



PO Box 752
Greensboro, NC 27402
(336) 370-9666

Guilford Community AIDS Partnership (GCAP)
Request for Proposals
Fall 2008

About GCAP

GCAP exists to facilitate collaboration among organizations and individuals battling the HIV/AIDS epidemic in Guilford County, support education to the general public about HIV/AIDS, advocate for effective laws and policies, promote coordinated strategies for HIV/AIDS prevention and care services, and provide technical assistance, training, and funding to community organizations.

Funding Priorities

GCAP is taking a new approach to funding and is introducing this new process that will help our funded partners focus on well defined and measurable goals that, when met, will reduce new HIV infections in our community and prevent avoidable morbidity and mortality for those who are already infected. The process and goals are outlined below.

Areas of focus for this funding cycle include:

- Increase the number of Guilford County residents who know their HIV status by minimum of 15% and/or increase the detection of HIV positive individuals by minimum of 15% over 2006 baseline.
- Increase the number of PLWHA (People Living With HIV/AIDS) who are receiving high quality, well-coordinated, comprehensive care (case management, medical, dental, mental health, substance abuse, prevention for positives, housing, and financial aid) by minimum of 15% over 2006 baseline.
- Increase public awareness about HIV/AIDS and promote and enhance primary prevention efforts in our community.

***2007 baseline: According to the number of people tested positive for HIV by local health care providers, the baseline figure is 165.**

Application Criteria

- Proposals must reflect at least one of the priority areas listed above.
- Successful proposals will demonstrate community collaboration through the project narrative.
- Each proposal is limited to a maximum of \$40,000. Organizations may submit more than one proposal, but each proposal must be collaborative in nature.
- Funds are restricted to services provided in Guilford County, North Carolina.
- Funds are limited to public and private nonprofit organizations.
- Eligible organizations in existence for two years or more are required to have and submit a financial audit with their application.
- Recipients of grants agree to keep records and complete evaluation forms required by GCAP.

Prior to submitting a proposal, applicants are invited to consult with a GCAP representative to assure that proposals meet funding guidelines.

Timeline

October 17, 2008	Application deadline for proposals. Proposals must be received by GCAP no later than 5:00 p.m. on Friday, October 17. Please see attached proposal guidelines for format information.
December 29, 2008	Notification of grant awards to applying organizations.



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Guilford Community AIDS Partnership (GCAP)

Proposal Cover Sheet

Due: October 17, 2008

Name _____

Organization _____

Address _____

City, State, Zip _____

Phone _____ Fax _____

Email _____

Funding

Total funds required for the program: _____

Total funds requested from GCAP: _____

(Total requested from GCAP may not exceed \$40,000)

Has your organization received funding from GCAP in the past two years? _____

The mission of your organization is: _____

Please summarize your proposed project, including objectives. [150 words]



Questions/ Project Summary

Briefly describe [2-3 page summary] what the program is intended to accomplish and through what services.

Please number and restate the questions in your summary report. *The summary must be signed by the Executive Director of your organization and the chief officer of your board of directors.*

Amount Requested: _____

New or Expanded Program: _____

1. Program description: [Activities, target population and timetable for project]
2. Status of Need/Problem:
3. Relationship of program to GCAP priority: [State specific GCAP goal]
4. What are goals and expected outcomes for proposed project?
5. How will you demonstrate your projects success?
6. How does your organization work collaboratively with other agencies in the county? [State how this project is collaborative]
7. Your track record in the field of HIV/AIDS:
8. How many people will you serve: [estimated start number and minimum 15% increase in client base number]
9. How does the proposed project benefit the county?
10. Staffing needed for the project:

Budget

You must submit a budget for your proposed project on the budget form provided. You must also submit an agency budget for the current fiscal year as well as a current financial audit.

Agency Name			
Chief Professional Officer			
Print Name			
Title			
Date			
Signature			



Return 10 copies of the completed application form per program: **ONE ORIGINAL application** signed in **BLUE ink**, **NINE** copies to the application and only **ONE** hard copy of the **attachments** is required.

Checklist of Items to Submit:

- Proposal Cover Sheet.
- Questions/Project Summary. *(Must be signed by Executive Director of your organization and the President of your board of directors.)*
- Proposed Project Budget.
- Current Organization Budget.
- Most Recent Organization Audit.
- Most Recent Financial Statement.
- Current Tax-exempt Letter.
- Current Board of Directors Roster.
- Signed Nondiscrimination Policy Statement. *(See attached policy statement.)*

Your proposal and attachments must be received **no later than 5:00 p.m. on Friday, October 17** at:

Guilford Community AIDS Partnership (GCAP)

Mailing Address:

PO Box 752
Greensboro, NC 27402

Direct Delivery Address only:

1500 Yanceyville St
Greensboro, NC 27405

For additional information or assistance, please contact Debra Richardson at (336) 370-9666.

This application is available electronically at www.gcapnc.org.

Agency Name: _____

Program Name: _____

5



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Guilford Community AIDS Partnership (GCAP)

Nondiscrimination Policy

All proposals to the Guilford Community AIDS Partnership must include this signed agreement concerning non-discrimination based on sexual orientation.

The Guilford Community AIDS Partnership follows an equal opportunity policy, employs personnel and provides services without regard to race, creed, color, religion, national origin, sexual orientation, age, physical or mental ability.

As a grantee receiving funds from The Guilford Community AIDS Partnership I affirm that:

Our organization does not discriminate in employment based on sexual orientation.

Our organization does not condemn people who are gay, lesbian or bisexual.

Our organization does not attempt to convert gay, lesbian or bisexual people to become heterosexual.

Signed _____

Title _____

Date _____