



# Application Form for U.S. AMBASSADOR'S PEPFAR GRANTS PROGRAM 2012

Please type or print clearly in the spaces below. You may use separate sheets of paper if needed.

# Send completed applications to: <u>KingstonAmbHIVPP@state.gov</u>

# Tell us about your organization

- 1. Name of organization, club or individual requesting funds:
- 2. Name of the organization's Contact Person:
- 3. Mailing address (street, city/town, parish, zone):
- 4. Email:
- 5. Phone/Fax:
- 6. What is the legal status and nature or type of the applying organization?
- 7. When was the applying organization established and how many members does it have?
- 8. What are the names, addresses and positions of the individuals who will receive funds and be accountable for their use?

#### Tell us about your project idea

- 9. Proposed project title:
- 10. Description or summary of the proposed project:

11. What are the project's objectives? These must be clearly stated, time bound and measurable.

12. When will the activities begin and when will they end?

13. How will the community be involved?

14. Who (your target population) and how many people will benefit from this project?

15. In what way will they benefit?

16. What will be the final outcome or result of this project?

17. What is your Budget?

18. What is the amount requested from the U.S. Ambassador's PEPFAR Grants Program? (Requests should total a maximum of US\$10,000).

19. What is your project budget? Please be as specific as possible with regard to your anticipated costs to be financed in **U.S. Dollars.** Please indicate how you calculated the costs, wherever possible. See chart below as an example.

# **Project Cost Breakdown:**

|                             | U.S.<br>Embassy | Organization's<br>Contribution |         | Community<br>Contribution |         | Total Cost |
|-----------------------------|-----------------|--------------------------------|---------|---------------------------|---------|------------|
|                             | Portion         | Cash                           | In-kind | Cash                      | In-kind |            |
| Labor                       |                 |                                |         |                           |         |            |
| Equipment                   |                 |                                |         |                           |         |            |
| Materials/<br>Supplies      |                 |                                |         |                           |         |            |
| Venue rental                |                 |                                |         |                           |         |            |
| Travel<br>Expenses          |                 |                                |         |                           |         |            |
| Materials<br>transportation |                 |                                |         |                           |         |            |
| Other                       |                 |                                |         |                           |         |            |
| Total Budget                |                 |                                |         |                           |         |            |

**NOTE:** If a contribution is in kind (e.g., labour) please put a monetary value on it. The applying organization contribution (which may include donations from other sources) should be approximately 25% of the total cost of the activity.

20. How will the applying organization handle funding for recurrent or follow-up costs (i.e., cost after the activity is completed)?

21. What other organizations or institutions have been contacted for assistance and what is the status of these requests? (These may include requests for funds or for in-kind support, such as meeting space, printers, volunteer time, etc.)

22. If awarded a grant, would you like to participate in specialized training or networking with other awardees? What topics would be helpful to you?

**For your information and guidance,** please see the indicator table below which contains a number of indicators that **may** apply to your project. **The indicators in bold are compulsory**- you will have to report on these indicators regardless of what your project entails.

# INDICATOR TABLE

| Indicator   | Achievements |
|---|--------------|
| Number of the targeted population reached with<br>individual and/or small group level HIV prevention<br>interventions that are based on evidence and/or meet<br>the minimum standards required<br>• Number of Males<br>• Number of females<br>• 10-14 yrs.<br>• 15+ yrs.  |              |
| Number of the targeted population reached with individual<br>and/or small group level HIV prevention interventions that<br>are primarily focused on abstinence and/or being faithful,<br>and are based on evidence and/or meet the minimum<br>standards required<br>Numbers of individuals reached with community<br>outreach HIV/AIDS prevention programs that are not<br>focused on abstinence and/or being faithful or other<br>behaviour change<br>(e.g. of reportable outcome: Number of people<br>reached/exposed to HIV/AIDS related stigma and<br>discrimination campaigns - have their views changed<br>after exposure?) |              |
| Number of individuals trained in HIV-related stigma and<br>discrimination reduction or community mobilization for<br>prevention, care, and/or treatment.<br>a. Number of males  |              |
| b. Number of females  |              |
| Number of laws/amendments drafted with USG assistance   |              |

| Number of organizations with increased capacity           |  |
|---|--|
| Number of advocacy efforts supported with USG assistance  |  |
| Number of persons sensitized to legislation               |  |
| a. Number of males  |  |
| b. Number of females                                      |  |
| Number of persons sensitized to HIV/AIDS issues           |  |
| a. Number of males  |  |
| b. Number of females                                      |  |
| Number of persons trained in advocacy skills              |  |
| a. Number of males  |  |
| b. Number of females                                      |  |
| Number of persons receiving employment skills training    |  |
| a. Number of males  |  |
| b. Number of females                                      |  |
| Number of disabled persons linked to employment placement |  |
| a. Number of males  |  |
| b. Number of females                                      |  |
| Number of people served by the project                    |  |
| a. Number of males  |  |
| b. Number of females                                      |  |
| Total Number of people trained                            |  |
| a. Number of males  |  |
| b. Number of females                                      |  |

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