in a PDF format. For instructions: <http://office.microsoft.com/en-us/word-help/save-as-pdf-HA010064992.aspx>
- **Navigating the Form:** With your mouse, left click the grey boxes to activate the drop-down menus or to type in or paste in your answers. Use the Tab key or your mouse to go to the next box or section.
- **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. Complete your answers to all questions in a total of THREE pages. If your narrative exceeds THREE pages, please edit your answers. Do not recreate or alter the LOI form or its questions.
- **Character Counts:** All character counts include spaces as characters.
- **Unanswered fields:** Any field left blank will automatically exclude the application from consideration (it is incomplete and therefore ineligible); n/a is not an acceptable response.

Guidance on Specific Questions in the LOI

- **Organization Name:** Enter your organization's name as it appears on your 501(c)(3) letter from the IRS; if your organization is using a name different from the one on your 501(c)(3) letter, be sure you provide your legal name and the DBA (doing business as) name in this area of the LOI.
- **Mailing Address:** Use the P.O. Box or street address where the organization receives official communications
- **County:** From the drop-down menu provided, select the county where your main office is located.
- **Organization Leader, Title, Phone and Email:** Enter the name, title and contact information of the Executive Director, President, CEO or executive that leads the organization or agency.
- **Request Contact, Phone and Email:** Enter the name and contact information of the person who will be the primary contact for this LOI.
- **Website:** Provide the full web address for your organization (ex. www.cfgreateratlanta.org)
- **Year Incorporated:** Provide the year your nonprofit was incorporated as an entity (not the year you received your 501(c)(3) letter from the IRS).

- **Tax ID:** Provide your nonprofit status number located on your 501(c)(3) letter from the IRS.
- **Organization pays at least one full-time salaried employee:** The applicant organization must be able to answer **yes** in order to be eligible. Applicant organizations must have employed, for the last 12 months, at least one person on staff who is paid full-time at the federally-designated minimum wage or more. This person must be salaried and should receive a W-2 form from the organization reporting wages and withheld taxes. A full-time person is defined as an employee that works at least 2,080 hours a year and makes at least \$15,080 (minimum wage). The AIDS Fund may request support documentation later in the process.
- **Registration with the Georgia Secretary of State:** The applicant organization must be able to answer **yes** in order to be eligible. All nonprofits in Georgia are required to be registered with the Secretary of State. Using a drop-down menu, select Yes or No to indicate whether the organization is current with its registration with the Georgia Secretary of State.
- **Required financial statements:** The applicant organization must be able to answer **yes** in order to be eligible. Full details on which financial statements are required as attachments to the Final Application are detailed in the Guidelines for the AIDS Fund. Organizations invited to submit Final Applications must have and submit either audited or reviewed financial statements depending on the size of the organization's annual operating budget.
- **Counties served by the organization:** From drop-down menus provided, select up to three counties where the people served by the organization live. Select the county serving the largest number (Primary); the next larger number (Secondary) and the third larger number (Other Counties).
- **Total Revenue, Total Expenses, Surplus (Deficit) and Net Assets/Fund Balance:** Provide these four amounts for each of the organization's last three completed fiscal years and year-to-date figure for the current fiscal year. When reporting Total Expenses, use the total amount AFTER depreciation.
 - **Total Revenue:**
 - **Earned Revenue:** 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 performance ticket) or by a third party (for example, performance-based government contracts).
 - **Contributed Revenue:** 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.
 - **Total Expenses:** An amount of the total costs associated with managing and operating all aspects of your nonprofit organization. These costs include all aspects of management, operations and program expenses.
 - **Surplus (Deficit):** The amount that the organization is over or under the total amount budgeted for that fiscal year. Refer to your statement of activities to determine your year to date surplus or deficit.
 - **Net Assets/Fund Balance:** This number can be found at the bottom of the first page of the organization's IRS Form 990. It can also be found on the organization's balance sheet or statement of financial position in an audit or review.

Note: The Statement of Financial Position, also known as the Balance Sheet, reflects everything that has happened to your organization up to and until that point. When unsure please verify information with your organization's Board of Directors and/or financial staff representative.

- **How did organization report year-end financials?:** For each year (in each column), indicate how the organization reported its year-end financials (i.e. Audited, Reviewed). For the last fiscal year end, there are additional options for reports currently in progress.
- **Fiscal year end date:** For each year (in each column), indicate the full date on which the organization's fiscal year ended (e.g. 6/30/09).
- **Current FY operating budget as approved by board of directors:** Enter the organization's current fiscal year operating budget as approved by the board of directors.
- **What is the total amount of non-mortgage debt carried (loans, lines of credit, etc.)?:** Indicate the amount of debt the organization currently owes; this includes any loans, accounts payable, lines of credit, etc. and excludes a mortgage on a property. Please total all debt sources and provide a close estimate as to the amount. If selected to

submit a Final Application, you will be required to provide detailed financials that contain this total. If you do not have any debt, enter “\$0”.

- **What is the total amount of mortgage debt carried?:** Indicate the amount of debt the organization currently owes for a mortgage on a property. If you do not have any mortgage debt, enter “\$0”.
- **List all governmental sources of revenue for the last completed fiscal year:** Indicate the source of revenue (grants, contracts, etc.) from a public agency including city, county, state or federal and the amount received, reimbursed, etc.
- **Clarification on the Financial Snapshot:** Use this space to provide clarifications on the amounts provided in the financial snapshot. The organization may use this space to explain large jumps or drops in expenses or revenues, a change in fiscal year, significant debt (non-mortgage or mortgage related) or anything else that may not be clear to a reader who does not yet have the organization’s full financials to review.
- **Funding Type: Please Choose One:**
 - **General Operating Funds:** Unrestricted dollars support the day-to-day activities of a AIDS/HIV serving (prevention, intervention, advocacy) nonprofit organizations (as stated in its mission). Organization can request up to a maximum of \$75,000 or 10% of the organization’s last completed fiscal year actual expenses. To determine the amount your organization can request and the request as percent of the budget, use the last completed fiscal year expenses.
 - **Restricted Operating Funding:** Targeted operating funding can be used for ongoing administrative and infrastructure costs for programs that meet the criteria below. Organization can request up to a maximum of \$75,000 or 10% of the HIV/AIDS program budget for the last completed fiscal year actual expenses. To determine the amount your organization can request and the request as percent of the program budget, use the last completed fiscal year expenses for the specific program. The AIDS Fund may request support documentation later in the process.
- **Organization is required to meet all AIDS Fund criteria as explained in the guidelines, in addition to the following:**
 - 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 (part-time or full-time—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
 - All programs should have a strong evaluation component
- **Amount Requested:** Request can be no more than 10% of the previous fiscal year’s operating budget (General Operating) or 10% of the previous fiscal year’s program budget (Restricted Operating). The maximum request amount is \$75,000.
- **Request is what % of Fiscal Year Budget:** Indicate the percentage of the request based on the previous fiscal year’s operating budget.
- **Program Budget (for Restricted Operating Support request):** Indicate the total expense amount of the program from the previous fiscal year’s program budget. The AIDS Fund may request support documentation later in the process.

- **Request is what % of Program Budget (for Restricted Operating Support request):** Indicate the percentage of the request based on the previous fiscal year's program budget.
- **Describe the mission and summarize the history of the organization:** Be sure to adequately address both aspects of the question – mission and history. In describing the organization's mission you may also describe how it is currently being implemented through programs and services.
- **How will this funding strengthen the organization as a whole and its ability to address broader community needs and opportunities?:** *This is one of the most important questions on the LOI.* Describe how a grant from the AIDS Fund will allow the organization to meet internal capacity needs such as staffing or utilities and/or external community concerns such as expanding services. Write simply, avoid jargon and write out acronyms the first time they are used.
- **Strategic Plan section:** The AIDS Fund requires organizations to have a current written strategic or business plan for the whole organization that covers at least 24 months 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.
 - **Date plan first effective:** Provide the start date of your organization's current strategic plan. For example, if your board of directors approved the plan in November 2007 and the plan covers January 2008 through December 2012, the date the plan was first effective would be 1/1/08
 - **Date plan expires:** Provide the end date of your organization's current strategic plan. For example, if your board of directors approved the plan in November 2007 and the plan covers January 2008 through December 2012, the date the plan expires would be 12/31/12
 - **Date last updated by board:** Continuing the example from the previous bullets, your plan has been in effect since January 2008. Many things have changed for your organization since then, so your board and staff revised the plan so that it would be more up to date and timely OR your organization annually updates the strategic plan based on the past year's activities. The date your board last updated your plan would be 6/1/09
 - **Duration of plan in months:** Continuing the example from the previous bullets, your covers 1/1/08 through 12/31/12; the duration of the plan in months is 60 months (12 months/year x 5 years = 60)
 - **What is the value of the strategic plan to the organization?:** Describe how the strategic plan guides the organization as it operates. In discussing the value of the plan, you may want to share how the plan is monitored, updated and revised on an annual basis
- **Organizational Effectiveness:** *This is a two part question.* Share what measureable evidence is available to demonstrate the organization's effectiveness in meeting its mission as well as enhancing its structure. Be sure to adequately address management, governance and general operations. Indicate why your organization is best suited for an AIDS Fund grant. This question is about the organization's internal and operational effectiveness, NOT about community impact.
- **For organizations that received an AIDS Fund grant in 2009 and/or 2010:** Describe any changes that have occurred as a result of your organization's mission-related activities, internal operations, and community impact. Be specific.
- **Use this space to provide any clarifications:** Use this space to clarify anything you have written above or were not able to address in the answers to the questions.
- **Authorizing Signatures:** Prior to completing this section, review the Terms and Conditions for submitting a LOI to the AIDS Fund. The Guidelines describe how the AIDS Fund does business by addressing eligibility, submission deadlines, grant request amounts and other topics. Then 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.

Submitting a LOI to the Atlanta AIDS Fund

- **Form:** Applicants must use the form provided on United Way of Metropolitan Atlanta and The Community Foundation for Greater Atlanta's websites. A letter on letterhead is not acceptable.
- **LOI Deadline:** The AIDS Fund will only consider LOI submissions that use the most current forms; old or outdated forms are not acceptable and will not be reviewed. Please check the date at the top of the LOI before completing and submitting the form.
- **Filing Your LOI:** The AIDS Fund accepts LOI submissions any time prior to the deadline. Email your LOI as a MS Word or PDF (*preferred*) 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 LOI several hours in advance of the 5:00PM deadline to avoid any computer-related problems that could arise when many are filed at one time. Note the name of the applicant organization and the phrase "Letter of Intent to Apply" in the subject line of the email.
- **Risk of Automatic Declination:** The AIDS Fund may decline any LOI that does not meet the eligibility criteria. Incomplete applications will be automatically declined **every question and field must be completed**
- **Acknowledgement of Receipt of LOI:** Every applicant will receive an email notifying them that the AIDS Fund has received their LOI 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 Community Foundation for Greater Atlanta (www.cfgreateratlanta.org) and United Way of Metropolitan Atlanta's (www.uwma.org) websites. For further information, you may also contact Tené Traylor, Program Officer, at 404-588-3201 or ttraylor@cfgreateratlanta.org or Mary Spanburgh, Director of Health, at 404-527-3514 or mspanburgh@uwma.org.