

2010 Private Grant Application

Eligible applicants are non-profit Chicagoland agencies providing HIV/AIDS prevention, care, or advocacy/legal services in Chicago and the collar counties.

Applicant agencies must:

1. Be member organizations of AFC's Service Providers Council (SPC)
2. Participate as a *CommunityDirect* team in the *AIDS Run & Walk Chicago* (ARWC) taking place on Saturday, October 2, 2010 in Grant Park
3. Meet the *CommunityDirect* minimum fundraising criteria as established below:

Agency Budget (or HIV Program Budget)	Minimum amount raised at ARWC 2010
Less than \$250,000	\$1,000
Between \$250,000 - \$500,000	\$2,000
Between \$500,000 - \$750,000	\$5,000
Over \$750,000	\$10,000

AFC grants are limited to groups with a demonstrated track record raising private funds for their own programs and services through the *AIDS Run & Walk Chicago CommunityDirect* program. Through *CommunityDirect*, SPC agencies receive 100 percent of the proceeds raised by their team. All member organizations of AFC's Service Providers Council are encouraged to participate in and benefit from the *AIDS Run & Walk Chicago* on Saturday, October 2, 2010. Learn more about the event at aidsrunwalk.org.

The following **attachments** are also required:

- Copy of the agency's 501(c)(3) designation letter from the Internal Revenue Service
- Current list of board members, including affiliations
- Organizational chart, with staff names and titles
- Agency's most recent audited financial statements
- Agency's most recent operating budget with program budget, if applicable

For more information on the SPC or to receive an SPC membership application, please contact Melissa Janiszewski at mjaniszewski@aidschicago.org.

For more information about the *AIDS Run & Walk Chicago* and fundraising tools, tips, team-building and fundraising ideas, please contact Katie O'Malley at komalley@aidschicago.org.

Successful applicants must submit **eight copies** of this application with all required attachments by **4:00 p.m. on Friday, October 22, 2010** to:

Ms. Cynthia Tucker
Director of Prevention & Community Partnerships
AIDS Foundation of Chicago
200 West Jackson Blvd., Suite 2200
Chicago, Illinois 60606

Applications received after 4:00 p.m. on Friday, October 22, 2010 will not be review under any circumstances. Grant awards will be announced by December 1, 2010.

Agency Name:

Agency Address:

Agency City, State, Zip:

Agency Phone:

Fax:

Agency Website Address:

Agency Director/President/CEO:

Proposal Contact Person:

Proposal Contact Person Email:

501(c)3 not-for-profit status? Yes No

Tax ID Number (EIN):

Overall Agency Budget:

Overall AIDS Services Budget:

Funding Amount Requested:

Type of Organization:

(Not-for-Profit Corporation, Tax Exempt Organization, Medical/Health Care Provider Corp, Other)

Mission Statement:

Agency Director/CEO Signature_____

For informational purposes, please list your agency's district number for the following legislative districts. Visit <http://chicagoelections.com/voterinfo.php> to find your Chicago alderman.

Visit www.aidschicago.org/action or www.votesmart.org for other legislative districts.

___Alderman (Chicago only)

___State Representative

___State Senator

___U.S. House Representative

1) Please indicate which target populations are the focus of your grant request:

Target Populations

- | | |
|--|---|
| <input type="checkbox"/> General Population | <input type="checkbox"/> MSM |
| <input type="checkbox"/> African Americans | <input type="checkbox"/> Women |
| <input type="checkbox"/> Hispanic/Latinos | <input type="checkbox"/> Youth |
| <input type="checkbox"/> Asian/Pacific Islander | <input type="checkbox"/> Persons Living with HIV |
| <input type="checkbox"/> Native American | <input type="checkbox"/> Active Injection Drug Users |
| <input type="checkbox"/> Substance Users
(i.e. crystal meth, crack, alcohol, etc.) | <input type="checkbox"/> Other (please specify) |

2) Please indicate which geographic areas will be serviced by your grant request:

Geographic Representation

- | | |
|--|--|
| <input type="checkbox"/> Chicago North Side | <input type="checkbox"/> South Suburban |
| <input type="checkbox"/> Chicago South Side | <input type="checkbox"/> West Suburban |
| <input type="checkbox"/> Chicago West Side | <input type="checkbox"/> Citywide |
| <input type="checkbox"/> North Suburban | <input type="checkbox"/> Collar County (please specify) |
| <input type="checkbox"/> Other (please specify) | |

3) Please provide the demographic breakdown (exact number and percent) of your clients, board of directors, and staff:

Client Race/Ethnicity (#)

- White/Caucasian**
- Black/African-American**
- Hispanic/Latino**
- Asian/Pacific Islander**
- Native American**
- Other (please specify)**

Board Race/Ethnicity (#)

- White/Caucasian**
- Black/African-American**
- Hispanic/Latino**
- Asian/Pacific Islander**
- Native American**
- Other (please specify)**

Staff Race/Ethnicity (#)

- White/Caucasian**
- Black/African-American**
- Hispanic/Latino**
- Asian/Pacific Islander**
- Native American**
- Other (please specify)**

Client Gender (#)

- Male**
- Female**
- Transgender**

Board Gender (#)

- Male**
- Female**
- Transgender**

Staff Gender (#)

- Male**
- Female**
- Transgender**

4) Is your organization considered to be a minority-based organization? Yes No

5) Please list the agency's five largest private funding sources, excluding AFC. Please include the amounts contributed during the current fiscal year. (Private funding includes foundations, corporations, and/or individuals) **Do not list city, state and federal grants here.**

Funder	Amount Contributed
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- 6) Please list your agency's total **revenue** raised in FY 09; FY 10 and FY11 projections.

	FY 09	FY 10	FY 011Projections
Corporate revenue			
Foundation revenue			
Event revenue			
Individual contributions			
Government/Public			

For the following questions, please provide brief answers (500 WORDS MAXIMUM for each question) that specifically address each question.

- 7) Please describe the history of your organization and specifically your HIV/AIDS prevention, care, or advocacy/legal activities.
- 8) Please describe your agency's involvement in the 2008, 2009, and 2010 *AIDS Run & Walk Chicago*, including the number of runners, walkers and amount of money raised for each year.
- 9) Please describe how you and your staff are involved in AFC's Service Providers Council (SPC) activities and/or other local, regional, and/or national coalitions, committees, or organizations.
- 10) Please tell us specifically how AFC funding will be used. If this is for an HIV prevention project, please describe which evidence-based intervention you would use and support with this funding.

The AIDS Foundation of Chicago reserves the right to conduct site visits to applicant agencies before final funding determinations are made.