

Long Beach AIDS Foundation, Inc. - 2010 AIDS Walk Long Beach  
Beneficiary Grant Application (RFP)

## 2010/2011 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.

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 (CBO) 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, (Service Planning Area 8).
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 2010/2011 Grant Cycle.
7. Programs and agencies should show a range of funding sources. AIDS Walk Long Beach cannot and should not be the sole source of funding for any agency or program.
8. Because available grant funds are limited and highly dependent on the support and participation of the community, and committed participation from the applicant agency; 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 and prevention & education programs.
9. All applicant agencies are expected to show active participation in AIDS Walk 2010 by forming a Walk Team, actively promoting and recruiting fundraisers and committed raising of funds based on the RFP guidelines. Active participation will remain part of the results criteria in determining **FINAL** funding.
10. Completed proposals and copies must be submitted by 6:00 PM on Friday, May 28, 2010 at 2630 E Fourth Street, Long Beach, CA. 90814. **There will be no exceptions.**
11. All applications are generally approved for funding if you do not receive any notice by email by May 31, 2010. Disqualification of applications will usually as result of incomplete applications, lack of supporting documents, program not part of the Foundation's grant focus for 2010/2011 cycle, Core Support exceeds the limit of this funding cycle, capital expenditure requests, or administrative/payroll overhead exceed third sector standards for funding requests. Organizations missing supporting documents will be given 48 hours to submit documentation before being disqualified. The Beneficiary Grant Review Committee will do a preliminary review of the application on May 29, 2010 and advise the office of any issues. The Executive Director of the applicant agency will receive the notification by phone for any missing documents on Tuesday, June 1, 2010. Missing documents will be due June 3, 2010 by 6:00pm.

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**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.**

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**F. Grant Core Support Calculation Worksheet.**

Organization Name:

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(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)**

**B3. Are organization's form 990's & 1023's posted on their website for public disclosure? If not, how will you provided transparency to the public?**

**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.**

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**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)

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 2009**

**F1. In what manner did your agency participate in AIDS Walk 2009?**

**F2. In what manner did your agency's volunteers participate in AIDS Walk 2009?**

**F3. In what manner did your agency's Board members participate in AIDS Walk 2009?**

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Organization Name:

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**Section G: Community Fundraising Effort in AIDS Walk Long Beach 2009**

For 2010 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 2010 either with direct fundraising participation?

**G1. In what manner did your agency actively participate in on-line or off-line viral fundraising in AIDS Walk Long Beach 2009?**

**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 2010?**

**G4. Of your total request for 2009 (if any) how much did your agency help raise?**

**G5. Did you agency help meet the agency's fundraising minimum goal for 2009? If not, what barriers or reasons 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.**

**H4. Do you post your program results online to the public?**

**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 2009/2010, please attach information and documentation showing how the funds were used.

**Section K: Other Funding Sources**

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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.

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
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- 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**