THE WIN PROJECT
WOMEN INFORMING NOW

Women Informing Now (WIN) Micro-Grant Application - 2024

THE AIDS INSTITUTE

AIDS ALLIANCE
FOR WOMEN, INFANTS, CHILDREN, YOUTH & FAMILIES

Request for Proposal | **Released on Wednesday, November 1, 2023**

Application Deadline | **8:00 PM (ET) on Thursday, November 30, 2023**

General Information

The AIDS Institute's Women Informing Now (WIN) Micro-Grant and Innovator Leaders' Program is designed to support community-based organizations and emerging cis and transgender women leaders conducting innovative approaches that breakdown isolation and stigma for women of color with HIV across the gender spectrum. Funding will be provided through two categories: WIN Micro-Grants and Innovator Leaders' Awards in the amount of $3,000 to $7,500 for the period of 12 months.

- Micro-Grant applicants must be non-profit, tax-exempt organizations as set forth in section 501(c)(3) of the Internal Revenue Code. Applicants that do not hold 501(c)(3) status must have a 501(c)(3) fiscal sponsor and a letter/agreement from the fiscal sponsor agreeing to manage funds if awarded.

- The Innovator Leaders' Award is a unique category of WIN funding for individuals or emerging leaders who may or may not be affiliated with a 501(c)(3) organization and are doing unique and innovative work.

The AIDS Institute will provide organizational development and technical assistance, as needed, to the micro-grantees and innovator leaders over the course of the funding period.

The project period is 12 months (January 1 – December 31, 2024).

Number of Awards

Up to **20 Micro-Grants** and **5 Innovator Leaders' Awards** will be funded.

Priority will be given to areas across the country with the highest burden of HIV as highlighted in the Ending the HIV Epidemic: A Plan for America (**https://www.hiv.gov/federal-response/ending-the-hiv-epidemic/overview**). To ensure adequate representation, The AIDS Institute intends to fund proposals in each of the following geographical areas:

Northeast: Connecticut, Maine, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, and Vermont.

Midwest: Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska, North Dakota, Ohio, South Dakota, and Wisconsin.

South: Alabama, Arkansas, Delaware, DC, Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia, and West Virginia.

West: Alaska, Arizona, California, Colorado, Hawaii, Idaho, Montana, Nevada, New Mexico, Oregon, Utah, Washington, and Wyoming.

Amount of Awards

Each award will range from **$3,000.00** up to **$7,500.00** per Micro-Grant or Innovator Leaders' Award for a period of 12 months.

Award Distribution Schedule

Funds for the Micro-Grant and Innovator Leaders' Award will be distributed as follows:

First payment to be distributed after the execution of the Letter of Agreement (no later than February 1, 2024).

Second payment to be distributed after the submission of end of year performance report and completion of project deliverables. Date to be determined by project timeline (no later than December 31, 2024).

NOTE: Funding is contingent upon submission of required performance reports and project deliverables. Failure to meet all requirements will result in early withdrawal of awarded funds.

Application Submission Deadline

All Micro-Grant and Innovator Leaders' applications must be submitted by **8:00pm (ET) on Thursday, November 30, 2023.**

Incomplete applications and any applications submitted after the deadline date will not be considered for funding.

If more than one application or version of an application is submitted, the last application/version sent prior to the deadline will be considered the final version submitted.
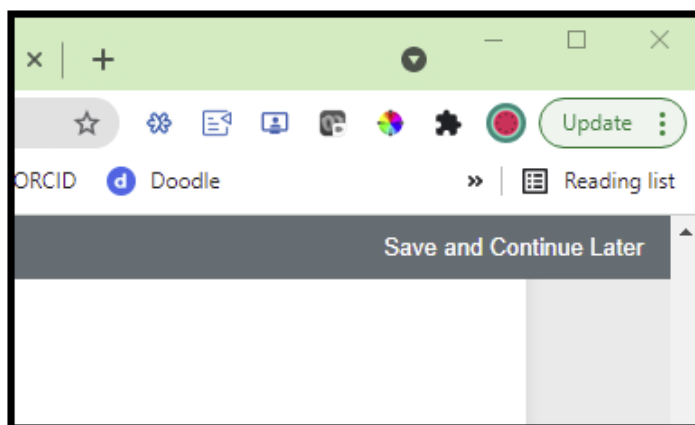
Submitting Your Application

You must apply using the online application in the grant portal. Mailed or emailed applications will not be accepted. It is strongly suggested that applicants type responses to the questions using a word document and then copy and paste responses into the online application.

The preferred language for submission of the application is English. If you require a reasonable non-English language accommodation in completing this application, please direct your inquiries to Scott Wilson at *SWilson@taimail.org*.

Your application *will not be considered submitted* until you click the **SUBMIT** button on the bottom of the last page of the application.
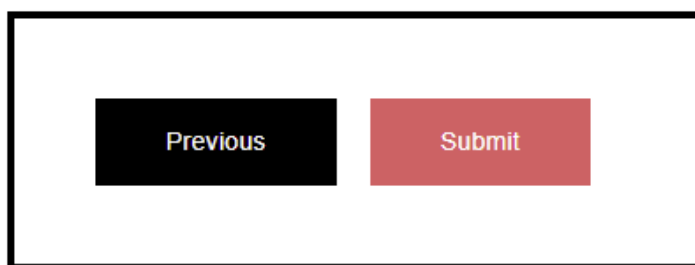
If you are not able to complete the application in one sitting, you have the option to click "**Save and Continue Later**" in the top right corner of your browser window. Click the option and follow the guidance provided to be able to access the application you started.

Do not click "**Submit**" until you are ready to submit your application. You cannot edit your application once it has been submitted. Please keep a copy of your completed application for your records. Submitted applications will not be returned to the applicant.

Please contact Scott Wilson at *SWilson@taimail.org* if you need help getting into the portal, need assistance with the portal while submitting your application, or if you have any questions. Please include '**Portal Support**' in the subject line of your email when contacting Scott Wilson.

To download full application instructions as a PDF, click **HERE**.

Submitter Name / Contact Information

*First Name

*Last Name

*Respondent's Title

*Company / Organization

*Organization's Address

*City

*Zip Code

*State

*Best Contact Phone Number

*Best Contact Email

Funding Category and Agreements

Please select the Category of Funding for which you are applying

○ Micro-Grants   ○ Innovator Leaders'
                                                Awards

Non-profit Status: Are you applying through an organization with **501(c)(3) status** (Yours or through affiliation)?

○ Yes   ○ No

Applicants must be non-profit, tax exempt organizations as set forth in section 501(c)(3) of the Internal Revenue Code. Applicants that do not hold 501(c)(3) status must have a fiscal sponsor and a letter/agreement from the fiscal sponsor agreeing to manage funds if awarded.

Please upload qualifying document below:

☐ By applying as an individual Innovator/Consultant (Category 2) without non-profit status, if funded, I agree to complete a IRS W-9 form. I understand that the W-9 form is an informational reporting tax form, meaning that it provides information to the IRS about taxable entities. I also understand that I will be issued a 1099-MISC form at the end of the year and will be responsible for reporting the amount to the IRS. As such, it will be my responsibility to pay taxes on those funds received and reported on the 1099-MISC form, as applicable to my individual tax situation.

Basic Agreement

If you are selected as a recipient of the micro-grant, do you agree with each of the following:

- The AIDS Institute has your permission to use your name, institution/company and project name for marketing purposes.
- You are willing to participate in a presentation (conference, webinar, poster, or similar session) about your program.
- You will adhere to the required program, financial, and data reporting requirements about the status of your program.
- You have all the necessary approvals/permissions required to apply for The AIDS Institute's Women Informing Now Micro Grant.

◯ Yes, I agree to The AIDS Institute's Women Informing Now Micro-Grant Rules, Terms and Conditions.

◯ No, I do not agree to The AIDS Institute's Women Informing Now Micro-Grant Rules, Terms and Conditions.

You selected the following response for the Basic Agreement:

No, I do not agree to The AIDS Institute's Women Informing Now Micro-Grant Rules, Terms and Conditions.

If you keep this response, your application will be rejected when submitted.

If this was an error, please change your response above.

Proposed Project Information

Proposed project name:

[   ]

Proposed project duration:

[   ]

Proposed project location:

[   ]

Population Served by the Proposed Project (part one):

Check any of the following populations to be served (Check all that apply).

☐ Asian American　　　　☐ Black/African American　　　　☐ Hispanic/Latino-Black/African American

☐ Hispanic/Latino-Other　　☐ Multiple Races　　　　☐ Native American

☐ Native Hawaaiin/Other Pacific Islander　　☐ White

☐ Other (Please specify)

[   ]

Population Served by the Proposed Project (part two):

Check any of the following populations to be served (Check all that apply).

☐ Adults (18-24) Cis Women

☐ Adults (18-24) Trans Women

☐ Adults (25-55) Cis Women

☐ Adults (25-55) Trans Women

☐ Adults over 55 Cis Women

☐ Adults over 55 Trans Women

☐ Women of Color (13-24) Cis Women

☐ Women of Color (13-24) Trans Women

☐ Women of Color (25+) Cis Women

☐ Women of Color (25+) Trans Women

Proposed methods to reach intended population(s) (posters, newspaper articles, listservs, social media, etc.):

Proposal Questions

1.

Please describe the **scope and significance** of your project for the 12 months that funding is requested. Applicant should clearly demonstrate how the proposed project reaches cis and/or transgender women to break down isolation and stigma via prevention, education, and engagement regarding HIV and sexual health.

(5,000 characters max)

2.

Please include a statement on how you plan to **innovatively engage** cis and/or transgender women of color living with HIV through the support of community-based, grassroots organizations.
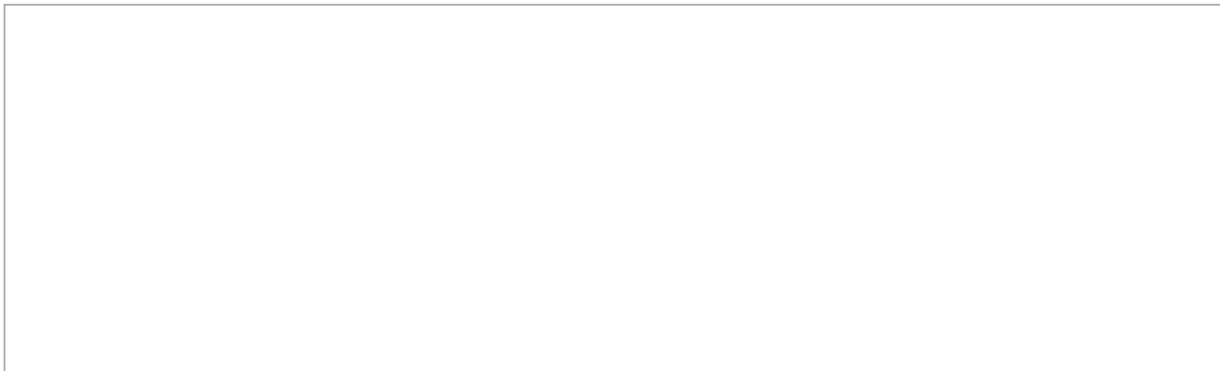
(2,500 characters max)

3.

Please list **specific outcomes** for how you will measure the success of your project over the duration of the project period. What changes do you hope to see because of your project? The more specific you can be here, the better.

(e.g., if you plan on using a survey, clarify what types of questions you will ask. If you plan to observe participants during an event, what specifically will you be looking for?)

(5,000 characters max)

Project Budget and Narrative

4a.

Please indicate the **level of funding** you are requesting for 12 months to support your project.

(Maximum of $7,500)

4b.

Please use the ***budget*** fields below to detail the amount requested.

Please include a budget for a period of 12 months.

Salaries and Wages

12 month budget

[   ]

Travel

12 month budget

[   ]

Materials and Supplies

12 month budget

[   ]

Other (Please specify in narrative)

12 month budget

[   ]

Requested Budget Amount

12 month budget

[   ]

In-Kind Contributions (if any)

12 month budget

[   ]

Total Project Cost

12 month budget

[   ]

4c.

Budget Narrative: Please describe your project's budget and how the amount requested above will be used for the 12 months that funding is requested.

(5,000 characters max)

Supplemental Information

5.

Please provide any **_additional information_** to support your application including any partnerships or groups you will be working with on this project.

(2,000 characters max)

Additional information can also be shared via file upload by clicking below:

(Information to be uploaded must be combined into a single file prior to uploading)

Please click SUBMIT to submit your application.

Thank you for your interest in this opportunity!