

Long Beach AIDS Foundation, Inc. - 2009 AIDS Walk Long Beach
Beneficiary Grant Application (RFP)

2009/2010 Beneficiary Grant Application Policy

The Foundation understands very well the exceptional period we are all experiencing in the non-profit service community. The normal funding guidelines have been changed to reflect this current reality. Please review the web site for funding details. As a community-based fundraising event, the brand of AIDS Walk carries a tremendous amount of brand recognition. Your active participation in this year's event will be needed as we have never seen before.

It is our desire not to see a disruption in vital services for lack of funding, passion or desire.

The Core Support program hopefully will provide some agencies additional flexibility.

1. The agency must be incorporated as a non-profit organization in the State of California and have tax-exempt status under IRS Code 501(c)(3) and 2370(d) of the California Code.
2. Each agency may submit only one Request for Proposal Application (1 original and 8 copies).
3. The agency must be community-based and the funded program must provide a substantial portion of services in South Los Angeles County covering the greater Long Beach and South Bay areas.
4. Funding must be used for expenses for services provided in the fiscal year(s) in which the funding is awarded. AIDS Walk Long Beach does not fund capital improvements or acquisition of capital items (example: hospital beds, TVs, copy machine, etc.).
5. This year there are no page limits in describing your program/outreach proposals. We welcome you to discuss your achievements, opportunities and vision. As part of our continued transparency and accountability initiative, we will be posting grant applications on-line for donors to review. As a public trust, much of this information should be made available to them. We will offer each agency to redact sensitive portions in June prior to posting them on-line.
6. Please read the Foundation's Grant Funding focus and priorities for the 2009/2010 Grant Cycle. Our funding focus has changed this year with additional help on Core Support for this cycle only.
7. Programs and agencies should show a range of funding sources. AIDS Walk Long Beach cannot be the sole source of funding for any agency or program.
8. Because available grant funds are limited and highly dependant on the support of the community and all participants, some qualified proposals **may not receive the entire grant request.** Funding is subject to agency's active participation in AIDS Walk Long Beach as determined by the RFP. AIDS Walk Long Beach attempts to fund a wide variety of services.
9. Programs and agencies are expected to show active participation in AIDS Walk 2009 by forming a Walk Team, actively promoting and recruiting fundraisers and raising funds based on the RFP guidelines. This year no Volunteer Hours will be calculated into funding totals, however, active participation will remain part of the results criteria in determining funding.
10. Completed proposals and copies must be submitted by 6:00 PM on Friday, May 1, 2009 at 2630 E Fourth Street, Long Beach, CA. 90814. **There will be no exceptions.**
11. All applications are automatically approved for funding if you do not receive any notice by mail by May 8, 2009. Disqualification of applications will generally be limited to incomplete applications, lack of supporting documents, program not part of the Foundation's grant focus for 2009/2010 cycle, Core Support exceeds the limit of this funding cycle, capital expenditure requests, or administrative/payroll overhead exceed industry standards for funding requests. Organizations missing supporting documents will be given 48 hours to submit documentation before being disqualified. The Executive Director of the agency will receive the notification by phone for any missing documents on Monday, May 4, 2009. Missing documents will be due May 6, 2009 by 6:00pm.

Long Beach AIDS Foundation, Inc. - 2009 AIDS Walk Long Beach
Beneficiary Grant Application (RFP)

Section A: Grant Application Cover Sheet

Organization Name: _____

Address: _____

_____ CITY STATE ZIP

Phone Number: () _____ Fax Number: () _____

Contact Person (Proposal): _____

Title: _____

Phone Number: () _____ Fax Number: () _____

E-mail: _____

Contact Person (Site Visit): _____

Title: _____

Phone Number: () _____ Fax Number: () _____

E-mail: _____

Non-Profit ID #'s: State: _____

Federal: _____

Date of Incorporation: _____

Total Funding Requested of AWLB: _____

Title of Program to be funded: _____

Core Support Total requested: _____ Percentage of total funding request: _____

Proposed Project Dates: Start: _____ End: _____

Required Attachments:

- A. Financial statement and a copy of Federal Form 990 from the most recently completed fiscal year.
- B. Current annual budget and most current monthly financial statement.
- C. Documentation of 501(C)3 IRS Determination Letter
- D. Résumé of person responsible for administration of project.
- E. Detailed list of all funding sources for the previous fiscal year.
- F. Grant Core Support Calculation Worksheet.

**Long Beach AIDS Foundation, Inc. - 2009 AIDS Walk Long Beach
Beneficiary Grant Application (RFP)**

Organization Name:

(use additional sheets if necessary)

Section B: Agency Summary

(As it relates to providing services to the HIV/AIDS community. Also include your agency mission statement, brief history, and a description of the population to be served).

B1. Provide the organization's Mission Statement

B2. Provide an overview of the organization's objectives, whether independent or part of a larger organization, and number of sites. (250 words maximum)

Section C: Program Objectives Describe in detail the services or program in which you are seeking AIDS Walk funding.

C1. Statement of program's primary purpose and the need or problem that you are seeking to address.

C2. Who is your target audience/population that you plan to serve. How will this audience/population benefit from the program/outreach effort?

C3. Please list any similar programs/outreach efforts in your geographic area you serve.

C4. How does your program/outreach effort differ from similar programs/outreach in your same geographic area?

C5. How does the program/outreach effort contribute to your organization's overall mission?

C6. List any special economic or environmental conditions, if any that should be taken into account regarding the applicant.

C7. Additional program/service background

Briefly describe the organization's target population and geographic area of service, scope of current programs and services offered, and how they are aligned with the Long Beach AIDS Foundation's guidelines for core support. (250 word maximum)

**Long Beach AIDS Foundation, Inc. - 2009 AIDS Walk Long Beach
Beneficiary Grant Application (RFP)**

Organization Name:

Section D: Outreach/promotion

D1. How do you plan your outreach/promotion effort to your target audience/population for your program/service?

D2. Please detail your outreach/promotion plan.

Section E: Key Personnel

E1. Staffing: Number of Full-Time Paid Staff_____ Total Number of Paid Employees_____

E2. Names of key personnel involved in delivering program/outreach and their background.

E3. What strategies will you employ to implement your outreach effort?

Section F: Participation in AIDS Walk Long Beach 2008

F1. In what manner did your agency participate in AIDS Walk 2008?

F2. In what manner did your agency's volunteers participate in AIDS Walk 2008?

F3. In what manner did your agency's Board members participate in AIDS Walk 2008?

**Long Beach AIDS Foundation, Inc. - 2009 AIDS Walk Long Beach
Beneficiary Grant Application (RFP)**

Organization Name:

Section G: Community Fundraising Effort in AIDS Walk Long Beach 2008

For 2009 you must raise 1/3 of the agency's RFP requested amount to potentially receive the full request. How will your agency meet this objective for 2007 either with direct fundraising or use of volunteer hours formula?

G1. In what manner did your agency actively participate in on-line or off-line viral fundraising in AIDS Walk Long Beach 2008?

G2. What efforts did you make last year if you participated that'll you intend to improve upon this year?

G3. How many team members (fundraisers) do you intend to recruit for AIDS Walk Long Beach 2009?

G4. Of your total request for 2008 (if any) how much did your agency help raise?

G5. Did you agency help meet the agency's fundraising minimum goal for 2008? If not, what reason do you believe affected your ability to raise funds?

G6. What are your plans to effectively get your agencies staff, board, volunteers and public supporters involved with this community fundraising event?

Section H: Results Criteria

H1. Please explain how you will measure the effectiveness of your program/outreach effort.

H2. Describe your criteria for a successful program/outreach effort and the results you expect to have achieved by the end of the funding period.

H3. List any previous experience with results.

Section I: Alternative Funding Sources Contingency

If your proposal is not funded by AIDS Walk Long Beach, what alternative funding sources will you utilize for your proposed program?

Section J: Previous Year Funding Documentation

If your agency received money from AIDS Walk Long Beach cycle 2008/2009, please attach information and documentation showing how the funds were used.

Section K: Other Funding Sources

If your organization received funding from other sources including another regional AIDS Walk, please describe the amount of funding received for the previously approved project funding.

Long Beach AIDS Foundation, Inc. - 2009 AIDS Walk Long Beach
Beneficiary Grant Application (RFP)

Organization Name: _____

Section L: Program/Outreach Budget Pertaining to this Funding Request

(The total dollar value should equal the amount requested on page 1).

CATEGORY	AMOUNT
----------	--------

- Salaries
 - Benefits and Taxes
 - Professional Fees
 - Occupancy (rent/mortgage)
 - Insurance
 - Telephone
 - Postage/Shipping
 - Copying/Printing
 - Supplies
 - Equipment (Specify)
 - Fundraising/Donations
 - Promotion/Publicity
 - Proceeds from Project
 - Other:
-
- Total Program/Outreach Expenses
 - Total Core Support Requested (if any)
 - Percentage of Total Program/Outreach Expenses
-
- **Total Requested from AWLB**

Operating Costs: (Include allocated overhead costs)

I certify that the foregoing statements are true and complete to the best of my knowledge.

Print Name

Title

Program Administrator or Director Signature

Date

Signature of Board CEO / Executive Director

Date