Fundamentals of Grant Writing

FACILITATOR’S GUIDE

Latino Commission on AIDS
Hands United

Revised September 2014
Acknowledgements

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- **Asian & Pacific Islander American Health Forum**
- **JSI Research & Training Institute, Inc.**
- **National Community Health Partners**
- **National Minority AIDS Council**
- **PROCEED, Inc.**
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I. Introduction to Grant Writing

This is a full two-day training that will provide participants with an overview and the fundamentals of grant writing for the public and private sectors. The training topics include: needs assessment/grant readiness; fund development plans; how to vet grant opportunities (both public and private); grant application components; letter of inquiry/intent; components of effective program design; SMART goals and objectives; logic models; evaluation plans and budgets; packaging and submission of proposals; appendices; tips and pitfalls; acquiring technical assistance and a section for additional resources including technical assistance.

By the end of this training participants will be able to:

1. Understand and identify the basic structure and key elements of a grant proposal;
2. Develop a plan for conceptualizing, writing, reviewing, and evaluating your grant application;
3. Learn how to develop and write SMART goals and objectives;
4. Develop an appropriate budget narrative and justification; and
5. Discuss strategies for an effective grant writing process.

Grant writing is a continuous process. This training is designed to facilitate the process for the novice and the experienced grant writer by the provision of tools, exercises, feedback and recommendations from the facilitators.
II. How to Use this Manual

Manual Format

This manual is organized into seven sections to assist and prepare the trainers to successfully implement this grant writing training. The sections are:

Section I – Introduction to Grant Writing

Section II – How to Use this Manual

Section III – Overview of the Facilitator’s Manual: provides the goals, objectives and content of the two-day curriculum and includes a description of the training strategies to be used by trainers.

Section IV – Training Curriculum: contains the eight units of the training. It provides a step-by-step curriculum guide organized into:

• Trainers’ Notes that highlight the objectives, activities, and materials needed for each unit;
• Training Session Guidelines with detailed instructions for the delivery of the training sessions, and

Section V – Appendices includes training materials, handouts and exercises.

Section VI – Resources provides information on other guides and books that can be helpful in the grant writing process.

Section VII – References provides a list of all the authors, other sources and literature reviewed for the development of this curriculum.
Training Session Guidelines

The “Training Session Guidelines” for each module is comprised of suggestions on how to teach the units. The guidelines are organized sequentially and each major topic includes a number of sub-sections that focus on specific training activities and topics.

The guidelines are very specific to ensure that trainers understand what is required to meet the objectives; outlines the essential points that the trainers should cover and provide as much support to the trainers as possible.

The Guidelines are written in the second person – to the trainers – and trainer actions are underlined to make it clear what the trainers are to say and do. For example: “Explain”, “Emphasize” and “Point-Out.” Occasionally, the trainer actions will be emphasized using action verbs such as “State”, “Describe” or “Explain.”

The guidelines often include specific, italicized, language that should be directed to participants. The language includes concepts and definitions displayed on the presentation slides and/or other important notes to convey a notion of the key idea(s). Occasional notes alert the trainers to special issues that might arise or to indicate some tips to the trainers during the activity. These are set within a box and are preceded by the words: Note to Trainers or Trainer Tips.

The left side of each page includes icons and notes about timing and materials (handouts, slides, etc.). The recommended total time for each unit is displayed on the left side of the page next to the unit title. The icons that represent flipcharts, using slides or participants’ manual will appear only one time on each page to avoid an overcrowded layout. Following are some examples of the icons used throughout the manual:
## Icons

<table>
<thead>
<tr>
<th>Icon</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>XX Minutes</td>
<td>Unit total time in minutes</td>
</tr>
<tr>
<td>XX mins.</td>
<td>Activity time in minutes</td>
</tr>
<tr>
<td>Display slide(s)</td>
<td>Use named flipchart or use flipchart</td>
</tr>
<tr>
<td>Participants’</td>
<td>Participants’ Manual/Workbook</td>
</tr>
<tr>
<td>Trainers’</td>
<td>Display slide(s)</td>
</tr>
<tr>
<td>Trainers’</td>
<td>Trainers’ Manual</td>
</tr>
</tbody>
</table>
III. Overview of the Facilitator’s Manual

Overall Goal

The goal of this training is to build the capacity of administrative and upper management staff in the process of writing grants.

The training purposes are:

1. To define basic grant writing concepts;
2. To introduce the grant writing framework and agenda;
3. To describe methods and procedures in developing a grant;
4. To provide grant writing sample instruments; and
5. To present a general format of a grant application.
By the end of this two-day training, participants will be able to:

1. Understand and identify the basic structure and key elements of a grant proposal;
2. Develop a plan for conceptualizing, writing, reviewing, and evaluating your grant application;
3. Develop and write SMART goals and objectives;
4. Develop an appropriate budget narrative and justification; and
5. Discuss strategies for effective grant writing process.

This training is designed to be a very interactive process that encourages active participation and involvement of the participants. The curriculum combines lecturing, small groups’ activities, and exercises, designed to facilitate methods through which the trainers and participants will be constantly interacting while the trainers are facilitating the learning process.

The curriculum was designed as a two-day (16 hour) training and the recommended number of participants is 20-35 people. People attending this training should have a basic knowledge of prevention programs and grant writing (see section on “who the participants are” under Training Structure). As this is a large group for training, it is recommended that agencies select experienced trainers who have the ability to assess and know when and how to adjust activities to accommodate the large group, while also monitoring time.
Training Strategies

To facilitate this training, trainers must be familiar with the following strategies:

- Principles of adult learning
- Learning styles
- The learning environment
- General guidelines for facilitation
- Effective communication and listening skills
- Training methods
- Giving feedback to participants
Training Structure

Developing and conducting an effective training requires going through a careful assessment and planning process. The following steps serve as a useful guide for gathering essential planning information and implementing an effective training:

1. **Who are the participants?**

   ✓ How many participants will be attending the training?
   ✓ Why the participants are enrolled in the training?
   ✓ What is the experience and education of the participants?
   ✓ What types of activities do the participants perform in their daily work?
   ✓ What are the socio-cultural background of the participants?
   ✓ Are there any potential group dynamics that might affect the training?

In order to be able to answer the questions above, it is recommended that you conduct a pre-registration process that addresses these questions. For instance, as this training is intended for those with basic experience in the grant writing process, we recommend pre-registration questions that ask specifically what aspects of the process they have participated in and for how long. In addition to having this basic information about the participants, it is also important to consider the “learning culture” of the group. For example, how does this group typically learn new information? Do they like for trainings to get right to the point? With what training methodology are they most familiar? Having this information is essential for establishing realistic learning objectives and selecting appropriate training methods and materials.

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1 From United States Mexico Border Health Association. Enlaces TOT Curriculum, Elizabeth Randall-David RN, PhD., Terry Sanford Institute of Public Policy, Duke University, Durham, NC.
2. **What do trainers want participants to be able to do?**

- By specifying the knowledge, skills, and attitudes the trainers expect participants to have at the end of the training, trainers will be able to develop clear goals and objectives; determine the content, and select training methods appropriate to the objectives. Trainers should be able to adjust agenda time, such as break times, based on the number of people in attendance.

3. **Where will the training take place?**

- The trainers must consider the physical resources at the training site. Facility planning is vital. Looking at the training site beforehand will help trainers plan how to do certain activities and will also alert them to any particular challenges posed by the training facility. There are, of course, times when training courses will be scheduled in remote places that cannot be visited beforehand. In such cases, it is important to consult with someone who knows the facility well in order not to leave things to chance.

4. **How long will the training be?**

- Trainers must balance the amount of time necessary for participants to assimilate new information, practice new skills, and reflect on new attitudes with the amount of time busy people have available for training. Trainers should resist the tendency to cut out all of the interactive training methods and default to the lecture mode in order to meet the time demands. The time allotted should be congruent with the objectives the trainers are trying to meet.

5. **Who will the trainers be?**

- Selecting the right trainers for the topic and audience is crucial. They should be comfortable with and experienced in interactive training methods. (See Training Strategies on page 10). Training teams should be as diverse as possible in terms of gender, cultural/ethnic background, affiliation, profession, etc.
6. What training materials do trainers need?

Training materials should support the use of the selected training methods and be selected within the resources and constraints of the training. It is helpful, and often essential, to have a training materials checklist.

7. What should participants bring to the training?

Participants should all bring a copy of their organization chart. This is required. Optionally, participants may bring a copy of a grant application that they are working on or have completed in the past. This information should be conveyed to participants prior to the training.

8. How will trainers know if the training was effective?

✓ This question involves identifying the most appropriate evaluation methods for measuring the participants’ mastery of the objectives.
✓ Herein below are some recommendations for the trainers to create a positive learning environment for this training:
✓ If possible, use rooms with windows that allow for natural light and contact with the “outside world,” but don’t create noise or visual distractions;
✓ Make sure room has adequate lighting and good acoustics;
✓ Use colorful markers when writing on flipcharts;
✓ Use wall hangings, flowers, and cloths on the tables to make the room more pleasant;
✓ Make sure room temperature can be controlled;
✓ Play soft music as learners enter the training room, during breaks, and while doing reflective activities;
✓ Use chimes or simple musical instruments as a way to bring learners back together from breaks or small group activities;
✓ Have food or snacks available for learners at the beginning and throughout the training. Candies or snacks, and water on the training tables are often appreciated;
✓ Have pipe cleaners, clay or toys on the training tables so kinesthetic learners (people who learn best through touch and movement) have things to do with their hands while listening and participating. Avoid objects that distract others such as wind-up toys or toys that make noise;
✓ Set up chairs and tables to facilitate learning and interaction. The recommended room set-ups for this training are “U” shape or group work.
✓ Finally, emotional safety is another essential part of a positive learning environment.
Following, there is a list of things that trainers can do to make participants to feel emotionally safe during this training:

- Review the goals and objectives of the training.
- Provide an overview of the agenda, including stop and start times and times for breaks/meals.
- Explain the trainers’ role during the training.
- Explain the participants’ role during the training (trainers should emphasize that the participants have a lot of wisdom to share with the group and that everyone will be greatly enriched if people participate fully in the training activities).
- Let the group know where they can take care of their basic needs (e.g., location of restrooms, telephones, and places to obtain food and drink).
- Establish and reinforce ground rules.
### Recommended Training Agenda

#### DAY ONE

**ARRIVAL – 8:30-9:00am**

<table>
<thead>
<tr>
<th>Unit 1. Overview and Introductions</th>
<th>Length</th>
<th>Suggested Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Welcome and Overview of the Training Sessions</td>
<td>10 MIN</td>
<td>9:00-9:10am</td>
</tr>
<tr>
<td>Trainer Introductions</td>
<td>5 MIN</td>
<td>9:10-9:15am</td>
</tr>
<tr>
<td>Participants Introductions</td>
<td>20 MIN</td>
<td>9:15-9:35am</td>
</tr>
<tr>
<td>Overview of the Agenda and Pre course Assessment</td>
<td>25 MIN</td>
<td>9:35-10:00am</td>
</tr>
<tr>
<td>Parking Lot</td>
<td>5 MIN</td>
<td>10:00-10:05am</td>
</tr>
<tr>
<td>Ground Rules</td>
<td>10 MIN</td>
<td>10:05-10:15am</td>
</tr>
</tbody>
</table>

**15 MIN – BREAK – 10:15-10:30am**

<table>
<thead>
<tr>
<th>Unit 2. Overview &amp; Preparation for Grants</th>
<th>Length</th>
<th>Suggested Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overview of Grant Writing</td>
<td>10 MIN</td>
<td>10:30-10:40am</td>
</tr>
<tr>
<td>Organizational Assessment</td>
<td>10 MIN</td>
<td>10:40-10:50am</td>
</tr>
<tr>
<td>Group Discussion</td>
<td>25 MIN</td>
<td>10:50-11:15am</td>
</tr>
<tr>
<td>Choosing a Grant</td>
<td>5 MIN</td>
<td>11:15-11:20am</td>
</tr>
<tr>
<td>Activity: Organizational Readiness</td>
<td>15 MIN</td>
<td>11:20-11:35am</td>
</tr>
<tr>
<td>Activity: Does this Grant Fit?</td>
<td>15 MIN</td>
<td>11:35-11:50am</td>
</tr>
<tr>
<td>Develop a Contingency and Development Plan</td>
<td>10 MIN</td>
<td>11:50-12:00pm</td>
</tr>
</tbody>
</table>

**1 HOUR – LUNCH – 12:00-1:00pm**

<table>
<thead>
<tr>
<th>Unit 3. Researching Funding Sources</th>
<th>Length</th>
<th>Suggested Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Different Types of Funders</td>
<td>15 MIN</td>
<td>1:00-1:15pm</td>
</tr>
<tr>
<td>Research Grant Proposals</td>
<td>15 MIN</td>
<td>1:15-1:30pm</td>
</tr>
<tr>
<td>Planning the Grant Applications</td>
<td>15 MIN</td>
<td>1:30-1:45pm</td>
</tr>
<tr>
<td>Components of the Grant Proposal</td>
<td>25 MIN</td>
<td>1:45-2:10pm</td>
</tr>
<tr>
<td>Activity: What’s Missing?</td>
<td>20 MIN</td>
<td>2:10-2:30pm</td>
</tr>
</tbody>
</table>

**15 MIN – BREAK – 2:30-2:45pm**

<table>
<thead>
<tr>
<th>Unit 4. Grant Proposal Development</th>
<th>Length</th>
<th>Suggested Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Needs Statement or Literature Review</td>
<td>20 MIN</td>
<td>2:45-3:05pm</td>
</tr>
<tr>
<td>Develop an Intervention Plan</td>
<td>20 MIN</td>
<td>3:05-3:25pm</td>
</tr>
<tr>
<td>Program Design</td>
<td>20 MIN</td>
<td>3:25-3:45pm</td>
</tr>
<tr>
<td>SMART Objectives</td>
<td>35 MIN</td>
<td>3:45-4:20pm</td>
</tr>
<tr>
<td>Group Exercise</td>
<td>25 MIN</td>
<td>4:20-4:45pm</td>
</tr>
<tr>
<td>Sample Work Plan</td>
<td>15 MIN</td>
<td>4:45-5:00pm</td>
</tr>
</tbody>
</table>
# DAY TWO

<table>
<thead>
<tr>
<th><strong>ARRIVAL – 8:30-9:00am</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Unit 5. Logic Models</strong></td>
<td>Length</td>
</tr>
<tr>
<td>Activity: Energizer/Booster</td>
<td>10 MIN</td>
</tr>
<tr>
<td>Definition of Logic Model</td>
<td>10 MIN</td>
</tr>
<tr>
<td>Why are logic models important for evaluation?</td>
<td>10 MIN</td>
</tr>
<tr>
<td>Inputs: Collaborations/Partnerships</td>
<td>10 MIN</td>
</tr>
<tr>
<td>Describing the Program Using the Logic Model</td>
<td>15 MIN</td>
</tr>
<tr>
<td>Exercise: Developing your own Logic Model</td>
<td>20 MIN</td>
</tr>
</tbody>
</table>

**15 MIN – BREAK – 10:15-10:30am**

<table>
<thead>
<tr>
<th><strong>Unit 6. Organizational and Staff Experience and Budget</strong></th>
<th>Length</th>
<th>Suggested Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group Discussion</td>
<td>15 MIN</td>
<td>10:30-10:45am</td>
</tr>
<tr>
<td>Key Staff and Experience</td>
<td>10 MIN</td>
<td>10:45-10:55am</td>
</tr>
<tr>
<td>Program Budget</td>
<td>10 MIN</td>
<td>10:55-11:05am</td>
</tr>
<tr>
<td>Anatomy of a Program Budget</td>
<td>20 MIN</td>
<td>11:05-11:25am</td>
</tr>
<tr>
<td>Group Exercise: Planning a Program Budget</td>
<td>30 MIN</td>
<td>11:25-11:55am</td>
</tr>
<tr>
<td>Budget Justification</td>
<td>5 MIN</td>
<td>11:55-12:00pm</td>
</tr>
</tbody>
</table>

**1 HOUR – LUNCH – 12:00-1:00pm**

<table>
<thead>
<tr>
<th><strong>Unit 7. Evaluation Plan and Quality Proposals</strong></th>
<th>Length</th>
<th>Suggested Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Evaluation Plan Components</td>
<td>35 MIN</td>
<td>1:00-1:35pm</td>
</tr>
<tr>
<td>Narrative Complete: Review, Review and Review!</td>
<td>20 MIN</td>
<td>1:35-1:55pm</td>
</tr>
<tr>
<td>Group Exercise: Reviewing your Grant Proposal</td>
<td>35 MIN</td>
<td>1:55-2:30pm</td>
</tr>
</tbody>
</table>

**15 MIN – BREAK – 2:30-2:45pm**

<table>
<thead>
<tr>
<th><strong>Unit 8. Putting the Pieces Together</strong></th>
<th>Length</th>
<th>Suggested Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gathering Appendices</td>
<td>15 MIN</td>
<td>2:45-3:00pm</td>
</tr>
<tr>
<td>Avoid Pitfalls</td>
<td>30 MIN</td>
<td>3:00-3:30pm</td>
</tr>
<tr>
<td>Tips for Writing your Proposal</td>
<td>30 MIN</td>
<td>3:30-4:00pm</td>
</tr>
<tr>
<td>Review, Question, Post-Course Assessment &amp; Evaluation</td>
<td>60 MIN</td>
<td>4:00-5:00pm</td>
</tr>
</tbody>
</table>
IV. Training Curriculum

The following pages provide detailed instructions to the trainers on how to implement this Grant Writing curriculum. Each unit is presented with Trainers’ Notes that highlight the objectives, activities and materials needed for each unit and Training Session Guidelines with detailed instructions for the delivering of the training sessions. All handouts are located in the appendices.
DAY ONE

UNIT 1 – Overview and Introductions

Trainer’s Notes:

Unit Overview

The purpose of the unit is to introduce participants to the training goals and objectives and present the training agenda. Trainers and participants will have the opportunity to introduce themselves to the rest of the group. The group’s ground rules will also be established during this part of the training. Participants will share their training expectations and trainers will record them on newsprint, review them, and acknowledge any expectations that will not be met during this training. Trainers will have the opportunity to encourage participants to get involved in the activities and introduce the “parking lot.”

Trainer Objectives

After completing Unit 1, trainers will have:

1. Described the purpose and goals of the training;
2. Outlined, briefly, what the training will cover;
3. Discussed participants’ expectations;
4. Established the group ground rules;
5. Introduced the Parking Lot; and
6. Clarified roles and responsibilities of participants and trainers.

Participant Objectives

After completing Unit 1, participants will be able to:

1. Understand the purpose and goals of the training;
2. Understand what the training will cover;
3. Express their expectations of the training;
4. Participate in developing the group ground rules;
5. Understand the concept of the Parking Lot; and
6. Understand roles and responsibilities of participants and trainers.
Grant Writing Training Series – Facilitator’s Guide

Topics/Activities Schedule

1. Welcome and Overview of the Training Session (10 minutes).
2. Trainer Introductions (5 minutes).
3. Participants’ Introductions (20 minutes).
4. Overview of the Agenda and Expectations (25 minutes).
5. Parking Lot (5 minutes).
6. Ground Rules (10 minutes)

Preparation and Materials Required

✓ Prepare Expectations, Parking Lot, and Ground Rules flipcharts in advance and have them available.
✓ Have LCD projector and Unit 1 slides available.
✓ Laptop.
✓ Post-it notes.
✓ Markers.
UNIT 1 – Overview and Introductions

Training Session Guidelines:

10 mins. Welcome and Overview of the Training Session

- Display “Welcome” PP slide 2.
- Welcome participants to the training and thank them for their participation. Point-out importance of the work they do in the field and in their communities, and their interest in learning more and improving their skills on the process of grant writing.
- State that this two-day training session will help participants to understand and boost their current information and knowledge about grant writing and enhance their grant writing skills and approach to the process.

5 mins. Trainer Introductions

- Introduce yourself briefly stating your name, background in HIV prevention program development, grant writing, your experience working and providing capacity building assistance to community-based organizations; and your experience as a trainer.
- Allow your co-trainer to introduce him or herself.
- Provide housekeeping information (bathrooms, phones, meals, etc.)

20 mins. Participant Introductions

- Display “Participants’ Introductions” PP slide 4.
- Explain that it is important for participants to get to know one another, and that participants introductions will take place at this time.
- Start with a brief introduction of names. As illustrated on the slide, ask participants to say their first and last names, where they are from, what their role and expertise is in grant writing. Go around the room until everyone has introduced him or herself.
- Thank participants for their introductions.
25 mins.

Overview of the Agenda and Pre-Course Assessment

- **Pass out** the pre-course assessment to each participant (Appendix A). Let them know that the test will help us assess whether we have effectively provided this training on grant writing.
- **Explain** that participants should use the same Unique ID as they will on the post-test. This means: first initial, last Initial, two-digit birth month and two-digit birth date. **Write** this on the newsprint.
- **Display** “Training Agenda” PP slide 7.
- **State** that this training will introduce strategies for organizational survival, vetting potential funding opportunities, components of proposals, information on best practices, provide tips and address frequent pitfalls, and activities aiming at enhancing skills on particular aspects of grant writing.
- **Emphasize** that this objective will be achieved through different activities including lectures, small group activities and exercises.
- At this point, **direct** participants’ attention to the training workbook each of them received. **Ensure** that everyone has a copy.
- **Explain** how the participants’ workbook is designed and quickly walk them through it so they all know how it is organized.
- **Explain** that you now would like to hear what hopes or expectations participants have for the course. **Invite** participants to share what they hope or expect to get out of the training. **Write** participants’ hopes and expectations on the “Expectations flipchart” as they are presented, but do not respond to them. Note that this training is not specifically related to any funding announcement and is meant to be general in nature.
- **Thank** participants for sharing their hopes and expectations. Review the list and acknowledge any expectations that will not be met during the training or may be beyond the scope of the training. Try to offer suggestions of ways participants can meet expectations that are outside the scope of this training.
Introduce the Parking Lot:

“We have a lot planned for this training. This can be good yet challenging. It's good because we will do a lot of different things. However, it's challenging because there may be times when topics come up for discussion that we don't have time to address at that moment. The parking lot is a place to write down issues that come up and that we can't talk about at that moment. It doesn't mean it's not an important issue. It just means that there will be a better time to discuss it later on in the program. By writing it in the parking lot, we can remember to come back to it when it's more convenient.”

Hang on the wall the flipchart marked “Parking Lot.”

Distribute the post-it notes. Indicate to participants that they can also write any questions and/or concerns related to the topics covered in the training on the post-it notes and place them on the parking lot flipchart.

Point out that they can do it at anytime and that they don’t need to write their names.
Introduce the Group Ground Rules:
“Group norms are guidelines that we create to help us all work well together as a group. You may have used group norms in other situations you've been in. Some norm examples are "agree to disagree" and "start and end on time." We want to create our own list of group norms that will help us work well together over the course of the training.”

Ask group to offer group norms that they would like to use over the course of the training. Write ideas on flipchart marked “Ground Rules” as they are announced.

Add group norms from the following list if participants don’t mention them.

- Honor everyone’s input regardless of educational degrees, professional or community status, or personal experiences with the topic;
- Speak one at a time and allow each person time to talk;
- Ask questions;
- Maintain confidentiality, which means what is said in this room stays in this room;
- Take risks and step outside your comfort zone;
- Agree to disagree, but do so respectfully;
- Value each person’s unique opinions and perspectives;
- Speak for yourself, not other people (i.e., use “I” statements rather than “everybody” or “other people”);
- Start and end on time; come back from breaks promptly;
- Take charge of your own learning (i.e., take breaks when you feel necessary, ask for clarification);
- Have fun even though the topic is a serious one; and
- Feel free to "pass" when discussing a certain topic.

Ask group if there are any norms they want to add or remove from the list.

Ask if there are any norms that aren’t clear. Discuss any norms that learners don’t feel comfortable with.

Ask the group to raise their hands if they agree to use these ground rules.

Hang the list on the wall where everyone can see it. Explain that the list of group norms will be hung on the wall where everyone can see them throughout the training, so that we can remember to follow them. Add that if someone is not following a group norm, both the trainers and the other participants can remind that person that they are not respecting the guidelines.

Ask participants if they have any questions about the agenda or logistics.
• Before transitioning to the next unit, **point out** to participants:
  
  “We, the trainers are here to provide information, ask questions, answer questions, facilitate discussions and activities, and make sure we stay on task. We will try to answer the questions you may have throughout the program, but we don’t have all the answers. I don’t know if one person does. By working together, we can usually answer each other’s questions.”
  
  “Your role in this training is to participate. The training is designed to get you involved in the activities and interacting with the other participants in the group. Hopefully, by participating and sharing your knowledge and experiences, we will all learn a lot from each other over the course of the training.”

• **Link** to the next Unit and **State** the following:
  
  “Now that we have clarified the training goal and objectives, our expectations, and know each other better; let’s review some basic grant writing concepts. In the next unit, we will provide a brief overview of grant writing; discuss the importance of organizational assessment; strategies to choosing a grant, and the steps to developing a contingency and development plan.”

---

*Take a 15 minute break*
UNIT 2 – Overview and Preparation for Grant Writing

Trainer’s Notes:

**Unit Overview**

The purpose of the Unit is to introduce the grant writing process. Trainers and participants will discuss the key ingredients to grant writing, the components needed in a grant proposal and the challenges that many organizations face when writing their grants.

This section will also introduce the first two steps in writing a grant; organizational assessment and the elaboration of a development plan. These are two crucial steps that organizations tend to overlook but are crucial to effective grant writing and sustainability of an organization. Trainers will facilitate a brief discussion and exercises on the grant writing process.

**Trainer Objectives**

After completing Unit 2, trainers will have:

1. Reviewed the key reasons for developing a proposal;
2. Introduced the ingredients to writing a proposal;
3. Examined the challenges faced when writing a proposal;
4. Introduced the steps to writing a grant;
5. Introduced an organizational assessment; and
6. Described how to develop a contingency plan.

**Participant Objectives**

After completing Unit 2, participants will be able to:

1. Describe key reasons for developing a proposal;
2. Identify ingredients to writing a proposal;
3. Identify challenges faced when writing a proposal;
4. Understand steps to writing a grant;
5. Define key questions in an organizational assessment; and
6. Develop a contingency plan.
Topics/Activities Schedule

1. Overview of Grant Writing (10 Minutes)
2. Organizational Assessment (10 Minutes)
3. Group Discussion (25 Minutes)
4. Choosing a Grant (5 Minutes)
5. Activity: Organizational Readiness (15 Minutes)
6. Activity: Does this Grant fit? (15 Minutes)
7. Develop a Contingency and Development Plan (10 Minutes)

Preparation and Materials Required

✓ Have LCD projector and Unit 2 slides available
✓ Laptop
✓ Handouts
✓ Flipchart
✓ Post-it notes
✓ Markers
UNIT 2 – Overview and Preparation for Grant Writing

Training Session Guidelines:

Overview of Grant Writing

Note to Trainers: To start this session you can share with participants your own personal and professional experience with grant writing - disappointment, frustration, lessons learned, and positive messages. You can also use any other examples or stories that reflect important issues, misunderstanding, or barriers to grant writing. **Due to the heavy lecture content in the section, ask for volunteers to read the slides.**

- **Introduce** the unit by sharing your own personal and professional experience with grant writing.
- **Ask** participants the following questions:
  - What are the reasons to develop a proposal?
  - What are the ingredients of an effective proposal?
  - What are the major challenges agencies have experienced in developing a proposal?
- **Allow** five minutes for participants’ comments. Listen carefully and reaffirm answers. Write their answers on flip-chart paper.
- **Review** the reasons for developing a proposal, the ingredients of a proposal, and key challenges that agencies face.
- **Display PP slide 11.**
- **Reasons for developing a proposal:**
  - To communicate to your funding agencies what it is your agency is planning.
  - To help your own agency clarify what it is it seeks out to accomplish.
  - To identify ways it can strengthen its proposal and programs or own capacity to undertake the proposal.
  - To engage prospective funders and partners in a process of exploring how they might work together.
  - To align with the changing landscape of HIV/AIDS.
- **Display PP slide 13**
- **State**: We have heard a lot about the National HIV/AIDS Strategy (NHAS), High Impact Prevention (HIP), and the Affordable Care Act (ACA), over the last few
years. There have certainly been some challenges, but there have also been
great successes in helping to address health disparities and to provide access to
healthcare coverage for uninsured individuals.

- **Display PP slide 14.**
- **State:** “The NHAS vision is for the United States to become a place where new
  HIV infections are rare and when they do occur, every person, regardless of age,
gender, race/ethnicity, sexual orientation, gender identity or socio-economic
  circumstance, will have unfettered access to high quality, life-extending care, free
  from stigma and discrimination.”

- **Mention** NHAS has three objectives, which are to: reduce the number of new
cases of HIV infection, increase access to care as well as optimizing health
outcomes for HIV-positive persons, and reduce health disparities related to HIV.

- **Display PP slide 15.**
- **State:** In order to achieve these objectives, the CDC is now using high impact
  prevention (HIP), which supports interventions that are: scientifically proven,
cost-effective, scalable, targeted to the highest risk populations, and in the
highest risk geographical areas.

- **Display PP slide 17 and continue with ACA.**
- **State:** Approximately 8 million people have been successfully enrolled in private
  insurance, and 4.8 million were newly enrolled into Medicaid.

- **State:** Medicaid expansion has increased access to private insurance, and it has
  increased the role of community health centers in delivering care.

- **State:** Health coverage under the ACA helps PLWH receive services not only
  related to the treatment of HIV, but also other health care needs, such as
diabetes or high blood pressure. These policies shape the landscape in which we
live and work. Understanding this landscape will help you write effective
proposals by aligning with larger public health priorities and strategies.

*Source: JSI, Inc.*
Ingredients of an effective proposal:

State: These are the minimum things you will need for a well-packaged program.

Display PP 20.
- Letters of Intent/Interest (LOI)

Point participant to workbook page 8 LOI samples (Appendix I).

Describe the key parts of the LOI
- Introduction
- Organization description
- Statement of need
- Methodology
- Other funding sources
- Final summary
  - Cover letter
  - Executive summary
  - The needs statement/definition of issues
  - Organizational background
  - Clear goals and objectives/results
  - Methods
  - Evaluation
  - Memorandum of Understanding (MOU) See Appendix P
  - Letters of Support (LOS) See Appendix Q
  - Budget/Resources
  - Sustainability Strategy

Source: National Community Health Partners & PROCEED

The challenges of writing proposals:

Start by asking participants about their challenges and capture responses on flipchart.

Display PP slide 24.

Using their answers, explain the challenges herein provided:
- Establishing an effective needs or problem statement
- Clarifying outcomes
- Balancing “fit” between funder and community group priorities
- Creating a sustainability plan
- Capturing, sharing results and learning from results
- Developing relationships with prospective funding partners
• **State** that there are certain steps that we can follow to make the grant writing process easier and more effective. Here is a list of the steps:

• **Steps for Developing a Grant:**
  • Display PP slide 25
  • **Mention** that there are 6 steps in developing a grant.
  • **Explain** that this training will walk participants through each step except for the last one, as the renewal/ending of grant process is a separate topic of training.

1. Organizational Assessment
2. Planning
   a. Choosing a Grant – Readiness and Fit
   b. Developing a Contingency Plan
3. Researching Funding Sources
   a. Types of Funding
   b. Researching
   c. Planning the Grant Application
   d. Components of the Grant Proposal
4. Grant Proposal Development
   a. Goals and SMART Objectives
   b. Needs Statements
   c. Developing an Intervention Plan
   d. Program Design
   e. Logic Models
   f. Organization and Staff Experience & Budget
5. Continuous Evaluation
   a. Creating an Evaluation Plan
   b. Grant Proposal Quality Assurance
6. Renewal or Ending of Grants
Organizational Assessment

Introduce this topic.

- **State:**
  “Now we are going to review and define some issues that should be discussed prior to writing our grants. We need to assess the agency’s strengths and organizational structure.”

- **Explain** to participants that an organization should assess both the agency’s capacity to apply for a particular grant, as well as what grants are better suited for them. This will also help to identify areas in which you will need to strengthen.

- **Review** the questions that should be addressed when conducting an organizational assessment:

1. **Organizational Assessment**
   - **Display PP slide 28.**
   - **Introduce** SWOT Analysis and **point participants** to the tool on page 15 of their workbook. See Appendix R.
     - **State:** SWOT analysis is often central in an organizational assessment; we could spend hours discussing and practicing this process, however we will not go over this in depth.
     - **State:** One thing to note is that the S&W are **internal** focused and the O&T are **external** focused. Conducting this analysis with multiple staff, board members, clients and community members will help provide a clearer picture and will help you decide where you need to grow, what you should emphasize and what types of grants could be right for you moving forward.
   - **Using the tool, ask** participants to spend a couple minutes to reflect on the strengths and weaknesses in their agencies and the opportunities and threats to their agencies.
   - **Ask:** Why are you providing your current services?
     - Is there still a need in the community for this service?
     - What is the competition for funding with your current funders?
   - **Ask:** How well are your current programs able to accomplish their goals?
     - Are you able to meet your contract goals, objectives and maximize all contract funds?
   - **Ask:** What programs are in greatest danger of losing funding?
     - What programs can be saved?
     - What programs are the easiest sell?
     - What category of services are your strongest?
     - Is there a market for the programs you want to keep?
• **State** that it’s important to have the whole program (directors, line staff and finance) discuss the assets and needs of the organization and what are the feasible grants that they should apply to.

25 mins.  

**Group Discussion**

- **Ask** the group and display PP Slide 29:
  - Take out your organizational chart.
  - Put a check mark next to the programs/department/division that you feel are the strongest sell.
  - Why are they your strongest?
  - What areas would you highlight?

- **State**: It is important to assess which programs are at most risks and how we can strengthen them to make them more of a selling point to funders.

2. **Review Organizational Structure**

- **Display PP slide 30**
- **Explain**: Now that we have identified our selling points we also want to review our organizational structure and if it will fit the program that is proposed by the grant.

- **State**: Your organizational structure should reflect the internal infrastructure of the organization, the community advisory board (CAB), and board of directors.
  - Used to show the intended structure of the organization
    - *It describes the staffing patterns of programs and the hierarchy of staff*
  - Sometimes organizational charts can be confusing if poorly designed
    - *There are too many staff on one program, no program coordinator, not enough outreach workers for the intended numbers that the program wishes to reach.*
    - *This reflects poorly on the organization and can confuse people within the organization.*

- **Common Errors with Organizational Structures:**
  - **State**: Some organizational charts only show the division of the programs and not necessarily all of the staffing patterns under each program. To reflect the interrelations of the programs and the staff, a thorough organizational chart should be made. Below are some errors:
    - Often reflects only the responsibility structure
    - Lack of internal infrastructure is evident: what are the staffing patterns?
    - Who’s in charge? When it is no longer clear to the people within the organization and to the people with whom they interact with who is
responsible for what. Are there too many people to report to? Is there no one to report to?

- **Top Heavy Organizational Structures**
  - Too much management or middle management and not enough line staff

- **Display PP slide 32.**

- **State:** Organizations need to be realistic as to how many line and field staff are needed to run the primary care services, outreach and prevention services. Although management is important to organize projects, if the program is too top heavy with staff it will have difficulties getting started and sustaining.

- **Structure of Organizational Charts**
  - Can often feel like it reflects the pecking order of the agency
  - Don’t forget that the agency infrastructure is a key element you want to reflect in your applications

- **Display PP slide 33.**

- **Ask:** Does the picture to the left have enough infrastructure? (See the picture of birds on a telephone pole).

- If there is not enough line staff to implement the program, they will burn out and not be able to provide the same quality of work if there were enough staff on the project.
Display PP Slide 34.

Explain that an effective organizational chart will help your agency sell the new program in the grant application. It provides a clear picture and responds to the questions around agency readiness to be able to take on another program; it shows how new program fits and completes existing programs; and finally, it shows the type of structure; whether it is a functional, divisional, or matrix (both functional and divisional).

Ask participants:

How do funders think?

- EXPERIENCE: how many years in HIV prevention, counseling, testing, outreach, etc.?
- INFRASTRUCTURE: what programs will support the new one; what programs are similar that the tools can be used, social networks, materials, etc.; how will programs be integrated and communicate with each other?
- SUSTAINABILITY: does the organization have a history of serving similar communities, providing similar services, support to take on new programs?

Explain: All of these elements should be reflected in your organizational chart. (See Appendix C for Organizational Chart Template)

Choosing a Grant

Display PP Slide 35.

Explain to participants that before applying for any grant, organizations should also reflect on the mission, vision and strategic plan. Grants applications should support and reflect the goals and objectives of the organizational and their programs. Below are steps that will guide you in the assessment of your organization’s goals and if the grant aligns with them – organizational readiness and fitness.
15 mins.  
**Activity: Organizational Readiness**

- **Display PP Slide 36**
- **Explain** to participants that this activity helps us assess the readiness of the organization to take on new grants. This activity also helps the organization to self assess their goals and mission and make sure all the staff are on the same page.
- **Direct participants to page 19 in their workbook** (Appendix D). Walk through the worksheet and answer questions before asking participants to complete the activity on their own or with their partner.

15 mins.  
**Activity: Does This Grant Fit?**

- **Display PP Slide 37.**
- **Tell** participants to turn to their workbook page 20 that state “Does the grant fit?” **Hand out** HO1 and provide participants with 10 minutes to work alone or with your partner to discuss and complete the organization’s services, target population, experience, expertise, budget, etc. Then have them complete the same columns with the project/grant information. On a scale from 1-5 (1 being poor and 5 excellent) rate the fit of the project/grant with the organization. (Appendix E)
- **Debrief** both activities with participants. **Ask** about things they noticed about their agencies that they have not noticed before. **Ask** about the usefulness on engaging in this process.

10 mins.  
**Develop a Contingency and Development Plan**

- **Explain** that running a program and an organization requires long-term planning and developing contingency plans for the worst possible situations. What if we underestimate the amount of money that we require for the program? Where can we access additional funding?
- **Develop a contingency plan if the grant is not awarded.**
- **Display PP Slide 38.**
- Does your organization have a consolidated list of all your current contracts?
- Do you know when your agency’s contracts expire?
- What is your agency’s plan for sustainability of current contracts?
- **Be realistic!** While you are developing your agency’s budget and fundraising plans for next year, try to be as conservative and realistic as possible.
• **Plan for the worst case scenario:** Figure out what the worst case scenario might be for fundraising and develop a second agency budget and set of program plans for that scenario.
  - One best practice when it comes to budgets is to start with a zero-budget. In other words, develop a budget for each year from “scratch” and allocate resources where is needed. The idea is to create a budget that is accurate to your actual needs to continue on as an agency.
• What contracts will be ending? Which ones are at risk of taking the highest cuts? What staff positions are at risk? What funds can be tapped to pay for those positions?
• **Explain** that now we have decided that the grant is a good fit for our organization it is time to think of a development plan. This consists of:
• **Display PP Slide 40 and refer participants to page 22 in their workbooks.**
  1. Conduct an internal assessment (ex. SWOT)
  2. Develop your fundraising goals
  3. Estimate how much your fundraising events or program will cost
  4. Develop a timeline for your fundraising efforts
  5. Identify funding sources
  6. Evaluate your fundraising plan during the year
Break for lunch.
UNIT 3 – Researching Funding Sources and Developing a Plan for Applying

Trainer’s Notes:

Unit Overview

The purpose of the Unit is to review the different types of funding sources and how they differ. This unit will also help participants with interpreting and finding key components of request for funding proposals. By the end of the unit, trainers will summarize important points about grants and funding sources.

Trainer Objectives

After completing Unit 3, trainers will have:

1. Reviewed the types of funders and foundations;
2. Reviewed how to research different grant proposals;
3. Described the first steps in preparing an application; and
4. Described the parts of a grant application.

Participant Objectives

After completing Unit 3, participants will be able to:

1. Understand the types of funders and foundations;
2. Understand how to research different grant proposals;
3. Understand the first steps in preparing an application; and
4. Identify all the parts of a grant application.

Topics/Activities Schedule

1. Different types of funders (15 Minutes)
2. Research grant proposals (15 Minutes)
3. Planning the Grant Application (15 Minutes)
4. Components of the Grant Proposal (25 Minutes)
5. Activity: What’s Missing (20 Minutes)
Preparation and Materials Required

- Have LCD projector and Unit 3 slides available
- Laptop
- Handouts
- Flipchart
- Post-it notes
- Markers
UNIT 3 – Researching Funding Sources and Developing a Plan for Applying

Training Session Guidelines:

15 mins.

Different Types of Funding Sources

- **Explain:** There are many types of funding sources. Understanding the different types will allow you to choose the one that is the best fit for your organization and most realistic of obtaining. Note that this is provided as a resource and not meant to go too deeply into any particular type of funding.

Below are the different types of funding sources and examples of each:

- **Funding Sources:**
- **Government Funding:**
  - USAID
  - Centers for Disease Control and Prevention (CDC)
  - Departments of Health for each State
  - Health Resources Services Administration (HRSA)
  - Office of Minority Health (OMH)
  - Substance Abuse and Mental Health Services Administration (SAMHSA)
  - Corporations: Banks, Hospitals, Computer Companies
  - Foundations: Family Philanthropists
  - Service Clubs: Lions, Rotary, Shriners
  - Health Associations: American Cancer Society

- **State:** There is a lot of jargon in the grant writing world, as you can probably tell. National Minority AIDS Council has developed a great glossary in your participants’ manual to help with some of this (Appendix O). Also, near the end of most grants the funder provides a glossary of terms as well. This is not to be passed over because it will help you identify key words for your writing. **Optional:** walk the participants through a few key terms in the glossary.

- **State:** A great website to research government grants is [www.grants.gov.com](http://www.grants.gov.com).

**Note to Trainers:** Occasionally some participants may ask how one should select what grants they should be applying for, i.e. federal, state or private grants. Facilitators should **re-emphasize** that it is important to utilize the organizational assessment in selecting grants.
Reseaching Funding Sources

- **State**: It is very important to not only research different types of funding sources but to carefully research which RFP best fits your organization and program.

- **Display PP slide 44 and refer participants to page 24 in their workbooks.**

- **Explain** that for each potential funding source, assess:
  - What are their funding objectives?
  - What and who have they funded in the past? → Does it appear that the RFP was written for the precedent organization?
  - What are their funding guidelines? → Restrictions in target population? Area?
  - Are their funding priorities in alignment with your agency’s mission or fund development plan?
  - Does your agency meet the eligibility requirements for funding? Do you have experience?
  - Making your staff part of the decision making process = BUY IN

- **State**: Some other things to consider:
  - Who are they funding?
  - How many organizations are they funding?
  - Are they looking at new organizations to fund?

- **Display PP slide 46.**

- **Tell** participants that after going through the above checklist it important to read through the Request for Proposal (RFP) over again. RFPs can be very lengthy and complicated. Before writing you should read over the grant and outline the following:
  a. **The requirements**: What are the staffing, location, resources that need to be highlighted in the grant? The RFP will also outline the long-term goals, short-term goals, and activities that need to be incorporated into your program and logic model.
  b. **Develop a proposal checklist** (see page 25 in Participants Workbook)
     i. Outline all of the proposal requirements → draft out all the components that need to be written. This is an outline of the grant proposal in a table format so that it’s easy to follow and see what else needs to be completed.
  c. **Delegate responsibilities** → who can do the literature review, the logic model, etc.
  d. **Make sure to review** and incorporate all pieces of the RFP’s checklist into your outline.
  e. **Create a timeline & always plan for the unexpected**: what parts of the grant need to be completed first. Refer participants to the participant workbook (p 26) for an example of a time line plan.
Planning the Grant Application

- Tell participants we have done a lot of preparing for the grant already including, reflecting on our organizational strengths, goals, missions, resources, funding sources, and reviewing the grant. We can now go ahead and start with assembling and planning the grant application. Before putting pen to paper, some logistics and administrative work needs to be completed:
  - Display PP slide 47.
    a. **Start collecting all required agency forms**: 501(c)3 status, tax documentation, indirect cost rate documentation, financial audits. Use the FOA to guide what forms are needed.
    b. **Start compiling all supporting documentation** – MOU, LOS, resume
    c. **Prepare documents** that need original signatures from the ED, Board of Directors or community partners.

Components of the Grant Proposal

- Tell participants that this is when the grant writing begins. This consists of writing, packaging the proposal and submitting the proposal. This can sometimes be a daunting task so we are going to try and break it down into steps to alleviate some of the nervousness.

- Explain that we are now going to review all the components and then go through each one in more detail:
  - Display PP slide 48.
    1. Needs statement or literature review
    2. Intervention Proposed
    3. Program Plan
    4. Logic Model
    5. Organizational and Staff Experience
    6. Budget
    7. Evaluation Plan

- State to participants that by outlining how much each section is weighted when reviewed, this will determine how many pages should be allocated to that section of the grant proposal.

- Direct participants to page 27 in their participants’ workbook.
**Table 1: Breakdown of Pages in the Grant**

<table>
<thead>
<tr>
<th>Component</th>
<th>Review Criteria</th>
<th>Page Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Needs statement</td>
<td>15%</td>
<td>4.5</td>
</tr>
<tr>
<td>2. Intervention Proposed</td>
<td>20%</td>
<td>6</td>
</tr>
<tr>
<td>3. Program Plan</td>
<td>25%</td>
<td>7.5</td>
</tr>
<tr>
<td>4. Logic Model</td>
<td>5%</td>
<td>1.5</td>
</tr>
<tr>
<td>5. Organizational Experience</td>
<td>15%</td>
<td>4.5</td>
</tr>
<tr>
<td>6. Budgets</td>
<td>15%</td>
<td>4.5</td>
</tr>
<tr>
<td>7. Evaluation Plan</td>
<td>5%</td>
<td>1.5</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>100%</strong></td>
<td><strong>30</strong></td>
</tr>
</tbody>
</table>

- **Tell** participants that it is important to know each component and be able to address each one of them in the grant proposal. During the next unit we will be looking at the components in more depth. This next activity is a pre-test for yourself to see if you can spot the items missing from this mock grant proposal.

20 mins. **Activity: What’s Missing?**

- **Display PP slide 50.**
- **Inform** Participants they will form groups of 3-4 by counting off by fours, to dissect the mock grant proposal, and then bring their finding to the group. Provide them with HO2 and ask them to compare the grant proposal to the requirements in Table 1 above (p. 27 in their workbooks).
- **Debrief** exercise with participants. Ask them what were the challenges they experienced, the advantages, and how engaging in this process helps with grant writing.

*Take a 15 minute break*
UNIT 4 – Grant Proposal Development

Trainer’s Notes:

Unit Overview

The purpose of the Unit is to review the organization of writing the grant and key grant components. Participants will learn about each component in detail. Participants will start with the first three components in this section; literature review, program proposed and program plan development. Since program plans are complex, this will also be covered in great detail and outline setting a goal, objectives, SMART objectives, activities, and logic models.

By the end of the unit, trainers will summarize important points about preparing and starting a grant application.

Trainer Objectives

After completing Unit 4, trainers will have:

1. Reviewed how to write a needs statement;
2. Developed an intervention plan;
3. Described goals and SMART Objectives; and
4. Described parts of a work plan and timeline.

Participant Objectives

After completing Unit 4, participants will be able to:

1. Understand how to write a needs statement;
2. Develop an intervention plan;
3. Develop goals and SMART objectives; and
4. Understand parts of a work plan and timeline.
## Topics/Activities Schedule

- Needs Statement or Literature Review (20 Minutes)
- Develop and Intervention Plan (20 Minutes)
- Program Design (20 Minutes)
- Goals and Objectives, SMART (35 Minutes)
- Group Exercise (25 Minutes)
- Sample Work Plan (15 Minutes)

## Preparation and Materials Required

- Have LCD projector and Unit 4 slides available
- Laptop
- Handouts
- Flipchart
- Post-it notes
- Markers
UNIT 4 – Grant Proposal Development

Training Session Guidelines:

Planning the Grant Application

20 mins.

1. Needs Statement or Literature Review

- **State** to participants that the needs statement expounds the gap(s) of services in addressing the specific health problem. It outlines the severity of the health issue and how it impacts your **target population** (i.e. homeless youth of color) or community (adapt to city, state, county, etc. where training is taking place) that you are aiming to assist. The needs statement should emphasize how this health issue is of an immediate concern and the need for funds, resources, and programs to intervene. To develop a needs statement, you must first conduct a literature review to determine the epidemiological data on the health issue, factors that influence the health issue (behavioral, social, infrastructural), the interventions and programs that have been attempted and the limitations and shortcomings of those studies.

- **Explain** that there are four main steps in developing your needs statement:
  - **Display PP slide 53**
    1. Target Your Search
      - What are the characteristics of your target population?
      - Refer back to the RFP/RFA – what types of data are they looking for?
    2. Literature/Data Sources
      - Centers for Disease Control and Prevention (CDC) - [http://www.cdc.gov/](http://www.cdc.gov/)
      - Substance Abuse and Mental Health Administration (SAMHSA) - [http://www.samhsa.gov/](http://www.samhsa.gov/)
      - Other Resources: Department of Health, Department of Mental Health, Local Universities and Community Based Research Centers
    3. Current Literature
      - Look for literature that has been published in the last five years in scholarly journals
      - Weak Resources: Newspapers, pop culture magazines, etc.
      - Strong Resources: Scholarly journals, local resources (e.g. DOH, CPGs)
4. Synthesize the Literature
   - What kinds of trends are you seeing in this target population? How are their needs unique? Were you able to justify the need for this population?
   - Did you answer all of the criteria required?
   - Use multiple references!
   - **State** that the key is to hone in on the specific needs of your target population. Do not just stay at a country or state-level; really get into the needs of your population at a local level. This sets the stage for presenting an intervention plan that is in clear response to your local needs.

2. Develop an Intervention/Program Plan

   - **Tell** participants that this entails either reviewing a current intervention/program plan that you would like to get more funding or designing an intervention/program plan that you would like to start implementing.
   - **Ask** participants to look again at HO1 as a basis to discuss the following:
     o What does your intervention/program entail?
     o What is the name?
     o Where will it be held?
   - **State** that engaging in a brainstorming activity as the one you just did with them helps when thinking of how your organization is going to meet all the requirements of an RFP. In this case, this activity will help with thinking on how the groups are going to meet all requirements that were read earlier in the sample RFP.
   - **Explain** that there are a few things to consider when designing your intervention.
   - **Display PP slide 55**
     1. Does the RFP/RFA/PA require a certain type(s) of intervention(s)?
     2. Factors to consider before choosing an intervention:
        a. Has this intervention been tested on your target population?
        b. Does this intervention(s) address all the needs of your target population?
        c. Do any interventions need to be added (e.g. case management)?
        d. Is it culturally competent?
   3. Choosing an intervention
      a. Do you have evidence-based sources for your proposed service(s)/practice(s), if required?
      b. Have you referenced literature published within the last five years?
      c. Did you provide sufficient justification for the intervention choice?
      d. Did you include literature on the cultural dimensions of the problem?
e. Have you justified any adaptations that you are proposing to the evidence-based service or practice?

f. Are there any requirements in the RFA/RFP/PA in how the intervention is implemented?

**Trainers Note:** It is important that you inform your participants that it is not necessary to first attend training on a specific intervention before applying for a grant. Once the grant has been awarded, it is imperative that staff be trained before implementation.
3. Intervention/Program Design

- **State** that the program design or plan is a key selling point of the grant proposal. This is your chance to highlight how you are going to make a difference and change the target population’s knowledge, skills or behaviors. The program plan also outlines how you are going to do it and where you are going to fill in the “gaps” that were previously mentioned in the needs statement.

- **Components include:**
  1. Project Goals
  2. Outcome Objectives
  3. Process Objectives
  4. Activities
  5. Logic Model

Source: SAMHSA, 2007

- Here is an outline of a program design. Notice how all of objectives and activities are based on the goal.

- **Display PP slide 58**

### Effective Program Design

![Diagram of program design structure]

- **Goal**
  - **Outcome Objective**
    - **Process Objective**
      - **Activity**
    - **Process Objective**
      - **Activity**
    - **Process Objective**
      - **Activity**
• **Program Goal Statements**
  
• **Display PP slide 59**
  
• **Ask:** What is a program goal?
  - Overarching statements about what the program hopes to achieve
  - Goal statements lead the direction of the program
  - Goal statements articulate how the program plans to address the need(s) in the community
  - Goals should be aligned with the mission statement of the organization or government agency
  - Goal statements are also statements of expected long-range accomplishments
  
• **Examples:**
  - Reduce the incidence of injection drug use among Latino youth, 14-18 years old, in Washington Heights
  - To increase the graduation rate for young at-risk women in the Jefferson School District
  
• **State:** The program goal is really the core of the design. All your objectives, activities, staffing and evaluation should relate back to this goal. In the next section we will discuss how to put your program design into a work plan and timeline for a grant proposal.
Creating a Work Plan and Timeline

- **State:** When developing your response to the grant announcement, the work plan should include all required tasks as stated in the grant, as well as address the timeline in which those tasks are to be completed.

- **Explain:** The work plan should allow the funder to see the agency’s proposed strategy to address all activities beginning with program start up. Depending on the instructions in the announcement and the length of the grant, you may have to provide one comprehensive work plan, or you may have to provide a detailed work plan for the first year and then a high-level plan for remaining years.

- **Display PP slide 61.

- **State:** A successful work plan and timeline will specify when specific activities occur and deliverables are submitted. Work plan activities may include:
  - Grantee meetings
  - Ongoing progress and data reports
  - Specific project tasks
  - Summary project reports
  - Closeout activities

- **State:** The work plan also allows an agency to identify staffing needs and responsibilities.
  - A chart can help organize activities, associated timeline, who is responsible, and any additional comments to provide additional context or more detailed explanations for how staff may be utilized, how the work is to be approached, or any other specific details related to deliverables.

- **Here** is an example of a work plan.

- **Display PP slide 62. Walk through the sections if necessary.

- If the agency is funded, the work plan can and should be used for project management to ensure that activities and deliverables are completed as expected and described in the original response.
  - The agency should work with the funder to make modifications as necessary based on any changes in budget or scope of work.
  - At the beginning of the project, the agency should review the proposed work plan with the funder to obtain additional guidance, feedback, and approval as needed.

- **State:** In addition to a detailed work plan, a sample timeline can also be an effective tool for potential funders and for project management.

- **Display PP slide 63. Here is an example of a timeline.

- **State:** Generally, a sample timeline will list all tasks stated within a grant down the left side of the page, with the timeframe (typically in months – but could vary based on the length of the project) across the top of the page.
- Then either the box is shaded when the activity is expected to occur, or you may designate the time frame in some other way, such as an X or some other shape.
- Although this example does not demonstrate it, you may have activities that occur over multiple months – and therefore multiple boxes are shaded.
- Also, it’s usually best to create your time line in the landscape format.

- **State:** In addition, creating a time line in this way allows funders to quickly review activities over time and at a glance, assess the time and burden for specific tasks, as well as activities that are ongoing (e.g. client meetings, monthly data reports).

As with sample work plans, timelines can continue to be used by project management should a response be successful.

Source: JSI, Inc.
SMART Objectives

Trainers Note: Ask for volunteers during this section to make it more engaging.

- **State**: Clearly stated and well-thought out goals and objectives are the heart of every successful project, and developing them is an essential step in project design. They provide framework for the project, clear direction for project activities and modifications, and lay the groundwork for consistently measuring and gathering data for monitoring and evaluation. Building on our earlier conversation about goals, this section will focus on clarifying the difference between goals and objectives, and on how to develop SMART objectives. (Appendix J)

- **Display PP slide 65.**

- **Review** “What are Objectives?”
  - **State**: “Objectives describe precise, time-based measurable actions that support completion of a goal.”
  - **State**: “Objectives are both the things you will DO and the changes that will occur as a result of what you will do. Objectives enable the goal to be met.”
  - **State**: “Objectives are like the stepping stones to reach your goals.” Share examples on slide.
  - **State**: “There are some key words that can support the intention of objectives—increase, identify, demonstrate.”

- **Clarify** difference between goals and objectives.
  - **State**: “There is often confusion about the difference between goals and objectives.”
  - **State**: “It is essential to understand the difference between the two.”
  - **State**: “Goals are broad statements describing what you hope to achieve as the long-term results of specific activities.”
  - **State**: “Objectives are specific statements describing precise, time-based measurable actions that support the completion of a goal. Again, objectives enable the goals to be met.”
  - **State**: “Now let’s distinguish between 3 important types of objectives.”

- **Display PP slide 67.**

- **State**: “Process objectives are short-term, stated in terms of what your organization will do to implement the program.” Share example (on PP).
• **Display PP slide 68.**

  “Outcome objectives are short-term, stated in terms of what will change among the target population (for example, knowledge, attitudes, beliefs and behaviors.” Share example (on PP).

• **Display PP slide 69.**

  “Impact objectives speak to the longer-term results and change that your program will create for the community.” Share example (on PP).

• **State:** “Let’s examine some sample objectives.” (Refer to PP 70).

• **Ask:** “Can you determine which are process, impact or outcome objectives?”

• **Emphasize** these points from in this slide:
  
  o **Impact** – long term and overall goal; think about the overall impact the intervention will have on your community.
  
  o **Outcome** – short term (less than one year): there is a change for the target population. Think about the change from the specific intervention.
  
  o **Process** – short term, what the organization is going to do, a step towards reaching the outcome objective.
Display PP slide 71.

Introduce SMART Objectives.

State: “Goals and objectives must be clearly articulated from the start, so that it is clear what the project is about, where it’s headed, and what, specifically, will be measured to assess project progress and success.”

- Explain that one way to ensure clarity is to make your objectives SMART.
- Ask: “Who has heard of SMART Objectives?”
- Briefly define (or have participants read aloud) components of what SMART stands for, and what questions each poses (See Appendix J)

- Specific: What exactly are we going to do and for whom? The “specific” part of an objective tells us what will change in concrete terms. It identifies the population or setting, and specific actions that will result.
- Measurable: Is it quantifiable and can we measure it? Measurable implies the ability to count or otherwise quantify an activity or its results.
- Attainable: Can we get it done in the proposed time frame with the resources and support we have available? Objectives must be feasible with the available resources, appropriately limited in scope, and within the project’s control and influence.
- Relevant: Will this objective have an effect on the desired goal or strategy? Relevant, relates to the relationship between the objective and the overall goals of the project or purpose of the intervention.
- Time based: When will this objective be accomplished? A specified and reasonable time frame should be incorporated into the objective statement.

Display PP slide 72.

SMART Objectives Formula

- State: Here is a formula we offer to develop your SMART objectives. It goes like this: “By (when), (who), (where), will do (what), by (how much).”
- State: Remember, keep objectives simple and clear.

  - Share example
  - “By 12/24/14, I will buy a total of 25 presents for my family and friends at the Lenox shopping center.”

  - State: Is this SMART? (Get responses, facilitate discussion)
  - State: “Let’s look at some more examples, then practice.”

Display PP slide 73.

Review Examples of GOALS and OBJECTIVES

- Sample Goal 1: To reduce HIV infections among men who have sex with men in LA County.
- Sample Objective 1: Provide rapid HIV testing services to 500 MSM in LA County by the end of the funding period.
Display PP slide 74.

Continue to review examples of GOALS and OBJECTIVES

- **Sample Goal 2**: To improve the health of transgender women in the US.
- **Sample Objective 2**: Link 20 high-risk negative transgender women to appropriate prevention services within the 12-month funding period.

Display PP slide 75.

**SMART objectives review**

*Emphasize the language that makes it specific:*

- **State**: “You can see this example has provision of a specific service (rapid HIV testing) to a specified population (MSM) in a specific location (LA County).”

*Emphasize language that makes it measurable.*

- **State**: “And we can measure it (500 MSM).”

*Emphasize language that makes it attainable.*

- **Ask**: “Is 500 a reasonable number given available resources and time allotted?”

After hearing responses and facilitating discussion, SAY (if not covered): “This will be determined by the CBO, and is an important question to reflect on. 500 MSM may be attainable for a large CBO, but not a small one. If you have ever only tested 30 people in a year, 500 may be a stretch; if you test 2,400 a month, this might seem reasonable, or even low. You may need to tie in a description of how you will build capacity if your objective seems like a stretch.”

*Emphasize language that makes it relevant.*

- **Ask**: “Is providing HIV testing to Latino MSM relevant to the overall program goal of reducing HIV infection among MSM in LA County?” Get responses, facilitate discussion.

*Emphasize language that makes it time phased.*

- **State**: “You see the time phased element in the completion of proposed activity within a specified time frame (by the end of the funding period).”

Check with participants to verify that the difference between goals and objectives is now clear.

If you participants don’t remember, please refer to previous slides.

Emphasize again what makes it SMART, if not identified by participants.

Refer participants to SMART objectives handout as additional handout, if using.

**Ask**: *What Questions Do You Have?*

Display PP slide 76.

**Summarize** with the importance of creating SMART objectives.
• **State:** “Remember that SMART objectives are the basic building blocks of a good project. Creating SMART objectives from the get-go, assures objectives are relevant to your project’s goals, that they can be carried out with your existing resources within a set time-frame, and that they can be measured in a consistent manner over time.”

Source: APIA Health Forum

• **Transition to exercise.**

• **State:** “Now let’s put what we’ve just learned into action, as we give you an opportunity to try your hand at developing goals and SMART objectives.”
Group Exercise

- Introduce exercise.
- State: “We will now have an opportunity to work in groups to develop a goal and SMART objectives.”
- Divide participants into 4-6 groups.
- Display PP slide 77.
- State:
  - “Turn to page 37 of your workbook”
  - “Each group needs to choose a recorder and a reporter.”
  - “Look back to HO1 (the funding announcement) and select one aspect of the announcement to develop a program. For that program, their group is responsible for developing 1 program goal, two SMART objectives and two activities.”
  - “Groups will have 10 minutes to work on developing the goal, objectives and activities.”
  - “After 10 minutes, each group will share their results with another group for feedback to see if they meet the SMART criteria.”
- Give groups 10 minutes to work. Throughout give regular time updates (i.e. “5 minutes to go”, “2 minutes remaining”, “1 minute left”). Reconvene the group after 10 minutes.
• **Critique and report back.**
  a. Instruct each group to pass their Sample Program Goal and Objectives to the group on their right.
  b. Allow 5 minutes for each group to assess whether or not the goals and objectives meet the SMART criteria.
  c. Each group will present their feedback. Confirm correct assessments, and clarify where needed.
  d. Summarize section by reiterating what to remember about SMART objectives (PP 78).

• **Tell** participants that we will continue with the logic model, organizational and staff expectations, the budget and the evaluation plan tomorrow.

*Wrap up the training session by checking “Parking Lot” and thank participants for their time*
DAY TWO

Welcome participants back to the second day of training. Address any questions from the “Parking Lot” that were not covered the day before.
UNIT 5 – LOGIC MODELS

Trainer’s Notes:

Unit Overview

The purpose of the Unit is to review the definition and uses of logic models in program design. Trainers and participants will identify the utility and main components of logic models and identifying possible outcome measures and data sources. Trainers will facilitate an exercise where participants will develop their own logic model about the program they have been developing throughout the training (based on HO1).

By the end of the unit, trainers will summarize important points about logic models and will explain how their logic model with serve as a platform for the other exercises in the next unit.

Trainer Objectives

After completing Unit 5, trainers will have:

1. Reviewed the purposes and uses of logic models;
2. Discussed how to develop a program logic model;
3. Facilitated an exercise on crafting a logic model;
4. Explained how to craft measurable intended outcomes in the logic models;
5. Discussed how to utilize logic models to monitor, evaluate and improve your programs; and
6. Reviewed how collaborations and partnerships fit into the logic model.

Participant Objectives

After completing Unit 5, participants will be able to:

1. Understand the purposes and uses of logic models;
2. Develop a program logic model;
3. Craft measurable intended outcomes in the logic models;
4. Utilize logic models to monitor, evaluate and improve their programs; and
5. Understand where and why collaborations and partnerships fit in the model.
Topics/Activities Schedule

1. Activity: Energizer/Booster (10 Minutes)
2. Definition of Logic Models (10 Minutes)
3. Why are logic models important for Evaluation? (10 Minutes)
4. Inputs: Collaborations/Partnerships (10 minutes)
5. Describing the Program Using the Logic Model (15 Minutes)
6. Exercise: Developing your own logic model (20 Minutes)

Preparation and Materials Required

✓ Have LCD projector and Unit 5 slides available
✓ Laptop
✓ Handouts
✓ Flipchart
✓ Post-it notes
✓ Marker
Note to trainers: Welcome Participants to Day 2 of the training. Before starting the day’s activities, review some of the concepts covered during Day 1. Break the participants into groups of 2-3 and have them discuss in their groups two “take away” concepts from the day before. Give them 5 minutes to discuss in groups and 5 minutes to debrief in the larger group.

- Welcome participants back to the training session.
- Introduce the welcome back activity described above.
- Allow 10 minutes for the activity.
- Introduce the unit topic and offer an overview of what is going to be covered during the day.
- Display slides and briefly review the definition of Logic Models.

Note to Trainers: To start this session, provide some information on the importance of logic models in both grant writing and program evaluation:

“In order to design and evaluate any program, we need to be very clear about what the program’s goal and logic model are. Based on those, we can determine what to measure. For example, if we choose to evaluate a program’s output, then we would want to ask questions about the effectiveness of the program’s implementation, or clients’ satisfaction with the program, etc. If we want to evaluate a program’s outcome, then we would ask questions about its impact on testing rate or safe sex rate, etc.”

“We will now look at logic models more closely.”
• Display PP slide 85.

*What is a Logic Model?*

• A “road map,” a diagram
• Your program in a picture
• A way to link the needs of the people we serve to the results we get
• A major tool for grant writing and evaluation: helps define program objectives; helps focus on what areas will be evaluated

• **Emphasize** the last message on PP slide by stating:

*Why are logic models important in evaluation?*

• Helps form the evaluation questions
  • By helping determine if the area of interest is related to performance (activities and outputs) or outcome
• Helps define the **indicators** of performance and outcomes, which will be used in performance and outcome evaluation
  • In an evaluation you measure indicators (captured in quantitative or qualitative data), which tell you if you have achieved your **program’s process or outcome objectives** and answer the evaluation questions…

• **State** that Logic Models can take different shapes and forms, and also vary in the amount and type of information included. Nonetheless, it is recommended that the logic model for your program looks as clean and linear as possible, in order to be understood by stakeholders who will view your program’s model and your evaluation reports.
Logic Model

- Display PP slide 86

Describing the Program Using the Logic Model

- **State** that: Logic Model is just a fancy name for a way to break what you do naturally and seamlessly down into small modules, so that they can be examined and tweaked individually. It is a useful tool to analyze what is working or not working in a program.
• Display PP slide 88.
• **State:** The components are:
• **Problem statement:** A clear and concise statement of the problem you want to address will help with the subsequent planning and execution of your program. *E.g., Feeling tired and stressed out at work and need to rejuvenate.*
• **Inputs:** Resources a program uses to carry out its activities. Some input are prerequisites, which are those things necessary for a program to function (i.e., staff, space, phones, etc.). Other inputs are nice to have; they will improve the program’s function but are not essential. *E.g., 2 weeks leave, cash*
• **Activities:** Actual things that you do. On their own, they look trivial. But when done with the outputs in mind, you will see how they are the steps towards the eventual goal and outcome. *E.g., Book flights & hotel, pack bags, research destination, etc.*
• **Outputs:** Are the specific accomplishments of a program. *E.g., 2 weeks vacation in the Caribbean*
• **Outcomes:** A desired change in behavior or condition brought about by a particular set of activities or processes. They can be initial, intermediate, or long-term. *E.g., Have fun and feel refreshed*
• **Impact:** Fundamental intended or unintended change occurring as a result of program activities
• **Refer** participants to their workbooks (p.41) to find a couple of Logic Model samples and walk through them as necessary.
## Cookie Example

<table>
<thead>
<tr>
<th>Needs</th>
<th>Inputs</th>
<th>Activities</th>
<th>Outputs</th>
<th>Outcomes</th>
<th>Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>6 Hungry friends in the living room</td>
<td>1. Ingredients</td>
<td>• Stir</td>
<td>1. 1 dozen cookies</td>
<td>1. Decreased hunger among friends in the living room</td>
<td>Friends appreciate you more &amp; want to maintain your friendship for a long time</td>
</tr>
<tr>
<td></td>
<td>2. Containers</td>
<td>• Mix</td>
<td></td>
<td>2. Maintained friendship</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3. Mixers</td>
<td>• Bake</td>
<td></td>
<td>3. Increased satisfaction in coming to my house to hang out</td>
<td></td>
</tr>
<tr>
<td></td>
<td>4. Oven</td>
<td>• Serve</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>5. People to make the cookies</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>


**Inputs: Collaborations/Partnerships**

- **State** that both government and foundation grantors hold collaboration and partnership in high esteem. Partnerships are increasingly a requirement.
- **Ask**: Why is this? Have 2-3 people voice their reasons.
- **Display PP slide 95. Slide on the prevention toolbox**
- **Tie** their responses into the prevention toolbox. The key here is that we are offering so many options to community members; we need expertise in various areas to really deliver high quality services. Collaborations can help build a solid grant application; it provides opportunities for sharing expertise and a space to fill resource gaps (think back to the SWOT analysis), and it builds bridges among the organizations. One organization cannot do it all.
- **State** some federal grants will ask you for an MOU – memoranda of understanding. An MOU is a written agreement between two parties. Some agencies will give you a breakdown of what they hope to see in an MOU, but in general your MOU should include: a description of the agency you’re partnering with, some background information and the partnership, the specifics of the agreement and services to be provided, and a confirmation of each party’s commitment of the partnership. Always follow the specific instruction in the FOA.
- **Direct** participants to review page 10 in their workbooks for a template.

**Activity: Developing Your Own Logic Model**

- **Introduce** this activity by stating:
  
  "In order to develop an effective program and evaluation plan, it is essential to have a Logic model as part of your design. Your logic model will help in outlining your program’s goals and objectives and create intended outputs and outcomes."

- **Ask** participants to stay with the group they have been with in developing their response to HO1. Go to page 42 in their workbooks and develop a logic model for the program they began developing in the previous activity (goals and objectives) based on HO1 funding announcement. See Appendix G in TM.

*Take a 15 minute break*
UNIT 6 – Identifying Key Staff & Preparing a Budget

Trainer’s Notes:

Unit Overview

The purpose of the unit is to review the organizational and staff experience and budget component that will need to be submitted into the grant. Although the program plan highlights what your organization is going to do, the experience and budget components outline your agency’s capacity to conduct the program. This is a key selling point. Funders need to see that your program is feasible and that you have the resources to implement it beyond expectations.

By the end of the unit, trainers will summarize important points about describing organizational and staff experience. The trainers will also cover the different areas of a budget that need to be submitted with the grant proposal.

Trainer Objectives

After completing Unit 6, trainers will have:

1. Reviewed key attributes of staff and organizational experience;
2. Discussed components that need to be considered in a budget; and
3. Reviewed the anatomy of a budget.

Participant Objectives

After completing Unit 6, participants will be able to:

1. Understand key attributes of staff and organizational experience;
2. Describe components that need to be considered in a budget; and
3. Understand the anatomy of a budget.

Topics/Activities Schedule

1. Group discussion (15 Minutes)
2. Key Staff and Experience (10 Minutes)
3. Program Budget (10 Minutes)
4. Anatomy of a Program Budget (20 Minutes)
5. Group exercise: Planning a Program Budget (30 Minutes)
6. Budget Justification (5 Minutes)
Preparation and Materials Required

✓ Have LCD projector and Unit 6 slides available
✓ Laptop
✓ Handouts
✓ Flipchart
✓ Post-it notes
✓ Markers
UNIT 6 – Identifying Key Staff and Preparing a Budget
Training Session Guidelines:

15 mins. Needs Statement or Literature Review

- Display PP slide 99.
- Ask the participants:
  - Does the organization have experience providing the intervention with the target population?
  - Does the organization have staff that are experienced to provide services under this program?
  - Does your proposal “sell” the organization’s experience providing services?
  - Sustainability: Does the organization have enough resources to sustain the program beyond the grant period?

10 mins. Key Staff and Experience

- Display PP slide 100.
- State that organizations should ask key questions when assessing their staff experience:
  - Did you detail the roles and responsibilities of key staff?
  - Can you adequately demonstrate the experience level of key staff?
  - Do you know the amount of time each person will work on the project?
  - Do you know how the staff are reflective of the target population or culturally competent to work with the target population(s)?
• **State**: Again, we need to ask ourselves: “is this program realistic?” Here are some questions that can guide you to answer it:
  
  **Display PP slide 101.**
  
  - Did you screen for proposal requirements (e.g. allowable expenses, grantee trips)?
  - What is the maximum award per year?
  - For how many years?
  - Is there an indirect cost restriction?
  - How many staff can you fit on the budget?
  - Do you know what the allowable and non-allowable costs are?

• Present a realistic estimate of the funds required to achieve the program’s objectives.

• Clearly outline the total cost of the initiative.

• Specify other sources of funding; in some cases, committed funding can provide “leverage” to influence the granting of new/additional dollars.

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**Anatomy of a Program Budget**

A program budget should include the following pieces:

1. **PERSONNEL EXPENSES**
   - Project Staff Wages
   - Fringe Benefits

2. **OPERATING EXPENSES**
   - Travel
   - Equipment
   - Supplies
   - Contractual
   - Construction
   - Other Expenses

3. Total Direct Expenses (Personnel + Operating Expenses)
4. Indirect Expenses
5. **TOTAL EXPENSES**

• **Mention** that we are now going to cover each of the budget components so that you can develop your own budgets:

• **Display PP slide 103. Direct participants to the sample budget on page 60.**
1. **PERSONNEL EXPENSES**
   - **Project Staff Wages:**
     - Requested salary funds for each position.
     - Should include position title, name of staff, annual or monthly salary, % of time and total time on budget.
   - **Fringe Benefits**
     - Are applicable to direct salaries and wages.
     - Includes: Medical/Dental/Vision, FICA, Unemployment Insurance, Worker's Compensation, Long Term Disability and Retirement.
     - Should include info on the rate of fringe benefits and the basis of your calculation.
     - Remember that there should be two different amounts applied to full time and part time employees.

2. **OPERATING EXPENSES:**
   - **Travel**
   - **Equipment**
     - Typically costs associated with program equipment that is $5,000 and up per unit.
   - **Supplies**
     - Typically includes office supplies and program supplies.
   - **Contractual:**
     - This category is appropriate when hiring an individual/company to provide professional services or advice for a fee but not as an employee of the grantee organization.
     - Examples: translation, transcription, evaluation consultant & curriculum development.
   - **Construction:**
     - New construction for the project.
     - Not a smart category to apply for during the fiscal crisis.
   - **Other:**
     - This category contains items not included in the previous budget categories.
     - Typically items in this category include: telephone, postage, printing, equipment maintenance/rental and Internet.

3. **TOTAL DIRECT COSTS:**
   - Definitions: these are those that can be identified specifically with a particular final cost objective (a particular award, project, service, or other direct activity).
     - Total Direct Costs = Personnel + Operating Costs
4. INDIRECT COSTS

- Indirect costs are those that have been incurred for common or joint objectives and cannot be readily identified with a particular final cost objective.
- Indirect costs shall be classified within two broad categories: "Facilities" and "Administration."
  o "Facilities" is defined as depreciation and use allowances on buildings, equipment and capital improvement, interest on debt associated with certain buildings, equipment and capital improvements, and operations and maintenance expenses.
  o "Administration" is defined as general administration and general expenses such as the director’s office, accounting, personnel, library expenses and all other types of expenditures not listed specifically under one of the subcategories of "Facilities" (including cross allocations from other pools, where applicable).
  o Examples of this category include central offices, such as the director’s office, the office of finance, business services, budget and planning, personnel, safety and risk management, general counsel, management information systems, and library costs.
  o To claim indirect costs organizations must have a federal approved indirect cost rate agreement
  o To calculate the indirect costs:
    - Indirect costs = Direct Costs x indirect rate
    - $10 = $100 x 10%
  o To calculate the total expenses:
    - Direct Costs + Indirect Costs = Total Expenses
    - Example: $100 + $10 = $110

Source: OMB Circular A-122, 2009
30 mins. **Budget Exercise**

- **Display PP slide 111.**
- **Ask** participants to get back into their same groups and please turn to their workbook; on page 48 they will see a budget worksheet. Have them complete a budget of expenses for the program you designed earlier today (based on HO1). See Appendix H for a Sample Budget.
- **Debrief** the exercise. Assess challenges and what worked.

5 mins. **Budget Justification**

- **Display PP slide 112.**
- Are you able to justify each cost?
- Provide sufficient narrative about each cost
- **Weaknesses in Budget Justification**
  - Not enough detail
  - Unrealistic projections
  - Trying to hide expenses with vague narrative does not work!
  - Did not provide enough detail about how the funds will be used for each year of the project
  - Lack a basic understanding of the principles of accounting
- **State:** There are two main keys here. 1) Does your budget match your program, which we just discussed; and 2) Does your budget match the guidelines. Be very careful to read the budget instructions. Are there any final questions about the budget section before we break for lunch? We will come back in 1 hour to discuss the evaluation plan and putting all the pieces together.

*Break for lunch.*
UNIT 7 – Evaluation Plan and Quality Proposals

Trainer’s Notes:

Unit Overview

The purpose of the unit is to review the last component of a grant proposal, the evaluation plan. Funders want to see how your organization is going to evaluate the implementation of your proposed program and the ability of your program to change participants’ health outcomes. This evaluation plan will lay the framework as to what data you will be collecting and how you will collect it. This section will also review the steps needed to take to compile the grant.

By the end of the unit, trainers will summarize important points about developing an evaluation plan.

Trainer Objectives

After completing Unit 7, trainers will have:

1. Facilitated discussion to identify elements of an FOA;
2. Reviewed the key components of an evaluation plan; and
3. Reviewed proofreading of grants.

Participant Objectives

After completing Unit 7, participants will be able to:

1. Understand the elements of an FOA;
2. Know the key components of an evaluation plan; and
3. Understand processes for proofreading of grants.

Topics/Activities Schedule

1. Evaluation plan components (35 Minutes)
3. Group exercise: Reviewing your grant proposal (35 Minutes)
Preparation and Materials Required

- Have LCD projector and Unit 7 slides available
- Laptop
- Handouts
- Flipchart
- Post-it notes
- Markers
35 mins.

**Evaluation Plan Components**

- **State**: We are now delving into the evaluation piece of the grant proposal, which is often the final piece of the narrative. In this section we will briefly review key evaluation terminology, examine typical RFP requirements, utilize a logic model to develop evaluation questions, and practice using a tool that can be used for the evaluation narrative.

- **Display PP slide 115.**

- **Explain**: Here we have a visual that shows several types of evaluation.
  - **Formative** – comes before a program in order to inform design. Includes organization assessment and community assessment.
  - **Process Monitoring** - occurs during a program and looks at what is being done, with who, and how much.
  - **Process Evaluation** – occurs during a program and compares what is being done, with who and how much with the program objectives. Did we meet our objectives?
  - **Outcome Monitoring** – occurs during and after a program and examines if there was any change in participants, based on program goals. Did participants change behavior, access to care, knowledge?
  - **Outcome Evaluation** – occurs during and after a program and compares participant outcomes with the same measures in a group of people that did not participate. Here we are looking more at the effect of the program. Did those who were in the program increase condom use more than a group not in the program? (This is not usually required in typical program grants; more for research grants.)
  - **Impact Evaluation** – occurs after the program(s) and looks at the long-term impact on the key health outcomes, HIV incidence for example. Usually health departments conduct this type of evaluation.

- **Direct** participants to the sample FOA in their workbooks. Give everyone a couple minutes and ask them to read for what are the pieces that are being asked for in the FOA.

- **Ask** participants what they see as the requirements by the FOA.

- **Write** on a newsprint and facilitate a discussion. What kind of evaluation is this? What are all the pieces that need to be included?
- **State**: One of the key challenges in all sections of a grant proposal is providing enough information in the allotted space. For evaluation in particular, that is difficult. Another crucial aspect of the evaluation section is that it is CLEARLY tied to the program plan.

- **Direct** participants to the sample logic model from CLEAR in their workbooks.

- **Explain** that we want to create key evaluation questions for the CLEAR intervention, based on the logic model. Note that the logic model is a little different from what we developed earlier. Remember that process monitoring and evaluation are questions on what did we do, with who and how much. Where in this logic model can we find this?

- **Ask** and write on a newsprint: What might be some process monitoring questions that we should ask? Collect 3-5 questions depending on time.

- **Remember** that outcome monitoring is about changes in the client. Where in the logic model can we find this?

- **Ask** and write on newsprint: What might be some outcome monitoring questions that we should ask? Collect 3-5 questions depending on time.

- **These** are the basis of your evaluation plan. We now have several questions to begin creating an evaluation plan. Now, we will definitely not be able to fit an entire evaluation plan into the proposal.

- **Ask** them to turn to page 53 in the participants’ workbook for a template evaluation planning tool and walk through each section and create examples as a group.
• **State** that we have a mini-checklist for developing a cohesive evaluation section.
  
o Does the program have a clear plan for measuring goals, outcomes, processes and program activities?
  
o Is the program’s evaluation plan in alignment with the requirements of the RFA/RFP/PA?
  
o Did you include the specific performance measures that are required in this RFA or PA?
  
o Did you use the logic model to develop the evaluation plan for the proposal?

  Source: SAMHSA, 2007

• **Ask** participants, is there a clear plan for…
  
o Development and use of specific data collection instruments?
  
o Method and frequency of data collection?
  
o Involving the target population in the design and implementation of the program’s evaluation plan and activities?
  
o Is there a plan for measuring cultural competency?
  
o Is there a plan for using the results of the performance assessment to improve project management?

**Note** that there are three Case Studies in Appendices L, M, and N around evaluation proposals, scope of work and staffing plan.

20 mins. **Narrative Complete? Review, Review and Review!**

• **Tell** participants that before they submit their proposals, they need to make sure that several people review the grant.

• **Display PP slide 119.**
  
o Make sure you review the RFP numerous times
  
o Proofread the narrative
  
o Edit the proposal using the review criteria
  
o Does the proposal answer all of the questions?
  
o Use your checklist to ensure that all necessary items are included in your proposal
  
o Are there any gaps in the narrative?
Activity: Review of Your Grant Proposal

- **Ask** participants to review the grant proposal that they brought in with them with their partner (if they have one). Allow the participants 30 minutes to read and critique the grant proposal based on what was covered over the past couple of days. What are the key components and strategies for an effective proposal? Are these present? What would make them stronger?

- **Trainer's Note:** This is a flexible activity. For those that did not bring their own to discuss, they may dissect the mock proposal in HO2.

- **Ask** participants to discuss with the group at large what they thought was done very well and what they thought could use improvements.
UNIT 8 – Putting the Pieces Together

Trainer’s Notes:

Unit Overview

The purpose of the unit is to start to compile what a grant proposal could look like. In the section the trainer will walk participants through what the appendices should include, how to avoid the pitfalls of proposal development, as well as some useful tips for writing your proposal.

By the end of the unit, trainers will summarize important points about developing a grant proposal.

Trainer Objectives

After completing Unit 8, trainers will have:

1. Reviewed what appendices should be included; and
2. Reviewed tips to writing an effective grant proposal.

Participant Objectives

After completing Unit 8, participants will be able to:

1. Identify what appendices should be included and what they are; and
2. Utilize tips to writing an effective grant proposal.

Topics/Activities Schedule

1. Gathering Appendices (15 Minutes)
2. Avoid Pitfalls (30 Minutes)
3. Tips for Writing your Proposal (30 Minutes)
Preparation and Materials Required

- Have LCD projector and Unit 8 slides available
- Laptop
- Handouts
- Flipchart
- Post-it notes
- Markers
Gathering Appendices

10 mins.

- **Tell** participants that one of the last things that needs to be completed is the gathering of the appendices. The appendices often include the following:
  - **Display PP slide 122.**
  - The appendices include supplemental information such as the following:
    - Board of Directors List
    - Letters of Support, Memorandums of Agreements (MOA) and Memorandum of Understanding (MOU)
    - Legal documents (501C3 Determination Letter, By-Laws, Incorporation Status, etc)
    - Financial documents (Agency operating budget, audit, 990 and indirect cost rate)
    - Resumes of Key Staff and/or Job Descriptions
    - Publications including brochures or newsletters
    - GIS Maps
    - Scope of Work
    - References
    - Organization Chart
    - Any other document that the proposal asks for
Avoid Pitfalls

• **State**: Before we end this training we would like to provide you will a list of things to avoid.

• **Display PP slide 124.**
  - Missing pieces or inadequate responses to the components of the application;
  - Inadequate understanding of the intent of the RFA/RFP /PA;
  - Outdated or poorly cited literature;
  - Poorly designed program plan;
  - Insufficient staff experience to carry out the proposed project;
  - No discussion of how cultural issues will be addressed; and
  - Poorly designed evaluation plan and no discussion of the evaluation tools.

Tips for Writing Your Proposal

30 mins.

• State here is a list of tips that will help guide you in the writing of the proposal. Walk through each tip and ask participants to read slides as necessary.

• **Display PP slide 125.**

• **EASY TO READ**
  - A proposal that is both well organized and well designed
  - All references are correct
  - Easy to read format and fonts
  - Comply with formatting requirements (e.g. 1” margins, 12 point font and double spaced)
  - Spell and grammar check your narrative

• **LANGUAGE AND TONE**
  - Use active and marketing language. How is your organization different from the 200 others that submitted an application?

• **PACKAGING**
  - Avoid expensive or flashy packaging
  - Comply with packaging requirements (e.g. submission through grants.gov, number of copies or formatting)
  - Be careful with electronic submissions:
    - ALWAYS PDF your documents otherwise this can result in non-compliance of page count
    - PLAN EARLY: Something will always go wrong make sure you leave enough time for yourself
• CLEAN YOUR COOKIES: Excess cookies in your browser can affect your submission process. Clean your cookies
  o ORGANIZE: Use table of contents, place headers and titles on all supporting documentation.
  o Be sure to include a logic model, scope of work and organizational chart if possible.

• RECEIVING TECHNICAL ASSISTANCE
  o When responding to an FOA, be sure to consult the FOA for guidance regarding questions and assistance. There will likely be points of contact listed for administrative and fiscal issues, as well as programmatic concerns. Depending on the funder, they may identify additional technical assistance support as well.
  o There will also likely be a period to submit questions related to the FOA. Depending on the funder and the specific announcement, answers may be posted online or shared via email.
  o Additionally, as a CDC-funded Capacity Building Assistance (or CBA) provider, we are available to help HIV prevention organizations – whether you are funded by CDC, the state, or through other resources. If you are funded by CDC, you may submit a request directly through the CRIS system. If you are funded by your state or other resources, the state health department may submit a technical assistance request on your behalf.

Source: JSI, Inc.
• **Display PP slide 128.**

• **Review**
  o The grant writing process can sometimes be daunting and overwhelming. It is important to have a well-organized plan and allow sufficient time to execute the grant writing. Through the pass two days this training helped to outline some key components and guidelines that should be included in a grant proposal.
  o Although competing for grants is a competitive process, we hope that this training and these tools will help you during your competition.

• **Display PP slide 129.**

• **Technical Assistance**
  o Explain to participants that if they require any additional training to strengthen their skills or their staff skills that a CBA provider can provide FREE additional trainings and coaching sessions. CBA providers can provide individualized technical assistance such as conducting organizational assessments, strategic planning, providing feedback on grant proposals and how to improve, and collecting evidence to show credibility. Slide also provides information on how to request CBA.

• **Display PP slide 130.**

• **Questions**
  o Allow time for participants’ comments and questions. Review the questions that were put in the parking lot over the past couple of days. Review the expectations that were stated on the first day and how the coaching tried to address each of them.
  o Then ask participants that before they leave could they please complete the post-course assessment and evaluation.

• **Display PP slide 131.**

• **Post-course assessment and Evaluation**
  o **Pass out** both the post-course assessment and evaluation survey to each participant. Let them know that the post-course assessment will help us assess whether we have effectively provided this training on grant writing.
  o **Explain** that participants should use the same Unique ID as they completed on the pre-course assessment. This means: first initial of first name, first initial of last name, two-digit birth month and two-digit birth date.
  o **Write** this on the newsprint.
o **Ask** participants to leave both the evaluation survey and the post-course assessment in a folder that you have provided. Provide participants with time and space to complete these forms in silence and thank participants as they gather their belongings and leave.

o **State:** We thank you for completing this grant writing training. Please feel free to contact us if you have any further questions.
Appendices
Appendix A:
Pre/Post-Course Assessment

Do you have any prior training or experience in grant writing?
☐ Yes    ☐ No

1. Which of the following is NOT a typical component of grant application?
   ☐ a. Needs Statement    ☐ c. Evaluation Plan
   ☐ b. Program Plan    ☐ d. Case Study

2. What are the five essential components that should be address in a grant application program plan?
   ☐ a. an idea, plan, timeline, key staff and budget
   ☐ b. project goal, activities, key staff, budget and logic model
   ☐ c. project goal, outcome objectives, process objectives, activities and a logic model
   ☐ d. All of the above

3. Which of the following is NOT a characteristic of a program goal?
   ☐ a. Overarching statements about what the program hopes to achieve
   ☐ b. Articulate how the program plans to address the need(s) in the community
   ☐ c. Statements of expected long-range accomplishments
   ☐ d. A statement about the target population

4. A program objective is…..
   ☐ a. A list of tasks that must be completed to achieve the program goal
   ☐ b. A statement of measurable outcome which can be used to determine program progress towards the program goal.
   ☐ c. A statement about the overarching purpose of the program
   ☐ d. All of the above

5. An outcome objective focuses on...
   ☐ a. the evaluation tasks you hope to achieve during the program.
   ☐ b. the purpose of the program
   ☐ c. the activities you hope to accomplish during the program
   ☐ d. changes in knowledge, skills and behavior
6. What does SMART stand for?
☐ a. Specific, Measurable, Accomplishable, Rationale and Time Bound
☐ b. Specialized, Measurable, Achievable, Realistic and Time Bound
☒ c. Specific, Measurable, Action-Oriented, Relevant and Time Based
☐ d. Specific, Measurable, Accomplishable, Reasonable and Time Sensitive

7. What are the five main components of logic models?
☐ a. inputs, activities, outputs, outcomes and impact
☐ b. goals, inputs, outputs, products and staff
☐ c. goals, activities, deliverables, key staff and outcomes
☐ d. inputs, deliverables, outputs, products and outcomes

8. Which of the following is NOT a characteristic of an effective evaluation plan?
☐ a. a clear plan for the development and use of specific data collection instruments
☐ b. a clear plan for the method and frequency of data collection
☐ c. a clear plan for using the results of the performance assessment to improve project management
☒ d. none of the above

9. Which of the following is NOT one of the major pitfalls that people experience in developing grant applications?
☐ a. Missing pieces or inadequate responses to the components of the application
☐ b. Poorly designed program plans
☐ c. Inadequate understanding of the intent of the RFA/RFP /PA;
☒ d. Sufficient discussion on the program’s cultural competency

10. When packaging your grant application which of the following is NOT a factor to consider?
☐ a. A proposal that is easy to read, well organized and designed
☐ b. A proposal that complies with all packaging requirements
☐ c. Flashy and expensive packaging
☐ d. On organized proposal that uses a table of contents, headers, titles and references.
☐ e. All of the above

¡Gracias! - Thank you!
Appendix B

Training Evaluation

Name of Training: **Grant Writing**  Date: ______________

Here at **ORGANIZATION** we want to thank you for giving us the opportunity to serve you. Please help us serve you better by taking a couple of minutes to tell us about the training that you have received today.

1. Please tell us how satisfied are you overall with the total training (circle a number from 0-4).

2. Please rate the training workshops for each criteria listed below by circling a number from 0 to 4:

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Very Poor</th>
<th>Poor</th>
<th>Average</th>
<th>Good</th>
<th>Very Good</th>
</tr>
</thead>
<tbody>
<tr>
<td>My learning experience was</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Overall rating of presenter(s)</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Overall rating of manual (if applicable)</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Overall rating of format and organization of presentation</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Level of discussion elicited by presenter(s) (if applicable)</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Ability of presenter to answer questions from the audience</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>The pace at which the materials were presented</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>The level of clarity of the information (how clearly presented)</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>The apparent knowledge of the presenters</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>How the activities helped to clarify the information presented</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>How clearly the objectives were stated</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>The applicability of this training to everyday work</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Please rate <strong>STAFF</strong> as a presenter</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Please rate <strong>STAFF</strong> as a presenter</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>
3. In regards to the training topic, do you feel there was a need for training on this topic?

- Definitely NOT a need
- Not much need
- Somewhat of a need
- Definitely a need

4. In thinking about the need for training on this topic, do you feel that we met that need?

- Definitely DID NOT meet the need
- Did not meet the need much
- Somewhat met
- Definitely met

5. Please indicate how likely you are to do the following:

<table>
<thead>
<tr>
<th>Definitely Not</th>
<th>Not so likely</th>
<th>Somewhat likely</th>
<th>Very likely</th>
<th>Definitely will</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recommend this training/workshop to others</td>
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<tr>
<td>Attend ORGANIZATION’s future trainings</td>
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<tr>
<td>Seek Capacity Building Assistance</td>
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<tr>
<td>Discuss with co-workers what you learned</td>
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<tr>
<td>Utilize the participant’s manual at work</td>
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<tr>
<td>Apply the discussed strategies to your work</td>
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</table>

6. What is the most important concept you learned today?

____________________________________________________________________
____________________________________________________________________

7. What three things will you possibly do differently as a result of today’s training?

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
8. What aspects of the training would you change?

____________________________________________________________________
____________________________________________________________________

9. Why did you attend this training?

____________________________________________________________________

10. Have you previously attended training on this topic? ☐ YES ☐ NO

11. For demographic purposes only, please answer:
    a. What is your gender? ____________________________
    b. Your age? ____________________________
    c. What is your ethnicity? ____________________________
    d. What is your primary language? ____________________________
    e. What is your sexual orientation? ____________________________
    f. What is your work affiliation? ____________________________

THANK YOU!
Appendix C
Organizational Chart Template
## Appendix D
### Organizational Readiness Form

<table>
<thead>
<tr>
<th></th>
<th>In Place</th>
<th>Need</th>
<th>Who</th>
<th>By When</th>
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<tbody>
<tr>
<td><strong>Why</strong></td>
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<tr>
<td><strong>Vision</strong></td>
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<tr>
<td><strong>Mission</strong></td>
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<tr>
<td><strong>Values Statement</strong></td>
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<tr>
<td><strong>Goals</strong></td>
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<tr>
<td><strong>Existing Programs/Services</strong></td>
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<tr>
<td><strong>Who</strong></td>
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<tr>
<td><strong>Board of Directors</strong></td>
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<tr>
<td><strong>Staffing</strong></td>
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<tr>
<td><strong>Volunteers</strong></td>
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<tr>
<td><strong>How</strong></td>
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<tr>
<td><strong>Financial Information</strong></td>
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<tr>
<td><strong>Strategic Plan</strong></td>
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<tr>
<td><strong>Planning Process</strong></td>
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<tr>
<td><strong>Brief History</strong></td>
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<tr>
<td><strong>Service Record</strong></td>
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<tr>
<td><strong>Strategic Alliances</strong></td>
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<tr>
<td><strong>References</strong></td>
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<tr>
<td><strong>Levers</strong></td>
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</table>
### Appendix E

#### Does this Grant Fit?

<table>
<thead>
<tr>
<th>Item</th>
<th>Your Organization</th>
<th>RFP/FOA</th>
<th>Best Fit (1-5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service/Program</td>
<td></td>
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<tr>
<td>Target Group</td>
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<tr>
<td>Experience</td>
<td></td>
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<tr>
<td>Expertise</td>
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<tr>
<td>Budget</td>
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<tr>
<td>Community/Location</td>
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<tr>
<td>Leverage/Alliances</td>
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<td>Supporters</td>
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<tr>
<td>Sustainability</td>
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</table>
Appendix F

EFFECTIVE PROGRAM DESIGN

Step 1: Write down the overarching GOAL of your proposed program

Step 2: Write down 1 OUTCOME OBJECTIVE that will help the program achieve their goal.

Step 3: Write down 1 PROCESS OBJECTIVE that will help the program achieve the outcome objective and goal.

Step 4: Write down at least 2 ACTIVITIES that will help the program achieve the process objective and goal.
Appendix G
PROGRAM PLAN

<table>
<thead>
<tr>
<th>NEEDS</th>
<th>INPUTS</th>
<th>ACTIVITIES</th>
<th>OUTPUTS</th>
<th>OUTCOMES</th>
<th>IMPACT</th>
</tr>
</thead>
</table>

Revised September 2014 – DRAFT
### Appendix H
### SAMPLE BUDGET

<table>
<thead>
<tr>
<th>a. PERSONNEL COSTS</th>
<th>Monthly salary</th>
<th>In-Kind</th>
<th>Budgeted FTE</th>
<th># mos.</th>
<th>Requested Budget</th>
<th>Agency Match (In-kind)</th>
<th>TOTAL BUDGET</th>
</tr>
</thead>
<tbody>
<tr>
<td>a1. Project Manager</td>
<td>5,000</td>
<td>0%</td>
<td>100%</td>
<td>12</td>
<td>$60,000</td>
<td>$0</td>
<td>$60,000</td>
</tr>
<tr>
<td>a2. Social Worker II</td>
<td>4,583</td>
<td>0%</td>
<td>100%</td>
<td>12</td>
<td>$55,000</td>
<td>$0</td>
<td>$55,000</td>
</tr>
<tr>
<td>a3. Social Worker I</td>
<td>4,167</td>
<td>0%</td>
<td>100%</td>
<td>12</td>
<td>$50,000</td>
<td>$0</td>
<td>$50,000</td>
</tr>
<tr>
<td><strong>Total Salaries</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>$165,000</strong></td>
<td>$0</td>
<td><strong>$165,000</strong></td>
</tr>
</tbody>
</table>

| b. Fringe Benefits @ up to 31% of total Personnel (see justification) | Total Fringes | $0 | $51,150 |
|**TOTAL PERSONNEL EXPENSES** | $216,150 | $0 | **$216,150** |

**OPERATING EXPENSES**

| c. Travel | |
|-----------|----------------|---------|---------|
| c1. Local Travel | | | |
| c2. Out of State Travel + conference | | | |
| **subtotal travel** | | | **$3,500** |

| d. Equipment | |
|-------------|----------------|---------|---------|
| d1. Computers and Printers | | | |
| **subtotal equipment** | | | **$6,000** |

| e. Supplies | |
|-------------|----------------|---------|---------|
| e1. Office Supplies | | | |
| e2. Program Supplies | | | |
| **subtotal supplies** | | | **$3,500** |

| f. Contractual | |
|----------------|----------------|---------|---------|
| **subtotal contractual** | | | **$0** |

| g. Construction - N/A | |
|-----------------------|----------------|---------|---------|

| h. Other | |
|----------|----------------|---------|---------|
| h1. Telecommunications (phone, fax, dsl) | | | |
| h2. Copying | | | |
| h3. Rent/Share | | | |
| h4. Computer Maintenance | | | |
| **subtotal other** | | | **$13,280** |

<table>
<thead>
<tr>
<th>i. TOTAL DIRECT EXPENSES (A-G)</th>
<th>TOTAL DIRECT EXPENSES</th>
<th><strong>$242,430</strong></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>j. INDIRECT EXPENSES @ 11.1% of direct costs</th>
<th>TOTAL INDIRECT EXPENSES</th>
<th><strong>$26,910</strong></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>k. TOTAL EXPENSES</th>
<th>TOTAL EXPENSES</th>
<th><strong>$269,340</strong></th>
</tr>
</thead>
</table>
Appendix I

Sample Letter of Interest

December 12, 2005

Deborah D. Hoover
The Burton D. Morgan Foundation
P.O. Box 1000
Akron, OH 44309-1500

Dear Deborah,

About a year ago, individuals involved with E CITY (Entrepreneurship: Connecting, Inspiring and Teaching Youth), an after-school entrepreneurship education program for inner city youth, saw that entrepreneurship was an effective “hook” that helped students value education and inspired them to stay in school. They wondered what impact might be made if students were immersed in the culture of the entrepreneur, five days a week, 8-10 hours a day. What if they could be educated in all academic subjects, in a setting where everyone commits to being the entrepreneurs of their own lives—valuing persistence, creativity, self-determination, courage, and the ability to see obstacles as opportunities?

At that time, the vision for Entrepreneurship Preparatory School (E Prep) was born. A year of intensive research into school design is now behind us, thanks to $117,000 in planning grants from six organizations. Today we are working diligently to open E Prep in the summer of 2006, with 100 sixth graders. We will grow by one class of six graders each year until we are a grade 6-12 school. E Prep will be a college-preparatory Ohio community school (known to some as a charter school) characterized by: high structure, high expectations, high discipline, extended school day, extended school year, and half-day Saturday classes for those who are not meeting academic performance expectations. The school will offer 40% more instructional time than the traditional public schools. Through its increased involvement with the students, E Prep will make the promise that 100% of those who remain until the 12th grade will gain acceptance to a four-year college.

This is a BIG promise. Like most charter schools, E Prep’s students will be those who have not succeeded in the traditional public schools and on average will be two years behind, academically. My Board and I are confident that we can achieve our goals, however, because we have had the opportunity to study the best practices of urban charter schools. I am completing a year-long fellowship with Building Excellent Schools of Boston, and have visited and closely observed the operations of nearly 60 top-performing charter schools. In addition, I come to E Prep with five years of direct operational experience from the W.E.B. Dubois Academy in Cincinnati, which is one of the top-performing charter schools in Ohio.

We will also succeed because E Prep’s founding board has solicited the support of influential individuals and foundations in Cleveland. The funding that will come to us from the state and the federal government will not be sufficient, and we are therefore asking the northeastern Ohio community to invest in this important educational alternative for students. We would like to submit a proposal to the Burton D. Morgan Foundation for $100,000 of operating support for Entrepreneurship Preparatory School. It is our hope that the Foundation will receive our proposal.

Sincerely,

Marshall Emerson III
Head of School & Co-Founder

Source: National Community Health Partners
Second Sample Letter of Interest

SONJA R. OKUN  sonjaokun@yahoo.com  (917) 887-1363

January 3, 2006

Matt Klein, Executive Director
Blue Ridge Foundation

Dear Mr. Klein:

I am submitting the following as an initial inquiry for the Blue Ridge Foundation to consider a full proposal for my proposed start up, Exalt.

Introduction
Exalt provides a comprehensive internship program linking education, meaningful employment and mentoring for New York City’s most at risk adolescents. Premised on the belief that substantive, supported internships can be powerful catalysts and incentives for youth to pursue their education and employment goals, its mission is to equip youth along the spectrum of criminal justice involvement risk with the skills and experience necessary to take concrete steps towards becoming self-sufficient, self-fulfilled, productive members of society.

After almost a decade of managing the Career Exploration Project, an award-winning internship program for youth offenders I founded in 1997 at CASES’, I believe it is time to apply my skills, experience and passion towards helping a larger percent of our disconnected youth forge positive futures.

The Need
“Upwards of 200,000 young adults in New York City are disconnected from the mainstream – not attending high school and ill-prepared for work or higher education.”

Exalt will play a unique role in the landscape of services available to adolescents from New York’s under-resourced neighborhoods. At-risk youth who do seek employment programs are generally limited to two options: basic job readiness training programs that tend to offer rote curriculum content and which do not address youths’ individual interests or career goals; or industry-specific vocational training programs that are more suited for adults who have identified a particular trade they want to pursue. Without meaningful work experiences, entry level jobs can even serve as disincentives for youth to pursue employment because they don’t see these jobs as stepping stones the way more privileged youth do, but rather as dead end tracks that don’t provide enough money to support them and their families, or utilize their talents and interests. Supported, individually tailored internships, therefore, can be critical in building youths’ motivation to pursue education and employment.

Government and private funders have recently begun to demonstrate a new commitment to serving this population. While there may be a handful of organizations operating effective employment programming, many established agencies that excel in other areas at serving this population – in GED preparation, in mental health services, and even in traditional job development services - struggle in their attempts to create meaningful internship programs. Exalt builds on an established model and method for creating a substantive internship program that meets the needs of youth and employers.

How it Works and Who it Serves
Selected through a competitive process from partner schools, youth (ages 15-20) first participate in a 4 week class which builds employment and life skills. Participants then work in paid internships for 3

1 Center for Alternative Sentencing and Employment Services.
## Appendix J

### SMART Objectives

Goals and objectives must be clearly articulated from the start so that it is clear what the project is about, where it’s headed, and what, specifically, will be measured to assess project progress and success. One way to ensure clarity is to remember to make your objectives SMART: Specific, Measurable, Attainable, Relevant, and Time-phased.

<table>
<thead>
<tr>
<th>S.M.A.R.T. Objective</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Specific</strong></td>
<td>What do we really want to accomplish? Identify the population or setting and use precise terms to describe what will change. What specific actions will you take?</td>
</tr>
<tr>
<td><strong>Measurable</strong></td>
<td>How will we know an objective is achieved if we have not measured our progress? Measurable implies the ability to count or otherwise quantify an activity or its results. Be sure to include measures to quantify your progress.</td>
</tr>
<tr>
<td><strong>Attainable</strong></td>
<td>Can we get it done in the proposed time frame with the resources and support we have available? Construct an achievable objective, appropriately limited in scope, and within the project’s control and influence.</td>
</tr>
<tr>
<td><strong>Relevant</strong></td>
<td>Does this objective align with short and long-term plans? Objectives must serve to reach the overall goals of the project or purpose of the intervention.</td>
</tr>
<tr>
<td><strong>Time-phased</strong></td>
<td>When will this objective be accomplished? Incorporate a specified and reasonable time frame, schedule or deadline into the objective statement.</td>
</tr>
</tbody>
</table>

Source: Asian & Pacific Islander American Health Forum
Appendix K

Achieving Goals through SMART Objectives

What do SMART Objectives look like? Your goal is supported by specific objectives. In order to achieve your goal, you must first accomplish all of your objectives.

Here is an example of SMART Objectives designed to support a goal. What is your goal? What objectives will help you reach that goal?

Improve the health of transgender women in the US

- Link 20 high-risk negative transgender women to appropriate prevention services within the 12-month funding period.
- Provide 5 Transgender 101 Trainings to up to 20 health care providers per training within the 12-month funding period.
- Complete 60 rapid HIV tests for transgender women within the 12-month funding period.

Source: Asian & Pacific Islander American Health Forum
Appendix L
Evaluating Proposals

CASE STUDY ONE
Imagine that you are reviewing grant proposals submitted for HIV/AIDS services. This particular section of the proposal is worth 20 points. You are asked to review the following two proposals, assigning anywhere from zero to twenty points to each proposal. (Both proposals can receive the same number of points if you think they are of equal merit.)

The question that this section of the proposal should address is:

Briefly describe the need for HIV/AIDS services in your area.

PROPOSALS:

<table>
<thead>
<tr>
<th>PROPOSAL 1: Big City Regional AIDS Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV/AIDS is a big problem in the Big City Region. We see a lot of people living with HIV/AIDS who need assistance, and we do our best to provide services to them. The Board of Directors of Big City Regional AIDS Network is committed to offering services to all people affected by HIV/AIDS and to meet the needs of the people we serve.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PROPOSAL 2: Small Town's HIV/AIDS Collaborative</th>
</tr>
</thead>
<tbody>
<tr>
<td>In June 2002, the Small Town's HIV/AIDS Planning Council conducted its annual needs assessment. The needs assessment process included focus groups involving fifty people living with HIV/AIDS and surveys with an additional 237 people living with HIV/AIDS in the Small Town area. The focus group and survey results indicated the following needs:</td>
</tr>
<tr>
<td>1. Primary medical care</td>
</tr>
<tr>
<td>2. Case management</td>
</tr>
<tr>
<td>3. Transportation assistance to services</td>
</tr>
<tr>
<td>4. Housing assistance</td>
</tr>
<tr>
<td>The needs are presented in priority order, according to the survey and focus group results.</td>
</tr>
</tbody>
</table>

Score each response from 0 to 20 points using the following criteria:

"The proposal clearly describes the need for HIV/AIDS services in their area."

GROUP DISCUSSION

1. How many points do you give to Big City Regional AIDS Network? What are the strengths of their response? What are their weaknesses?
2. How many points do you give to Small Town's HIV/AIDS Collaborative's response? What are the strengths of their response? What are their weaknesses?
3. When you've thought about this case, click "Results" below to compare your answers with ours

Source: National Minority AIDS Council
http://www.myfreewebtemplate.com/wrap_pages/Grant_Modules/grant_default.asp?id=
Revised September 2014 – DRAFT
CASE STUDY ONE RESULTS
Small Town's HIV/AIDS Collaborative's response should score higher than Big City Regional AIDS Network's response.

Big City's response was vague, and didn't really address the question of the need for HIV/AIDS services in the area. While it's admirable that the agency and its Board of Directors are committed to providing services, the questions asks for a description of the needs, and this response doesn't do that.

Small Town's response, on the other hand, provided information about the needs for services. Specifically, it listed the types of methods used to document those needs (focus groups, surveys) and gave a rank order to the needs in the community.

Every area of the United States that receives Centers for Disease Control funding for HIV prevention services has some type of Community Planning process that produces a plan for HIV prevention services. This plan includes epidemiological data for the area (state, region, etc.) as well as a needs assessment process.

Areas of the country that receive Ryan White Title I funds are required to engage in needs assessment activities on an ongoing basis. They also must complete a three-year comprehensive plan that is submitted to the federal government. All states receive Ryan White Title II funds and are required to engage in a Statewide Coordinated Statement of Need Process and other annual needs assessment activities.

Obtain copies of these documents from your local planning bodies. If you need assistance, contact your local health department to help point you in the right direction. Use these documents when you prepare your grant proposals! Quote them, and be sure to use the titles of the documents and the body that created them in your proposal. This alerts the grant reviewer that you are familiar with the HIV/AIDS services system and needs assessment processes taking place in your area.

If you are able to conduct your own needs assessment activities, that's great. Doing your own surveys or focus groups and reporting on the results can make a stronger case for the services you are proposing to offer. You may want to team up with another community organization to gather more data and information. Be sure to include enough information about what you did and the results so that the reviewers can understand it. For example, tell how many people participated in the focus groups or surveys, and list the results clearly.

LESSONS LEARNED
- Answer the question that is asked!
- Leave out information that is not asked for.
- Provide data and explain where it came from.
- Use local resources such as Title I Planning Councils, Title II Consortia, and Community Planning Groups and their documents whenever possible.
Appendix M

EVALUATING A SCOPE OF WORK PLAN

In this case, you're reviewing a proposal for HIV/AIDS treatment education services. Both agencies will provide essentially the same service. The score for this section is 10 points. Read each agency's proposal and determine how many points our of ten you will award. Each agency can receive anywhere from zero to ten points. The question they are responding to now is: Clearly describe the timeline your agency will use for developing, implementing, and evaluating HIV/AIDS treatment education services.

PROPOSALS

Big City Regional AIDS Network

If awarded funds for this proposal, Big City Regional AIDS Network will use the following schedule to develop, implement, and evaluate HIV/AIDS Treatment Services.

<table>
<thead>
<tr>
<th>Task</th>
<th>Time frame</th>
<th>Person Responsible</th>
</tr>
</thead>
<tbody>
<tr>
<td>Development</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Design materials to be used in the</td>
<td>Weeks 1-3</td>
<td>Treatment Education Team led by</td>
</tr>
<tr>
<td>program</td>
<td></td>
<td>Coordinator</td>
</tr>
<tr>
<td>Get materials translated into</td>
<td>Weeks 3-5</td>
<td>Contracted translaters</td>
</tr>
<tr>
<td>Spanish and Creole</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Materials printed</td>
<td>Weeks 6-7</td>
<td>Printer</td>
</tr>
<tr>
<td>Develop schedule of activities</td>
<td>Week 6</td>
<td>Treatment Education Team led by</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Coordinator</td>
</tr>
<tr>
<td>Implementation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Conduct treatment education sessions</td>
<td>Weeks 7-52</td>
<td>Treatment Education Team</td>
</tr>
<tr>
<td>per schedule (4-7 sessions per week)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Evaluation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Utilize session evaluation form for</td>
<td>Weeks 7-52</td>
<td>Treatment Education Team</td>
</tr>
<tr>
<td>every 5th session</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Conduct focus group with key</td>
<td>Weeks 15, 30 and 45</td>
<td>Program Coordinator</td>
</tr>
<tr>
<td>contacts for ongoing program</td>
<td></td>
<td></td>
</tr>
<tr>
<td>evaluation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Analyze survey and focus group data</td>
<td>Weeks 16, 31 and 46</td>
<td>Treatment Education Team</td>
</tr>
<tr>
<td>and make program adjustments as</td>
<td></td>
<td></td>
</tr>
<tr>
<td>indicated</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Small Town's HIV/AIDS Collaborative

Upon receipt of the grant funds, Small Town HIV/AIDS Collaborative will develop a detailed schedule for this project. We plan to hire a consultant to assist us in developing the schedule and other components of this project. Be assured that Small Town HIV/AIDS Collaborative recognizes the importance of having a detailed project schedule and it will be developed to assure project success. We anticipate having all planning activities completed in the first three months of the grant period with program delivery lasting for seven months and an extensive review of our progress at the end of the grant year.

Source: National Minority AIDS Council
http://www.myfreewebtemplate.com/wrap_pages/Grant_Modules/grant_default.asp?id=
Score each response from 0 to 10 points using the following criteria: The proposal clearly describes the timeline for developing, implementing, and evaluating the project.

How many points do you give to Big City Regional AIDS Network? What are the strengths of their response? What are their weaknesses?

How many points do you give to Small Town's HIV/AIDS Collaborative's response? What are the strengths of their response? What are their weaknesses?

When you've thought about this case, click "Results" below to compare your answers with ours.

CASE STUDY TWO RESULTS

Big City's response should receive a higher score than Small Town's. Does this match your results?

Big City's response was easy to follow and answered the question. They provided the information in an easy-to-read format. They also indicated who would be responsible for each part of the format.

This type of format is frequently referred to as a "Work Plan". Work plans can be very detailed, listing specific activities that need to be done (under larger activity areas such as "Recruit staff" could be activities such as, "write job description," "write recruitment advertisement," "place advertisement in two local newspapers and on agency bulletin board," "review applicants," "conduct interviews," etc.) Use your discretion when determining how detailed to make your Work Plan. The benefit of having a detailed Schedule or Work Plan is that it helps your agency if you do receive the money.

Did you notice that Big Town's table used the same terms (Develop, implement, evaluate) that the question asked? That makes it easy for the grant reviewer to score points. A reviewer can quickly see that all parts of the question were answered. Get into the habit of using the same terms that the funder uses -- even if you're not used to them, or if you have different terms. This is important -- it helps the grant reviewer and makes it easier for them to give you points!

Small Town's response should receive a lower score than Big City's. It does not provide a schedule, but states that they will do one if they receive the money. Funders like to see that a project is thought out in advance of giving funds. If Small Town really needs the help of a consultant to develop a schedule for this project, they may want to use other funds to pay the consultant to assist with developing the schedule prior to submitting the proposal.

A word about consultants: They're great (the author of this tutorial is a consultant!) however, agencies should not rely on them to do things that the agency can and should do for itself. For instance, developing a schedule for program implementation should be something your staff should be able to do adequately. If you lack the staff capacity to
create a schedule, then you probably don't have the capacity to implement the program either. Consultants are best utilized for specialty services such as providing training, assistance in evaluating your program, or technical assistance once the program is underway. Of course, consultants also can serve as grant writers. (If you have a consultant that prepares a response like Small Town's response to this question, you should have a serious chat with him/her!!)

Small Town's proposal would have been better if they had either used a table or bulleted items. Also, the last sentence of their response is a run-on sentence that could have easily been divided into three separate sentences. It would be even better, if they replaced the words "planning, program delivery, and review of our progress" with "develop, implement, and evaluate" to match the exact phrasing of the question.

**LESSONS LEARNED**

- Use tables or bullets whenever possible to display information in a clear format.
- Answer the question that is asked.
- Avoid "delay" tactics that suggest you'll answer the question after you receive the money.
- Avoid run-on sentences.
- Use the same words/phrases that appear in the questions you are answering.

Source: National Minority AIDS Council
Appendix N
EVALUATING STAFFING PLAN NARRATIVE

CASE STUDY THREE

This proposal is for a case management program. This section is worth 10 points, you can assign zero to ten points to each proposal.

This time the question is:
Describe the time commitment of the key personnel who will be responsible for carrying out the proposed activities.

PROPOSALS

Big City Regional AIDS Network

The following table shows the time commitment of key personnel who will be responsible for carrying out the proposed activities:

<table>
<thead>
<tr>
<th>Key Personnel</th>
<th>Hours Per Week</th>
<th>Percentage of Work Week</th>
</tr>
</thead>
<tbody>
<tr>
<td>Executive Director</td>
<td>5</td>
<td>12.5%</td>
</tr>
<tr>
<td>Administrative Assistant</td>
<td>10</td>
<td>25%</td>
</tr>
<tr>
<td>Program Coordinator</td>
<td>20</td>
<td>50%</td>
</tr>
<tr>
<td>Case Manager 1</td>
<td>40</td>
<td>100%</td>
</tr>
<tr>
<td>Case Manager 2</td>
<td>40</td>
<td>100%</td>
</tr>
</tbody>
</table>

Small Town's HIV/AIDS Collaborative

Key personnel who will be responsible for carrying out the proposed activities will commit a considerable amount of time to the entire project. The Executive Director will commit five hours per week. The Administrative Assistant will commit ten hours per week. The Program Coordinator will supervise the project and commit twenty hours per week. Two Case Managers will each work 40 hours per week.

Score each response from 0 to 10 points based on the following criteria: "The proposal clearly describes the time commitment of the key personnel who will be responsible for carrying out the proposed activities."
• How many points do you give to Big City Regional AIDS Network? What are the strengths of their response? What are their weaknesses?
• How many points do you give to Small Town's HIV/AIDS Collaborative's response? What are the strengths of their response? What are their weaknesses?
• When you've thought about this case, click "Results" below to compare your answers with ours.

Source: National Minority AIDS Council
http://www.myfreewebtemplate.com/wrap_pages/Grant_Modules/grant_default.asp?id=
CASE STUDY THREE RESULTS

*Big City Regional AIDS Network will most likely receive a higher score than Small Town HIV/AIDS Collaborative.*

Why? Both responses contain the same information. The personnel and hours per week are identical. Why would one score higher than the other?

This is the essence of grant writing -- writing to your audience. Your audience in this case is the grant reviewer. Grant reviewers are usually kind people who donate their time to review grants, or get paid very little, and travel to far places and sit in hotel conference rooms for days with strangers to deliberate over submitted proposals. Typically the grant reviewer will receive a "rush delivery" package containing anywhere from five to ten proposals that can total 100 pages or more each -- to be reviewed within two or three days.

Grant reviewers are human. If information is presented in an easy to read format that can be understood at a glance, they will score that section generously. If they have to dig for information, or read through long, boring passages, then they are likely to lose interest, and may reduce the score.

Knowing that you're writing your proposal for grant reviewers that are human can work to your advantage. Whenever possible, use tables to provide information. If a table isn't appropriate, use bulleted lists. If that won't work, then make your paragraphs clear and concise or use bold format for key words and phrases.

One other tip: White space. Give the reader's eyes plenty of space to take a visual break. If page limits permit, start each section at the top of a new page, leaving anywhere from ⅔ to ½ of the page from the preceding section blank. Put a few extra lines of space between tables or lists. Be generous with your margins, always allowing at least the minimum of 1” all around, and adding to that whenever space permits. Giving a 1½” margin on the left provides a bit more room for the reviewer to make notes when reading your proposal and sets your proposal off from many other proposals that will be reviewed.

LESSONS LEARNED

- Place information in a table or bulleted list when possible.
- Provide white space to give the reviewer a "visual break" and allow for note-taking.
- Remember your audience: a potentially tired grant reviewer -- make it easy for him/her to give your proposal points.

Source: National Minority AIDS Council

http://www.myfreewebtemplate.com/wrap_pages/Grant_Modules/grant_default.asp?id=
Appendix O
Glossary of Terms

Budget Narrative: (sometimes called the budget justification): This is a written explanation of how the costs were estimated, and it justifies the need for the cost.

Capital Request: A plan to purchase, build or renovate space or building or to acquire equipment.

Concept Paper: (sometimes called a prospectus, preliminary proposal or pre-proposal): A short, internal document that lays out key information about a grant.

Contracting Officer (CO): An official representative of the federal government who is responsible for procuring or obtaining goods or services for an organization.

Contribution: A tax-deductible gift: cash, property, equipment or services.

Development: Another term for fund-raising that describes the overall actions of raising money for a nonprofit, usually through donations. Development includes raising money from foundations, corporations, government sources and individuals.

Development Planning: The process of planning how an organization will raise the necessary financial resources to accomplish its work. Usually done on an annual basis, it is often part of the strategic planning process.

Direct Costs: Costs that are directly attributed to operation of a project (e.g., medication for a health clinic).

Earned Income: This designates money that is paid directly to your organization in exchange for services. It might include Medicare or Medicaid reimbursement, fee-for-service participant fees and payment for medication or other services.

Evaluation: The process of assessing the success of your project by comparing your objectives to what actually occurred during the course of the project.

Executive Summary: (sometimes called Project Summary or Abstract): A short document at the very beginning of a grant proposal that gives the funder a snapshot of the overall proposal.

Expenses (also called Costs): The cost of a project. In a grant proposal, expenses are usually projected or estimated.

External Proposal Debriefing: A meeting or contact made with the potential grant-making organization to obtain feedback on reasons why a grant proposal was not funded.
**Funder (or Funding Source):** A private or public sector organization that accepts and reviews grant proposals and awards monies to organizations whose grant proposals it approves.

**General Operating Support:** Funds, both contributions and grants that support the ongoing services of the organization.

**Grant:** An award of funds made to an organization as a result of an approved grant proposal.

**Grant Application (also called Grant Proposal):** An official document or set of documents submitted to a potential funder for the purpose of obtaining funds.

**Grantee:** An organization that is awarded a grant from a private or public sector grant-making agency.

**Grant-Making Organization (also called a Funder):** A private or public organization that accepts and reviews grant proposals and awards monies to organizations whose grant proposals it approves.

**Grant Proposal:** The end product of the grant-writing process.

**Grant Proposal Writing:** The act of preparing an application for a grant to be submitted to a potential funding source.

**Indirect Costs:** Costs that are related to the operation of an organization and only indirectly to operation of a project (e.g., a percentage of the organization’s electricity bill).

**In-Kind Support:** A contribution of equipment/materials, time and/or services that has a monetary value for the donor’s tax purposes.

**Internal Proposal Debriefing:** A follow-up meeting that is held among as many in-house staff members who were involved in the development as possible, to discuss why the proposal was not funded.

**Letter of Inquiry (LOI):** An initial approach to a funder. Sometimes the LOI is the only document sent to a funder; sometimes it precedes a full proposal.

**Memoranda of Agreement (MOA) or Memoranda of Understanding (MOU):** Signed letters of commitment or intent stating that all parties understand their roles in a partnership or collaborative effort.

**Needs Assessment:** A systematic appraisal of the available services and/or gaps in services within a defined community at a particular point in time.

Source: National Minority AIDS Council
Notification of Funding Availability (NOFA): The announcement that a funding program is open. It includes information on area of interest and eligibility.

Objective: The projected and desired outcomes of a project. Included in grant proposals to show funder the shape your project will take.

Organizational Planning: The process of planning for the future of your organization. It is often done through a strategic planning process. Organizational planning may be done on an annual basis or for several years at a time.

Performance Standard (or Target): The number and percent of clients who are expected to achieve the result. Also called targets, they should be set based on professional judgment, past data, research or professional standards.

Private Sector Funding: Grant funds secured from a foundation, corporation or other for-profit entity.

Program: An organized set of services designed to achieve specific outcomes for a specified population that will continue beyond the grant period.

Program Announcement (PA): A notice that publicizes the start of a grant competition.

Project: A planned undertaking or organized set of services designed to achieve specific outcomes that begins and ends within the grant period (a successful project may become an ongoing program).

Proposal Coordinator: An individual who is assigned internal responsibility for coordinating the planning, preparation and writing of a grant proposal.

Proposal Development Team: A group of individuals (staff members, consultants, partners and other stakeholders) that assembles for the purpose of planning and writing a successful grant proposal.

Public Sector Funding: Grant funds secured from federal, state or local governmental source.

Quality Control: A set of procedures that is established to ensure that the final product is of the highest possible quality and conforms to all of the grant-making organization’s guidelines, instructions, formats and requirements.

Quality Review Team (QRT): A group of individuals from within an organization whose purpose is to review the grant proposal at critical stages in the development process to provide constructive feedback.

Source: National Minority AIDS Council
**Request for Quotation (RFQ):** An announcement distributed by a contracting agency that provides general information on the goods or services needed.

**Request for Proposal (RFP):** A notice or document issued by the federal government announcing opportunities for applications for funding. These notices appear in the Federal Register, similar state publications and a host of catalogs and registers by topic.

**Revenue:** The money that will pay for the costs of a project. In a grant proposal, revenues are usually projected or estimated.

**Staffing Plan:** A section of a proposal or a separate document that outlines who will undertake the essential work of the project as well as staff members’ qualifications, an outline of job duties and other relevant information.

**Strategic Planning:** A process that helps an organization determines the shape of its work for the future (usually three to five years). The end result of the strategic planning process is a document that serves as a road map for organizational operation in the future. Strategic planning is often conducted by an outside consultant and can be a lengthy process.

**Unearned Income (also called Contributed Income):** This is income that is donated to a project or organization such as grants from foundations and corporations.

Source: National Minority AIDS Council
Appendix P
Sample Memorandum of Understanding Template

Memorandum of Understanding

Between
(Partner)
and
(Partner)

This Memorandum of Understanding (MOU) sets for the terms and understanding between the (partner) and the (partner) to (insert activity).

Background
(Why partnership important)

Purpose
This MOU will (purpose/goals of partnership)
The above goals will be accomplished by undertaking the following activities:
(List and describe the activities that are planned for the partnership and who will do what)

Reporting
(Record who will evaluate effectiveness and adherence to the agreement and when evaluation will happen)

Funding
(Specify that this MOU is not a commitment of funds)

Duration
This MOU is at-will and may be modified by mutual consent of authorized officials from (list partners). This MOU shall become effective upon signature by the authorized officials from the (list partners) and will remain in effect until modified or terminated by any one of the partners by mutual consent. In the absence of mutual agreement by the authorized officials from (list partners) this MOU shall end on (end date of partnership).

Contact Information
Partner name
Partner name
Partner representative
Partner representative
Position
Position
Address
Address
Telephone
Telephone
Fax
Fax
E-mail
E-mail

_____________________________ Date: _______________________________ Date:
(Partner signature) (Partner signature)
(Partner name, organization, position) (Partner name, organization, position)
Appendix Q

Letters of Support

When requested, letters of support can be very influential in determining whether or not your project/program is worthy of funding. Most letters have three parts: an opening statement that identifies the project/program where funds are being sought, one or two middle paragraphs that indicate the relationship of the writer to the effort seeking funding, and a closing statement.

Be sure all your supporters address the same person at the same address. Additionally, all supporters must have the correct proposal details such as title of grant program, title of your project, etc. Lastly, be sure all letters are completed in the proper style with the proper, original signature.

Example Letter of Support:

February 1, 2006
Ms. Mary E. Wilfert
NCAA CHOICES Program
P.O. Box 6222
Indianapolis, Indiana 46206-6222

Dear Ms. Wilfert:

It is my pleasure write a letter in support of the proposal (name) being submitted to the CHOICES Program by our (name dept) at Albion College.

Something here about writer’s relationship/knowledge of situation and how project/program will impact it.

In conclusion, I fully support the efforts of the (Dept) as they seek external funding to support a program designed to (whatever you are targeting). EX “Any programs that can help our students make better decisions about drinking and its consequences will benefit our students, campus, and the community at large.” In other words, you need a very concise and strong closing summary statement.

Sincerely,

(Original signature “John Doe” here)

John Doe
Vice President for Student Affairs

Source: Oakland University
Appendix R

Example SWOT Analysis

<table>
<thead>
<tr>
<th>Internal</th>
<th>Positives</th>
<th>Negatives</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>Strengths</strong></td>
<td><strong>Weaknesses</strong></td>
</tr>
<tr>
<td></td>
<td>What are your own advantages, in terms of people, physical resources,</td>
<td>What could be improved in your organization in terms of staffing,</td>
</tr>
<tr>
<td></td>
<td>finances?</td>
<td>physical resources, funding?</td>
</tr>
<tr>
<td></td>
<td>What do you do well? What activities or processes have met with success?</td>
<td>What activities and processes lack effectiveness or are poorly done?</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Opportunities</strong></td>
<td><strong>Threats</strong></td>
</tr>
<tr>
<td></td>
<td>What possibilities exist to support or help your effort - in the</td>
<td>What obstacles do you face that hinder the effort - in the environment,</td>
</tr>
<tr>
<td></td>
<td>environment, the people you serve, or the people who conduct your work?</td>
<td>the people you serve, or the people who conduct your work?</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>What local, national, or international trends drew interest to your</td>
<td>What local, national, or international trends favor interest in other or</td>
</tr>
<tr>
<td></td>
<td>program?</td>
<td>competing programs?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Is a social change or demographic pattern favorable to your goal?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Is a social change or demographic pattern harmful to your goal?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Is the financial situation of a funder changing?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Have changes in policies made something easier?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Is changing technology threatening your effectiveness?</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Local, national, or international events</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

HANDOUT 2 (HO2)
MOCK GRANT PROPOSAL

HIV PREVENTION AND PLANNING COALITION

Submitted by
HIV Awareness Project

Submitted to
Office of Minority Health
Minority Community Health Coalition Demonstration Program

Prepared by the Grant Doctor

Department of Health and Human Services
Office of Minority Health
MINORITY COMMUNITY HEALTH COALITION DEMONSTRATION PROGRAM
PROJECT SUMMARY OUTLINE

PROJECT TITLE: HIV Prevention and Planning Coalition
GRANTEE: HAP
LOCATION: Oakland, CA
PROJECT DIRECTOR: G. L.
TARGET POPULATION: African-American sex workers and drug users
PROJECT DESCRIPTION: Street level outreach and HIV and STD risk reduction education, access to treatment at local medical/recovery facilities

PROPOSED YEAR 1 BUDGET:
Total $149,933
Total Direct $124,944
Total Indirect $24,989

BACKGROUND: African Americans account for a disproportionately high number of AIDS cases in Alameda County. African Americans account for 17.8% of the county’s population but 48% of newly reported AIDS cases. Within the African-American community sub-populations exist that are at even higher risk, particularly injecting drug users and sex workers.

The Project will bring together three service providers.

- HAP: A community-based organization with 12 years’ experience in providing street-level outreach to hard-to-reach groups including sex workers and drug users. HAP’s bylaws mandate that at least half of its board of directors be women of color.

- Highland Hospital: As part of the Alameda County Medical Center, Highland Hospital has the primary responsibility for providing health care services to the medically indigent population of Alameda County. The Medical Center is committed to providing comprehensive, high quality medical treatment, health promotion and health maintenance through an integrated system of hospitals, clinics, and health services staffed by individuals who are responsive to the diverse cultural needs of the community. The
hospital’s Adult Immunology Clinic provides early intervention and long-term medical care to HIV positive persons, regardless of ability to pay.

- Eastern Health Center: Located in East Oakland, Eastern provides outpatient medical care, including STD treatment. The clinic also provides public health nursing services, including STD screening, counseling and assistance on child abuse/neglect, nutrition, pregnancy, and disease prevention.

**BACKGROUND**

**Target Area**

The target area comprises low-income neighborhoods in Oakland, California. Oakland is the largest municipality (population 372,242) in Alameda County. Alameda’s population is 17.8% African American, and most of that population is concentrated in Oakland.¹ The population of Oakland is 43.9% black, 32.5% white and 23.6% other races/ethnicities. 18.8% of Oakland’s population live below the federal poverty level.² As Figure 1 indicates, poverty is particularly high in three areas of town: the northwest part of the city (“West Oakland”), an area in the middle of the city along Fruitvale Avenue (“Fruitvale”), and an arc in the southeast part of the city described by 55th Avenue, MacArthur Blvd, and 98th Avenue (“East Oakland”). The city’s drug traffic and prostitution are concentrated in these areas.³

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1-Oakland accounts for only 29.1% of the county’s total population, but 71.3% of the county’s African American population.
2-The above data are culled from the 1990 U.S. Census Data, Database C90STF3A
HIV/AIDS in Target Area

Though the general trend in new AIDS cases is down, in 1995 for the first time, the number of reported new AIDS cases included equal proportions of African Americans and Caucasians. In the following year, African Americans represented 41% of newly reported cases, Caucasians 38%.(4)

3-Based on outreach performed by HAP staff to identify routes for a mobile HIV testing project, sponsored in part by Alameda County AIDS Services.
The national shift, however, was preceded by Alameda County as early as 1993 when African Americans represented 48% of newly reported AIDS cases, although accounting for only 17.8% of the county’s population. By 1996 in Alameda County African Americans accounted for 55% of newly reported AIDS cases (a total of 201 cases).(6) For comparison purposes, in 1996 the national AIDS rate (cases per 100,000 people) was 27.0(7) while in Alameda County, the rate was 84.5.(8) These figures imply that high risk behaviors remain comparatively prevalent Alameda County in general, and in the African-American community in particular.

Although protease inhibitors have greatly reduced deaths nationwide, the AIDS fatality rate remains relatively high for Alameda’s African Americans (17% of cases reported in 1996) compared to Caucasians (7%).(9) Furthermore, African Americans represent 69% of pediatric cases (children less than 13 years old).(10) Most of these cases are attributable to congenital HIV transmission (i.e., babies are infected when an HIV positive mother delivers). The number of pediatric AIDS cases is particularly troubling given a new study of combination drug therapy San Francisco that reduced mother-to-infant transmission of HIV to 0%.(11)

The relatively high death and pediatric rates imply a breakdown in the health services delivery system: Once diagnosed, African Americans are not taking full advantage of new life-saving therapies.

5-Ibid.
8-Alameda County Public Health Department, p. 7.
9-Alameda County Public Health Department, p. 7.
10-Ibid., p. 4.
11-The study was conducted by Dr. K. B. of the Bay Area Perinatal AIDS Center.
available for AIDS patients and their unborn children. Mechanisms need to be put in place to establish a continuum of care.

**Sexually Transmitted Diseases (STDs) in Target Area**

STDs in any area are a serious public health problem, but in an urban area with an AIDS rate three times the national average, an STD outbreak can be deadly. STDs significantly increase the risk of HIV transmission by lowering the body’s immune response and providing entry points (lesions, sores) for the virus. A controlled study in San Francisco indicates that persons with STDs are twice as likely to be infected with HIV.(12)

As Figure 3 summarizes, African Americans accounted for the majority of STDs for the most recent period in which information is available broken down by race/ethnicity.

<table>
<thead>
<tr>
<th>Total Cases Af.-Am. Cases</th>
<th>% Af.-American</th>
<th>Syphilis 148 117 79%</th>
<th>Gonorrhea 2,246 2043 83%</th>
<th>Chlamydia 3,513 2354 67%</th>
</tr>
</thead>
</table>

**Target Population**

As the analysis above suggests, African Americans are at greater risk for HIV/AIDS and STDs. However, within the African-American community, sub-populations exist that are at even higher risk.

*Injecting Drug Users (IDUs) and Crack Users*

Since the beginning of the epidemic, the percentage of newly reported AIDS cases attributable to injecting drug use has increased steadily in Alameda County. In 1985, IDUs accounted for 1% of cases; in 1990, 10%; and in 1996, 21%. (14) The Bay Area Survey of Families Project (January 1993 Report) indicates that the seroprevalence rate among male heterosexual IDUs tested at STD clinics in Alameda was 18.2%, significantly higher than San Francisco’s 12.5% rate. Furthermore, fully 74% of all persons who contracted AIDS in Alameda County from injecting drug use were African American. (15)

13 -Ibid., p. 9 and Appendix A p. 13. Note that race was reported for only 34% of cases, so there may be bias in the sample. Total African American cases are interpolated based on the sample.
Crack cocaine use is a risk factor for syphilis (and therefore HIV), probably because it leads to risky sexual practices. (16)

**Sex Workers**

Prostitution is a fact of life in high-poverty areas in Oakland. In 1992, 388 arrests were made for prostitution. 58% of those arrested were African American. While this does not imply that 58% of sex workers in Alameda County are African American, it does suggest that the majority of sex workers who solicit on the street are African American, because the street is the target of police surveillance. (17) And street-based sex workers are typically at higher risk for HIV infection than other sex workers. Many have a crack cocaine addiction and spend much of their time seeking for ways to secure the drug, including exchanging sex for crack. This results in an atrophying of their social network and a tenuous relation to health providers. Furthermore, street sex workers tend to be poorer, and so more likely to engage in high-risk sex in return for additional money.

Although HIV/AIDS data are not tabulated for sex workers as a category, prostitution is cited in the literature as a behavior of populations at high risk for HIV infection. For example, gay/bisexual men in the San Francisco Bay Area (including Alameda County), were more likely to engage in unprotected anal sex if they had been paid for sex. (18)

In addition, engaging in prostitution is highly correlated with injection drug use and crack cocaine use. A study of 182 San Francisco and Oakland sex workers revealed that 65.9% had used crack. (19) In 1995, Alameda’s HIV Prevention Planning Council surveyed 482 individuals to identify prevalence of risk behaviors. Of 67 women who self-identified as IDUs, in the past year 55% had traded sex for drugs, 36% had traded unprotected sex for drugs, 55% had traded sex for money, shelter or other material goods. Of 77 men who self-identified as IDUs, in the past year 55% had traded sex for drugs, 36% had traded unprotected sex for drugs, 55% had traded sex for money, shelter or other material goods. A study of 182 sex workers in San Francisco and Oakland in 1990

17 -Ibid., Appendix B, p. 39.
19-Dorfman p. 29.
revealed that 7.7% were infected with HIV and 17% with syphilis. (20) More recently, the HIV Prevention Planning Council also conducted a focus group of female sex workers. The group felt that HIV prevention information had not reached “hard core street-types,” (21) suggesting the case remains the same later into the 1990s.

Thus, prostitution is both a risk behavior (because it implies multiple sexual partners), and a marker for other risk factors, especially injection drug and crack use.

Past street-level outreach conducted during HAP’s HIV mobile testing suggests that women and men who spend most of their time on the streets in the target neighborhood will not initially self-identify as drug users or sex workers. However, over time as a bond of trust is developed with an outreach worker, such men and women will often indicate that they engage periodically in these activities.

Attitudes of Target Population toward Social Institutions

Because they are involved in illegal activities, sex workers and drug users are understandably suspicious of criminal justice institutions. This distrust extends to other institutions, including county hospitals and county/state social service agencies. Sex workers tell HAP outreach workers that they feel judged by staff in such organizations. A 1995 review of health outreach to hard-to-reach populations in Oakland and the Bay Area concluded that, “In other, more mainstream health care contexts…association with law enforcement and negative provider attitude can be important barriers to service.” (22) Two rumors that are widely accepted among the target population indicate the degree of alienation on the street: Many believe that the AIDS virus is the result of a U.S. government conspiracy targeting the African-American community, and many believe that recovery clinics intentionally keep clients addicted to methadone so the clinic can continue to receive federal funds. (23) Sex workers and drug users, accustomed to the direct talk of the street, also distrust information couched in “bureaucratese” or educational pamphlets that only use images of people clearly not from the local community.

21 -Alameda County HIV Prevention Plan, Appendix B, pp. 41-42.
22-Harder+Company Community Research, Health to the Streets: An Assessment of Outreach Services for the Community Health Outreach Project, commissioned by California Department of Health Services, Division of Communicable Disease Control, Sexually Transmitted Disease Control Program, August 1995, p. 23.
Target Population’s Sources of Health Information

“Lots of people live in closed environments, especially if they’re hustling or selling drugs, but other people too, they don’t know about services. Even if it’s only a few miles away, or even a few blocks away, they know nothing but their little corner or whatever, nothing outside of that,” comments a resident of a Bay Area neighborhood with a high incidence of sex trade and drug use. Academic research also suggests that “drug users and those involved in the sex industry often engage in activities and lifestyles that place them outside the reach of more mainstream information channels.” (24)

Anecdotal evidence reported by HAP outreach workers suggests that members of the target population receive most of their information from television or word of mouth. Frequently, the television is located in the common room/lobby of their apartment building or hotel, and by default the program is a talk show. While such shows often cover health-related topics, including HIV/AIDS, the information is generally partial and sometimes incorrect. As part of outreach to a similar population in San Francisco, HAP gave a test with basic questions about HIV/AIDS to 300 IDUs, sex workers and their partners. After an HIV education session, they scored an average of 18% higher on a post-test compared to a pre-test.

While word-of-mouth can spread pernicious rumors among the target community (in the early 1990s, it was widely rumored that HIV tests were being performed with infected needles (25)), it is also a strength. In the past, HAP clients have requested information on health issues in order to educate themselves as peer counselors. A HAP outreach worker observed that, “Some people on the street take pride in being the person who knows the answers.”

Effectiveness of Referrals

In performing outreach for HIV mobile testing, HAP staff have concluded that standard methods of referrals are ineffective with the target population. As part of a prior project, HAP clients who tested positive for STDs or had other health needs were given referral cards to present at the appropriate agency. Of approximately 500 cards issued, fewer than 10% were presented. A major obstacle to referrals is lack of client access to telephones. Few have private lines in their homes. At best, they share a common phone with other residents of their hotel/apartment floor, providing little privacy for calls related to personal issues. The streets where outreach workers typically

24-Harder+Company p. 23.
contact sex workers and drug users have few pay phones, and the phones that exist are frequently broken. Those that do work cannot receive calls, since this function has been disabled to prevent drug dealers from taking customer calls. As a result, sex workers and IDUs (or outreach workers acting on their behalf) who try to use such phones for legitimate purposes are stymied. Often, they are transferred to voice mail but cannot leave a number where they can be reached.

Another obstacle to referrals is the wait time for services, especially residential recovery programs. The difficult decision to quit using illegal substances is made more difficult when recovery services are not readily available. Many such programs require fees which, though modest in some cases, are still beyond the reach of many of the target population.

Members of the target population either need to receive medical treatment on-the-spot, or be able to immediately contact an appropriate agency to arrange treatment.

**Summary Description of the Problem**

- Oakland’s African-American community faces HIV/AIDS rates dramatically higher than national averages, implying the persistence of high-risk behaviors.
- Elevated STD rates are a cause of concern in themselves, and in combination with the prevalence of HIV, can prove deadly.
- Within the African-American population, the highest risk group is injection drug users. As a percentage of new AIDS cases attributable to injecting drugs continues to grow dramatically. Use of crack cocaine and participation in sex work are behaviors that act as “markers” for injection drug use.
- The target population tends to distrust social and medical institutions and therefore be disconnected from adequate health care.
- The target populations typical sources of information tend to be limited and provide partial or distorted health information.
- Referrals provided to the target population through traditional methods are ineffective.

**Capability and Experience of Applicant**

The Applicant, HIV Awareness Project (HAP), is a minority community-based organization (see Board of Director’s membership list attached as Appendix B), whose mission is to stop the devastating spread of HIV among the Bay Area’s communities of color. To accomplish this, HAP provides street outreach to high-risk populations with a staff that is predominantly African American. In addition, HAP actively recruits outreach staff from targeted
communities and populations. Half of the current outreach staff are former sex workers or injection drug users. (HAP requires proof of two years of sobriety prior to hiring a former IDU.) HAP was founded in 1985 as an outgrowth of a prostitutes’ rights organization. HAP was organized to provide easily accessible health education, disease prevention and risk reduction strategies, health screening, and social service agency referrals to San Franciscans who were sex workers, intravenous drug users, incarcerated persons, and others at high risk of contracting HIV. When the scope of the AIDS epidemic became apparent, HAP extended its prevention programs to persons living in the Bay Area counties of Alameda, Marin, and Contra Costa. Services were provided to persons in these counties who engaged in similar high-risk behaviors, including those who did not readily identify themselves as sex workers, but did exchange sex for drugs, money, or basic survival needs. HAP’s main offices are located at 630 20th Street in downtown Oakland, half a mile from the city’s highest concentration of poverty in West Oakland.

Services Provided

- HIV/AIDS Education: Street outreach and small group workshops for sex workers and drug users; safer sex/needle hygiene material distribution; collaboration with the Alameda County Exchange, a needle exchange program.
- HIV Testing: Mobile testing in neighborhoods where at-risk people live and work. Mobile clinics were purchased from grants through the California State Office of AIDS, the CDC and the Robert Wood Johnson Foundation.
- Community Forums: Discussions on AIDS and other STDs intended to break down the barriers and taboos that impede discussion of the impact of these diseases on African Americans.
- Peer Support Groups: Peer directed groups provide emotional support for persons living with HIV, their families and social networks.
Evidence of Access to Target Population

In the past year, HAP provided services to 16,663 persons at high risk of contracting HIV because of drug use or participation in sex work. (26) This figure includes:

- 1263 persons were tested for HIV through mobile clinic
- 1049 persons attended HIV support groups
- 5975 persons were assisted at a needle exchange site
- 2471 street-level outreach contacts with sex workers, substance users, persons with a newly diagnosed STD infection, and sexual partners of the above

Sixty percent of those receiving services were women, and 40% were men. 80% were African American, 10% Latino, and 10% other races/ethnicities.

Further evidence of HAP’s relationship with the target population includes the agency’s recently produced video “Blood Sisters: Breaking the Silence About HIV.” Eight HIV positive African-American women agreed to appear on camera with HAP staff to discuss various aspects of living with the AIDS virus. (See flyer attached as Appendix C.)

Fiscal Capacity

HAP’s most recent audited annual budget was $747,622. Since its inception the organization has administered over 70 grants or contracts, consistently meeting program objectives, reporting requirements and audit standards. Major federal grants include:

HIV Prevention and Education: A $258,000/year project funded by the Centers for Disease Control (Dates: 9/93-9/97)

26-These figures refer to client contacts and may include multiple contacts with the same person
Women and Infants Demonstration Project: A $269,000/year project funded by the Centers for Disease Control under a subcontract with Alameda County Health Department (Dates: 10/91-2/96) Outreach and Support Groups for HIV Positive Persons: $56,000/year in Ryan White funds for outreach to hard-to-reach, HIV positive populations (4/94-6/97)

*Experience with Demonstration Programs/Research Projects*

HAP has participated in two major HIV research projects:

Young Women’s Survey: Research project designed to determine prevalence of STDs (HIV, chlamydia, gonorrhea, syphilis, hepatitis B) among women aged 18-28 years, and to obtain their input in the design of effective HIV prevention programs for women. HAP provided door-to-door outreach according to a sampling plan. HAP interviewed 407 women, provided HIV/STD testing and counseling, and collected data.

University-Wide AIDS Research Program: Research project designed to evaluate effectiveness of HAP’s outreach programs and mobile testing services and determine why HAP’s clients engage in practices that put them at risk for HIV. HAP recruited and interviewed 153 active IDUs and sex workers who had received HAP services, and 207 who had never received HAP services. The evaluator was Dr. B. B., who will act as technical advisor to the Coalition on evaluation issues.

**Capability and Experience of Coalition Partners**

**Alameda County Medical Center:** The Medical Center participates in the Coalition through its subsidiary, Highland Hospital. The Medical Center is the county-operated system of hospitals, clinics and programs committed to maintaining and improving the health of all county residents, regardless of ability to pay. The Medical Center, with a budget of $294 million and a staff of 2,265 FTE, acts as a training institution committed to maintaining an environment supportive of a wide range of educational programs and activities. Education of medical students, interns, and residents, continuing education for medical, nursing and other staff, along with clinical research, are all essential components of its mission. Per regulatory requirements related to local health services (California Administrative Code, Welfare and Institutions Code and Health and Safety Code), the Medical Center also has primary responsibility for providing health care services to the medically indigent through two hospitals (including Highland Hospital) and a psychiatric center. The Medical Center is committed to providing comprehensive, high quality medical treatment, health promotion and health maintenance through its integrated system of health
services staffed by individuals who are responsive to the diverse cultural needs of the community.

**Highland Hospital** (1411 East 31st Avenue): Highland Hospital is located in central Oakland, close to the Project target areas. The hospital is within a mile of the high-poverty region of Fruitvale, two miles from West Oakland, and four miles from East Oakland. Highland is the primary provider of health care services to the medically indigent population of Oakland and is committed to continuous improvement of its services. In the past year, Highland has undergone major renovations, including improvements to the main lobby waiting room. In addition, the hospital recently secured state financing for a new Critical Care and Clinics Building. Through its Adult Immunology Clinic, Highland provides a comprehensive range of outpatient and inpatient services for persons with HIV/AIDS, including medical care, counseling, case management, and opportunities to participate in drug trials. Fees vary according to income, and no one is turned away because of inability to pay.

**Eastern Health Center** (2449 88th Avenue): Eastern provides outpatient medical care, including STD treatment. The clinic also provides public health nursing services, including STD screening, counseling and assistance on child abuse/neglect, nutrition, pregnancy, and disease prevention. Eastern Health Center is located within a mile and a half of the high-poverty target area in East Oakland. Within a year, Eastern plans to relocate to Eastmont Mall, half a mile closer to the target area. The population within a half-mile radius of the new location is 82.4% African American. (27) As part of the Alameda County Health Services network of outpatient clinics, Eastern is committed to providing culturally sensitive medical care to low-income residents of Oakland.

**History of the Coalition**

In cooperation with the Adult Immunology Clinic, HAP has operated a weekly support group for IDUs at Highland Hospital since 1993. This Ryan White funded activity is governed by a Memorandum of Understanding between the two organizations. While never working formally with Eastern Health Center, HAP frequently refers clients to the clinic for treatment, especially for STDs. HAP also performs HIV testing and counseling at Eastern on a quarterly basis.

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27-1990 U.S. Census data manipulated using Landview mapping software
Rationale for Coalition

The goal of the Coalition is to overcome identified barriers to accessing health care faced by the target population. Eastern Health Center has a mission to provide preventive health services to the medically indigent of Oakland, but has difficulty in gaining the trust of the target population. Highland Hospital’s Adult Immunology Clinic has a mission to provide medical services to members of the target population who are HIV positive. While early intervention is crucial in such cases, Highland does not have outreach capacity in the Project’s target areas and so cannot adequately educate residents of such neighborhoods about the need and availability of the hospital’s services. HAP has the confidence of the target population, experience in conveying information to them, and a long-term presence in the target areas. However, HAP has experienced problems in making effective referrals to medical care facilities. The Coalition members represent different pieces of a puzzle which put together will result in a continuum of care for a medically underserved, hard-to-reach population.

GOALS AND OBJECTIVES

Mission

• To reduce HIV and STD incidence among high-risk populations of African Americans in Oakland.

Goals

• To increase knowledge among IDUs and sex workers about their health status.
• To ensure timely access to appropriate medical care for sex workers and IDUs.
• To increase knowledge about HIV and HIV-prevention techniques among IDUs and sex workers.
• To increase the use of safer sex techniques and safer needle practices among IDUs, sex workers and their partners.
Objectives for Year One

( Objectives for subsequent years are described in the Evaluation section.)

- To provide HIV and STD testing to 360 IDUs and sex workers.
- For persons who test positive for HIV, to enroll 80% at the Adult Immunology Clinic.
- For persons who test positive for an STD, to ensure medical treatment for 75%.
- To enroll 24 substance users in a residential recovery program.
- For 33% of clients who identify needs, to make on-the-spot appointments with an appropriate agency.
- For clients for whom appointments were made, to achieve a 50% rate of completed referrals.
- To convey basic information about harm reduction techniques to 2100 members of the target population.
- To have 300 members of target population commit to using latex barriers (condom, dental dam) with their clients and/or partners the next time they have sex.
- To have 225 IDUs commit to cleaning their drug outfits the next time they inject.
- To have 225 IDUs commit to using needle exchange services.

METHODOLOGY (PROGRAM PLAN)

Street Level Outreach

Street outreach will occur in neighborhoods where sex workers conduct their business. This includes the northwest part of the city (“West Oakland”), an area in the middle of the city along Fruitvale Avenue (“Fruitvale”), and an arc in the southeast part of the city described by 55th Avenue, MacArthur Blvd, and 98th Avenue (“East Oakland”). At times, police crackdowns on drugs and prostitution cause shifts in locations and times at which sex work and drug trade occur. Staff will track such shifts and shift outreach accordingly.

Outreach workers will be individuals familiar with the targeted neighborhoods and with street level sex work/drug culture. The Project will aggressively recruit outreach workers from the target community/population. Currently, 50% of HAP’s outreach staff are former sex workers or IDUs. A key to effective outreach is to distinguish members of the target population from others on a crowded street. Outreach workers will use several strategies. If they know
people in the neighborhood who are gatekeepers, they will use these key contacts to make further contacts. They will work through the existing network of acquaintances/friendships/business contacts. If they have exhausted a social network or are not acquainted with potential clients, outreach workers will canvass a neighborhood looking for behaviors that suggest a person fits the Project’s client profile. For example, a person who stands at a street corner for an extended period with an eye on drivers passing by would be approached. The outreach worker will not assume such people are prostitutes, but will engage them in conversation to establish whether they fit the participant profile.

The initial goal of outreach is to build a relationship with the potential participant. Therefore, the content of each contact is not prescribed. Experience indicates that an excellent way to build rapport is to provide information/materials perceived to be useful by the potential participant. Therefore, street level contacts will often include short and clear HIV prevention education messages, distribution of free condoms and bleach, and referrals to community resources for various needs the potential participant identifies. Outreach teams will each be issued a cellular phone and will use this to make referrals as needs are identified. Frequently a client may be working the street, looking to exchange sex and unable to focus their attention on the outreach worker’s message. At such times, the worker must determine the client’s most pressing needs and provide an appropriate intervention. It is rarely helpful to engage the client more than he/she is willing.

After an outreach contact (but not in front of the client), the worker will complete a log sheet entry. Data to be collected will include location and date, client age, sex, race/ethnic identification, number of condoms or bleach bottles distributed, client self-identified risk population, safer behavior commitment, and referrals provided. More subjective field notes are also recorded. A full protocol for an outreach intervention is included as Appendix K.

Effective outreach and relationship building involves repetition, and so the same outreach workers will generally canvass the same neighborhoods over a period of time, recontacting individuals several times.

**Safety Precautions during Outreach**

Outreach will be provided by staff working in teams. The minimum size of a team will be two outreach workers. At no time will a staff person allowed to perform outreach without a partner. Staff work in neighborhoods that are marginal and, at times, unsafe. Outreach is carried out
during the daytime, evening and night. One outreach worker will engage and interact with a client while the other assesses safety factors. Some factors include:

- proximity to illegal activities
- proximity to hostile individuals
- street lighting
- volume of foot traffic
- volume of vehicular traffic
- weather conditions

Staff will be trained to quickly and quietly remove themselves from any setting they assess to be potentially dangerous.

Staff will be issued photo identification cards indicating they are HAP employees, in the event they are mistaken by police for members of the target population. Staff will have the home phone and beeper numbers of the Outreach Supervisor and the Executive Director, so they can have quick access to supervision when needed. Outreach workers will all carry beepers so they can be contacted if the need arises.

**The Outing: Small Group Sessions and Health Screenings**

The primary objective of the street level outreach is to enroll 360 people into 24 small group risk-reduction education sessions over the course of the year and have them agree to HIV and STD screening. The small group sessions and health screenings will be held on the same day, after outreach has generated significant interest. These sessions with 6-12 participants will last about two hours and will take place in rented hotel/motel rooms close to areas of high drug use and sex trade activity. We call this intensive one-day service delivery an “Outing.” Outings will generally occur twice a month.

The goal of small group sessions is to increase participants understanding of safer sex and drug use behaviors. In general, a session will be structured as follows: Introduction, pre-intervention quiz, discussion of safer sex/drug use practices, role-playing exercises, referrals, post-intervention quiz, review, questions, closure and distribution of condoms/bleach. A full protocol for small group sessions is included at Appendix K. Because the sessions will be driven by the needs of participants, not every session will include all elements listed in the protocol. A more intensive questionnaire (see Appendix E) covering detailed demographic information and a
risk behavior history will be administered to 50 small group participants over the course of the year.

Presentations on harm reduction and information on substance abuse and recovery will be provided by HAP staff. Information on STDs and treatment will be provided by a nurse practitioner from Eastern Health Center. Any participants who wish to go into recovery can be enrolled on the spot into a residential recovery program, using Project funds allocated for this purpose. STD and HIV testing will be provided on-site. Participants who test positive will be recontacted and provided counseling and referral to treatment.

Mobile clinic staff (outreach workers and nurse) will return the following week to provide test results and counseling to clients. Those who test positive for HIV will be immediately referred to the Adult Immunology Clinic. STDs will be treated by the nurse. (Treatment materials are provided at no cost to the Project.)

**Client Incentives**

Because participating in small group sessions means time away from making money or seeking drugs, HAP has found that incentives are crucial to gain participation by clients. The following incentive structure has proven successful in other projects. Each client who is tested for HIV is given $10, either in cash or in the form of a food voucher. Each client who returns for results is given another $10. Refreshments are provided at small groups. In addition, a $25 door prize (either cash or voucher) is given to one client at the end of the session. This ensures that clients remain for the entire session and complete the post-test.

**Presentations**

In addition to the neighborhood-based Outings, the Project will conduct a number of presentations to the clients of community organizations on-site. The information provided during the presentations will be substantially the same as that provided during the small groups described above.

Organizations that will host presentations include: the Baart Methadone Clinic, Fisher Foundation, New Life, Friendly Manor (all residential recovery clinics); County Juvenile Detention; East-West House (a prison furlough program); and East Oakland Community Project (a homeless shelter).
Referrals and Follow-up

As indicated in the Background section, a major objective of the project is to ensure effective referrals. Therefore, each team of outreach workers will be provided a cellular phone and will arrange appointments on the spot. The general philosophy of street outreach is that it must be quick, effective and provide benefits the clients can’t easily obtain for themselves. Pay phones in the target area are few, those few are frequently broken, and when functioning are jealously guarded resources of the street economy.

A referral guide will be provided to all outreach workers and will be updated regularly. A referral guide is only useful insofar as the organizations listed actually have the will and ability to take referrals. Therefore, each time a referral is attempted, staff will make a note on their log sheet indicating whether the referral could be made. When clients report the outcome of a referral, this, too, will be noted. The logged referral notes will be discussed in Working Group meetings. When patterns emerge either of successful referrals or unsuccessful referrals, this issue will be raised with the Advisory Board.

Advisory Board

Experience from past projects indicates that advisory boards are often moribund unless members have implementation responsibility for a project or the group is an already established, ongoing committee with an interest in the issues addressed by the project. Therefore the Project will create a Working Group composed of a representative from each of the Coalition members (project director—HAP, nurse practitioners—Highland Hospital and Eastern Health Center). The Working Group will meet monthly and discuss implementation issues, effectiveness of referrals, data collection, potential partners, and other issues as they arise.

In addition, the Project will adopt an already existing body, the HIV Prevention Planning Council, as its Advisory Board. The HIV Prevention Planning Council (HPPC) was created in 1994 as a broad-based group of community leaders with a stake in HIV prevention and treatment. HPPC is responsible for drafting Alameda County’s HIV prevention plan, and includes membership from community-based organizations, county agencies, and concerned individuals. HPPC is staffed by the Alameda County Public Health Department’s Office of AIDS Administration, which ensures meeting space and resources. The HPPC is the oversight body for implementation of the HIV prevention plan.
The Project Director, C. S., is a member of HPPC and will act as the point person for raising Project-related issues at HPPC meetings. Furthermore, as HPPC revises the HIV prevention plan, the Project Director will act as liaison with other members of the Coalition to ensure the Project is coordinated with new recommendations.

EVALUATION

Personnel

The evaluation will be coordinated by the Project Director (C. S.) with technical assistance from Dr. B. B., a sociology professor at California State, Hayward. Dr. B. evaluated the effectiveness of HAP’s interventions for the University-Wide AIDS Research Project. Resumes for both Dr. B. and Ms. D. S. are attached in Appendix G.

The evaluation will take into account both impact objectives and process objectives for supporting activities. Objectives support the goals described above in the Goals and Objectives section.

Impact Objectives and Supporting Activities

- To provide HIV and STD testing to 360 IDUs and sex workers during 24 intensive one-day outing in a mobile clinic. 75% of test recipients will return for results. Year Two: 360/24/80% Year Three: 360/24/85%
- For persons who test positive for HIV, to enroll 70% at the Adult Immunology Clinic. Year Two: 80% Year Three: 90%
- For persons who test positive for an STD, to ensure medical treatment by the Coalition’s Nurse Practitioner or a clinic for 75%. Year Two: 80% Year Three: 85%
- To enroll 24 substance users in a residential recovery program. Each will stay an average of 1 month, though stays may be shorter or longer. Year Two: 24 Year Three: 24
- For 33% of clients who identify needs for other support services, to make on-the-spot appointments with a referral agency. Year Two: 40% Year Three: 50%
- For clients for whom appointments were made with non-Coalition agencies, to achieve a 40% rate of completed referrals. Year Two: 45% Year Three: 50%
- For clients for whom appointments were made with Coalition agencies, to achieve a 50% rate of completed referrals. Year Two: 55% Year Three: 60%
• To convey basic information about harm reduction techniques to 600 members of the target population through 24 small group sessions and 12 presentations. “Basic information” will be established as scoring at least 60% on a post-test. Year Two: 600/24/12 Year Three: 600/24/12

• To convey basic information about harm reduction techniques to 1500 members of the target population through street level outreach. Understanding of the information provided in these contacts will not be tested.

• Either on a post-test or to a street outreach worker, 300 members of target population will report their intent to use latex barriers (condom, dental dam) with their clients and/or partners the next time they have sex. Year Two: 300 Year Three: 300

• Either on a post-test or to a street outreach worker, 225 members of target population will report their intent to clean their drug outfits the next time they inject. Year Two: 225 Year Three: 225

• Either on a small group post-test or to a street outreach worker, 225 members of target population will report their intent to use needle exchange services. Year Two: 225 Year Three: 225

**Data Collection**

Client data will be collected by outreach workers as described in the Methodology section above. Data instruments are attached as Appendix E and will include:

- Log sheet/Small group sign-in sheet
- Pre- and post-tests of HIV/STD knowledge and harm reduction techniques and commitment statements
- In depth questionnaire about risk behaviors (To be based on questionnaire which was administered to similar target population in San Francisco. This will allow comparisons of the populations.)

Basic demographic data (race/ethnicity, gender and age) will be recorded on log sheets even for brief street outreach contacts based on outreach worker observation. In cases where clients seem non-communicative or in a hurry, age will be estimated by the outreach worker. Referrals made are also logged. A subset of participants (n=50) will be asked questions from the in-depth questionnaire, covering more detailed demographic information and a risk-behavior history (see Appendix E). Distribution of materials (condoms, bleach, and other harm reduction materials)
will be recorded on log sheets and small group sign-in sheets. Data from log sheets, sign-in sheets etc. will be entered into a database by an administrative assistant and spot checked for accuracy by the Project Director. Original data materials are kept on file for at least five years.

Potential for Long-Term Impact and Replicability

Street level outreach in Oakland has proven effective in reducing STD rates in the past. In 1989, Alameda County accounted for 25% of all of California’s congenital syphilis cases while accounting for less than 5% of the state’s population. Because congenital syphilis suggests multiple cases of infectious syphilis among women in their child-bearing years and their partners, the Alameda County Health Department established a unique collaborative project with HAP to combat the epidemic. HAP provided street outreach to sex workers and IDUs. After six months, 380 high-risk women were screened. Approximately 20% had early syphilis and were treated. This suggests that a similar partnership emphasizing not only access to treatment, but also prevention can combat the HIV epidemic.

The Project is replicable in other communities. The shift of the epidemic toward the African-American community and the emergence of IDUs as a very high risk group is a national phenomenon. While HAP has an unusual history and connection to the target population in Oakland, CBOs with a commitment to staffing from within their communities and providing culturally sensitive outreach exist in other cities. For example, many community action agencies (which are a national network of CBOs) maintain such commitments, often inscribed in their bylaws.

MANAGEMENT PLAN: ROLES AND RESPONSIBILITIES

HAP

- Responsible for overall management of the Project, including fiscal management (personnel responsible: project director, executive director), reporting (project director), management of subcontracts (project director), evaluation data collection and analysis (outreach workers, project director, evaluation technical consultant)
- Responsible for facilitating monthly working group meetings. (project director)
- Responsible for relaying Project updates to Advisory Board. (project director)
• Responsible for supervision of Project staff who are HAP employees (executive director supervises project director, project director supervises field supervisor, field supervisor supervises outreach workers)
• Responsible for coordination, planning, set-up and logistics for mobile test sites. (outreach supervisor)
• Provide outreach services, client intake; provide mobile clinic, HIV pre- and post- test counselors, one-on-one risk reduction/safer sex education. (outreach workers)
• Provide HIV testing/phlebotomy services: (outreach supervisor, L. R., is a certified Phlebotomist)
• Distribute safer sex materials and condoms to all clients who participate. (outreach workers)
• Track client utilization of services. (outreach workers and project director)
• Refer HIV positive clients to Highland Hospital Adult Immunology Clinic. (outreach workers)
• Refer injection drug, crack, alcohol and other substance users to residential recovery services. (outreach workers) HAP will administer a subcontract covering fees for recovery slots. (project director)
• Key staff are project director (C. S.), outreach supervisor (L. R.), and outreach workers. Of the four outreach workers, three will be new hires. One will have substantial experience from previous outreach efforts and will act as a peer resource for the new staff. Resumes and job descriptions are attached in Appendix G.

**Eastern Health Center**

• Provide a nurse practitioner at 20%FTE to the Project
• Perform STD/ pregnancy testing, referral, counseling and follow-up to high risk clients at the Coalition’s mobile testing sites. (nurse practitioner)
• Supervision of mobile testing nurse (staff physician)
• Provide materials to be used in STD and pregnancy testing
• Process STD and pregnancy tests (done by laboratory, ensured by nurse practitioner)
• Provide treatment of STDs at no cost to the Project (nurse practitioner)
• Document progresses of clients referred for medical services and provide a monthly memorandum to L. R., Outreach Coordinator, listing demographics of clients referred by the Coalition. (nurse practitioner)
• Attend a monthly meeting of the Coalition working group. (nurse practitioner)
• Key staff person is a nurse practitioner (job description attached in Appendix G) who is supervised by a staff physician.

**Highland Hospital**

• Accept referrals and provide early intervention services and long-term medical treatment for Coalition clients who test positive for HIV. (nurse practitioner and medical staff)
• Document referrals received from the Coalition and provide a monthly memorandum to Outreach Coordinator L. R. of the number, demographics and outcomes of such referrals. (nurse practitioner)
• Attend a monthly meeting of the Coalition working group. (nurse practitioner)
• Key staff person is a nurse practitioner (job description attached in Appendix G) who is supervised by a staff physician.

**Management Experience of the Applicant**

HAP is a 12 year old organization with 15 FTE and a budget of $750,000. Since its inception the organization has administered over 70 grants or contracts, consistently meeting program objectives, reporting requirements and audit standards. The agency is audited annually. Major federal grants include:

• HIV Prevention and Education: A $258,000/year project funded by the Centers for Disease Control (Dates: 9/93-9/97)
• Women and Infants Demonstration Project: A $269,000/year project funded by the Centers for Disease Control under a subcontract with Alameda County Health Department (Dates: 10/91-2/96)
• Outreach and Support Groups for HIV Positive: $56,000/year in Ryan White funds for outreach to hard-to-reach, HIV positive populations (4/94-6/97) HAP has participated in two major HIV research projects:
• Young Women’s Survey: Research project designed to determine prevalence of STDs (HIV, chlamydia, gonorrhea, syphilis, hepatitis B) among women aged 18-28 years, and to obtain their input in the design of effective HIV prevention programs for women. HAP provided
doe-to-door outreach according to a sampling plan. HAP interviewed 407 women and provided HIV/STD testing and counseling, and collected data.

- University-Wide AIDS Research Program: Research project designed to evaluate effectiveness of HAP’s outreach programs and mobile testing services and determine why HAP’s clients engage in practices that put them at risk for HIV. HAP recruited and interviewed 153 active IDUs and sex workers who had received HAP services, and 207 who had never received HAP services.

**Sociocultural Barriers and Staff Selection**

The Project’s main strategy for addressing sociocultural barriers in reaching the target population is through careful staff selection. Outreach workers will be recruited from the target neighborhoods. In selecting staff, additional consideration will be given to applicants who are former sex workers or substance users. HAP has been quite successful in recruiting staff from this population. 50% of HAP’s current outreach staff are former sex workers or substance users. 80% are African American. Recruiting staff with such backgrounds ensures that they understand the life situations of clients and the barriers they face in accessing medical care. Project staff who do not come from the target population (e.g., the nurse practitioner and some outreach workers) will be given sensitivity training developed and taught by HAP’s executive director.

**Orientation**

At the beginning of the Project, staff from all Coalition members will be provided a one-day orientation. They will be introduced to the Project through a discussion of the Coalition’s mission and goals. The goal of the orientation is not to provide specific technical information, but rather to give staff a vision of the Project’s role in improving access to health care for the target population. Discussion topics will be facilitated by the appropriate coalition member (HAP—street outreach and harm reduction, Highland Hospital—medical care for HIV positive clients, Eastern Health Center—STD screening/referral and the community health system). Project staff will take an intensive test on HIV/AIDS issues to determine training needs.

**Staff Training**

Outreach workers and supervisors will participate in a weekly staff meeting each Monday from 1pm—5pm at HAP’s offices in downtown Oakland. The meeting agenda is divided into two segments. The first segment is a review of activities performed the previous week, including a review of successful interventions, problems encountered and approaches attempted. Field log
sheets provide the basis for discussion. The focus of discussion is peer review and dialogue with occasional coaching from supervisory staff.

The second segment of the meeting is dedicated to in-service training. Based on issues that arise in the first segment of staff meetings, administrative staff will arrange for training to be provided by staff and area organizations. Staff who have received training in the past will train new staff on issues including: reasons and measures to insure confidentiality, data collection and reporting, oral and written communication skills, HIV/AIDS medical and psychosocial concerns, STD transmission/prevention/treatment, planning and facilitating small group sessions. Planned topics to be conducted by outside agencies include sensitivity in counseling HIV positive clients, promoting adherence to drug treatment regimens, new techniques in prevention of congenital HIV transmission, new HIV treatment regimens. Training will be provided at no cost to the Project. HAP has a long history of securing training as an in-kind contribution. Examples over the past year include:

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<tr>
<th>Training</th>
<th>Conducted by</th>
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<tr>
<td>Hepatitis A, B, C</td>
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<td>Individuals</td>
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The following additional training will be provided off-site, also at no cost to the Project.

- **Community Health Outreach Worker training and certification**: This is a 10-day training in street outreach and harm reduction education techniques offered by the Institute for Community Health Outreach Work. The training is provided under an agreement with the California State Office of AIDS, and paid for through Ryan White funds at no cost to the Project. Outreach workers will typically either have or will receive the CHOW certification within 90 days of being hired.

- **Agency Capacity Building**: The Management Center provides ongoing technical assistance to HAP administrative staff on strategic planning, evaluation, coalition building and fund development. Staff will consult the Management Center on ways to improve the Coalition and methods for sustaining the Coalition after the Project ends. Capacity building technical assistance is funded by the San Francisco AIDS Office. HAP staff are scheduled to be trained in the use of the SPSS statistical package in the upcoming year.

**Staff Mental Health**

By its nature, street level outreach is high-stress work. Outreach workers develop bonds with clients who are suffering from AIDS or may be diagnosed HIV positive at any time. In addition, because outreach workers are often former substance users, they may need support to maintain their commitment to sobriety in the face of life on the street. Half an hour and sometimes a full hour of each staff meeting is dedicated to peer support. Issues typically include substance use and efforts to maintain sobriety, conflicts with other staff/management, other interpersonal relationships, identification with target communities, and illness, death, and dying.

**Plan for Continuous Improvement**

Semiannually, an evaluation team (composed of the outreach supervisor, the HAP executive director, Eastern Health Center supervisory staff, and the project evaluator) will perform field observations of staff to assess the level and quality of outreach, risk reduction education, and HIV/STD screening. Constructive, supportive and specific feedback will be provided to staff within one week of field observation.

Weekly, the outreach supervisor will review daily log sheets and field notes for completeness, accuracy and timeliness. Staff will be provided feedback, training and coaching either one-on-one or in a group, as needed.
Staff knowledge and understanding of HIV, STD and substance use issues will be monitored. Quarterly, staff will be given a short written test to assess their grasp of these topics. Tests will focus on material covered in recent trainings. As appropriate, staff will be provided retraining or will go on to the next level of training.

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| # of Outings: | 6 | 12 | 18 | 24 |
| # screened for HIV/STD: | 90 | 180 | 270 | 360 |
| # committed to harm reduction: | 125 | 250 | 370 | 525 |
| # knowing basic HIV info: | 150 | 300 | 450 | 600 |

Time targets for Year Two and Year Three will be similar, although no new staff is expected. Final Financial Status Report and Final Project Report will be completed within 90 of end of Project Period.
Appendix T

HANDOUT 1 (HO1)
CALL FOR PROPOSALS EXAMPLE

Elton John AIDS Foundation Open Call for Proposals

Guidelines & Process Overview:

- Organizations may request grants of up to $75,000; requests may not exceed 20% of the current budget.
- Requests may be made for programs addressing one or more of EJAF’s priority areas. Please review information on the following areas detailed below:
  - Improving health outcomes and advancing equal rights for Black Americans
  - Sexual Health and Rights of Adolescents and Young Adults
  - Syringe Access and Harm Reduction
  - The health and rights of people who are or were recently incarcerated
  - Access to HIV treatment

- The first step of the application process is to submit an LOI. EJAF will review LOIs, invite a select number of organizations to submit full proposals, and award grants in December 2014.
- Applicants should complete an online LOI form by 5 PM Eastern Standard Time on Thursday, June 12, 2014.
- The deadline for full proposals will be determined in late June or early July. All deadlines will be communicated to selected organizations.
- Requests may be made for one year grants only. Full payment will be made in December 2014. The grant will start either upon receipt of the agreement and funds or a previously agreed upon date.
- Requests for this application process may only be made for programs taking place in the United States, Canada, Mexico, the Caribbean Islands, Central and South America.
- Requests must be made in English.
- Organizations must be registered 501(c)3 nonprofit organizations or have a proven relationship with a nonprofit organization acting as fiscal sponsor. Organizations based outside the United States must be recognized charitable organizations.

Improving health outcomes and advancing equal rights for Black Americans

The United States prides itself as the land of equal opportunity, but our country has work to do to fully achieve that promise. Black Americans in particular face less opportunity than most – less access to college education and jobs, higher rates of poverty, and worse health statistics for conditions like asthma, diabetes, and high blood pressure. HIV is no exception. Black Americans face higher rates of HIV infection than any other racial/ethnic/national group in the U.S. Black gay men ages 13-24 account for more than half of all new HIV infections among gay
men in that age group. EJAF believes that this can change and is interested in supporting programs that:

- Help the efforts of Black activists in the U.S. to improve HIV testing, treatment, and health care for Black people.
- Help improve the lives of Black Americans living in poverty and at risk of HIV by increasing access to education and jobs.
- Support programs that improve the lives and health of Black women, especially those living in poverty.
- Priority is placed on requests from organizations working in neighborhoods and cities where HIV is highly prevalent.

Sexual Health and Rights of Adolescents and Young Adults

More than 10,000 young people ages 13-24 become HIV-positive every year in the United States. There are clear, proven paths to curbing new infections among young people: education, health services, and peer-based social support for those most at risk. But these programs do not yet exist in the U.S. at the scale required to make a difference. Advocacy is needed. EJAF is interested in supporting the following:

- The efforts of young people to campaign for health policies and health services that are relevant to their needs.
- Efforts to assist national advocacy groups to push for better health services that cater to young people.
- For programs working in communities, priority will be given to organizations that demonstrate an inclusion of young people in development and implementation of their proposed project.
- Priority will also be given to organizations working in areas with high HIV prevalence.

Syringe Access and Harm Reduction

Every year, EJAF grants help more than 30,000 people access clean syringes and related harm-reduction services, proven interventions that prevent new HIV infections. Thanks in part to our efforts, HIV infections due to injection drug use in the U.S. are down from 25% of all infections in 2000 to only 11% today. However, this “good news” still means that approximately 5,500 people become infected each year via injection drug use. These 5,500 infections are entirely preventable, and therefore entirely unacceptable. The potential is clear: scaled-up programming could bring the estimated 5,500 annual injection-related HIV infections down to zero.

The Elton John AIDS Foundation invests $1 million each year in syringe access and needle exchange services through the Syringe Access Fund, a collaboration of national philanthropic organizations concerned about access to sterile syringes and the prevention of HIV/AIDS and hepatitis C, including the Elton John AIDS Foundation, Irene Diamond Fund, Levi Strauss Foundation, Open Society Foundations, Tides Foundation, and AIDS United. New grants for the Syringe Access Fund are awarded every two years, and the next application cycle is tentatively scheduled for 2015. Because of this significant allocation, priority is given to organizations
working in other grant-making areas. However, organizations are welcome to request support for work in the following areas:

- Advocacy and education efforts to expand government support for needle exchange services, including an end to the ban on the use of federal funding for needle exchange.
- Programs that support the health and dignity of people who use drugs and provide compassionate, effective services to people struggling with addiction.
- Efforts to expand Harm Reduction-based programs for people who use drugs.

The health of people who are or were recently incarcerated

Every year, 171,000 HIV-positive men and women (1 in 7 of all persons living with HIV) pass through a correctional facility. When they get out, most are handed a one-way bus ticket, some cash, and nothing else. Many are likely to confront troubled family relationships, frayed social support, mental health and addiction issues, and serious obstacles in finding housing and jobs. EJAF is interested in:

- Programs that give people who are getting out of prison the support they need to get adequate healthcare and the other services essential to leading a stable and healthy life and managing their HIV treatment.
- Programs that ensure quality healthcare, basic human rights, and HIV treatment for people who are currently incarcerated.
- Legal services for people who are or were recently incarcerated.
- In all cases, priority will be given to programs working in neighborhoods and cities with high prevalence of HIV.

Access to HIV treatment

In the U.S., 1.2 million people are living with HIV. Most people aren’t successfully on treatment, and one in five Americans who have HIV – some 220,000 people – are unaware that they even carry the virus. Getting tested and successfully treated are essential to long-term health and prevention of onward transmission. That’s why EJAF funds dozens of organizations, especially in the Southern U.S., to ensure that more people get tested, understand their HIV treatment options and start on HIV treatment, and have access to and benefit from healthcare and support services.

Source: Elton John AIDS Foundation
http://newyork.ejaf.org/elton-john-aids-foundation-open-call-for-proposals/
Other Resources

National HIV/AIDS Strategy
http://www.whitehouse.gov/administration/eop/onap/nhas
http://www.cdc.gov/hiv/policies/nhas.html

CDC’s High Impact HIV Prevention

CDC’s PrEP Guidelines

CDC’s Procurement and Grants Office (PGO) Budget Guidelines

Strategies for Effective Proposal Writing- Ontario Health Communities Coalition

Winning Grants: Step by Step. Mim Carlson


Resources for Literature Review

- MEDLINE
  http://www.medline.com/
- PubMed
- PsychInfo
- Centers for Disease Control and Prevention
  http://www.cdc.gov/
- Substance Abuse and Mental Health Services Administration (SAMHSA)
  http://www.samhsa.gov/
References


