



AIDS United Request for Proposals
Puerto Rico HIV/AIDS Service Integration Planning Grants Program
January 2012

AIDS United is pleased to announce funding to support service integration to prevent HIV. Those at highest risk for HIV are also at high risk for STIs, homelessness, and substance abuse. People must often access multiple services to address their numerous needs—of which, HIV prevention may be one. In an effort to streamline access to multiple services to include HIV prevention, AIDS United will support collaborations among organizations in Puerto Rico in the form of small planning grants. This may mean a HIV service organization works with a housing organization to integrate or create an HIV prevention program; or it may mean a reproductive health organization seeking to integrate HIV prevention into their programming, and collaborating with a HIV service organization.

AIDS United will award 1-3 grants of up to \$10,000 each by May 31, 2012, for the term of six months (July 1, 2012 – December 31, 2012) for organizations to plan for service integration. At the conclusion of the grant period, these collaboratives will be best-positioned to apply for service integration implementation grants in 2013.¹

About AIDS United

AIDS United is a merger of the National AIDS Fund and AIDS Action. The mission of AIDS United is to end the AIDS epidemic in the United States. We will achieve this goal through national, regional and local policy/advocacy, strategic grantmaking, and organizational capacity building. With partners throughout the country, we will work to ensure that people living with and affected by HIV/AIDS have access to the prevention and care services they need and deserve.

Background

Puerto Rico has some of the most concerning HIV/AIDS statistics in the United States. The following data only begin to describe the HIV/AIDS crisis on the island:

- Puerto Rico has an HIV death rate higher than *any* U.S. state or territory,² a rate nearly 4 times the national rate;
- Puerto Rico ranked 6th in AIDS case rates among all states and territories in 2009, and Puerto Ricans living in the United States have the second highest case rate of all minority groups (24.6 people per 100,000 population).³
- In 2009, the rate of HIV infection (22.9%) rivaled the infection rates of much more populous states like New Jersey and Mississippi, states with 2 and 3 times the number of residents.⁴
- Puerto Rico has the largest proportion (49%) of its cumulative AIDS cases attributed to injection drug use among all U.S. states and territories, and the fourth largest proportion among U.S. states and territories (25.3%) attributed to heterosexual contact.⁵

¹ Although there can be no guarantee of implementation funding in 2013, executing on this grant will conclude with a comprehensive plan for service integration that positions organizations to work collaboratively through AIDS United funding or other sources in the future.

² This statistic excludes the District of Columbia, which is not a state and is somewhat of an anomaly and not comparable to states and territories in that it's comprised only of a densely populated urban area. Additionally, Guam and the Virgin Islands have insufficient data for calculating HIV death rates.

³ Guillermo Bernal, PhD, and Blanca Ortiz-Torres, PhD, Barriers to Research and Capacity Building at Hispanic-Serving Institutions: The Case of HIV/AIDS Research at the University of Puerto Rico, *Am J Public Health*. 2009;99:S60-S65: S62

⁴ Centers for Disease Control and Prevention, Department of Health and Human Services, HIV/AIDS Surveillance Report: Cases of HIV Infection and AIDS in the United States and Dependent Areas, 2009, 2011.

⁵ NASTAD. Addressing HIV/AIDS: Latino Perspectives and Policy Recommendations. February 2007. (http://nastad.org/Docs/Public/InFocus/2006717_NASTAD%20Latino%20Policy%20Doc.pdf)

AIDS United has provided over \$497,000 in grants in Puerto Rico since 2008 (as the National AIDS Fund), primarily in the support of HIV prevention. In February 2011, AIDS United spearheaded an effort to bring additional resources to Puerto Rico as well as understanding strategic investments from a local perspective. This included a day-long facilitated meeting on February 8th, conducted in Spanish, with local experts, community-based organizations, and advocates living HIV/AIDS. Outcomes of this meeting included a three-pronged strategy to maximize the impact of limited private resources in Puerto Rico. Stakeholders felt strongly that the best use of these resources would include:

- 1) Direct grantmaking focused on collaboration and integration of services;
- 2) Development of an HIV/AIDS Leadership Institute to focus on capacity building, fundraising, and advocacy on the island; and,
- 3) Regional organizing efforts.

As an immediate response to the recommendations of the community stakeholders, AIDS United is pleased to announce that funding in 2012 will support not only prevention, but direct grantmaking in support of service integration planning grants. In response to the need expressed by community stakeholders, service integration funding will fill a gap that currently exists in Puerto Rico's funding. Additionally, to better understand the specific barriers around service integration, five interviews were held with community stakeholders to seek their input around strategies for service integration grantmaking.

In 2010, the Puerto Rico Department of Health was awarded a grant from the Enhanced Comprehensive HIV Prevention Planning (ECHPP) Project. The ECHPP project is a 3-year demonstration project funded by CDC for the 12 municipalities with the highest number of people living with AIDS in the United States, of which the San Juan Metropolitan Area is included. ECHPP requires funded entities to include up to three categories of interventions and public health strategies: 1) required, 2) recommended, and, 3) innovative.⁶ The Puerto Rico Department of Health conducted a comprehensive assessment of all local HIV prevention, care, and treatment resources, and the Puerto Rico ECHPP plan will implement the 14 required interventions and 2 of the 10 recommended interventions.⁷

On a regional scale, AIDS United's funding efforts around prevention and service integration coincide appropriately with two of ECHPP's additional recommended interventions not implemented by the Department of Health: 1) support of provider-delivered evidence-based HIV prevention interventions, and 2) broadened linkages to and provision of services for social factors impacting HIV incidence such as mental health, substance abuse, housing, domestic violence, corrections, and others.

On a national scale, this planning grant coincides with two of the pillars of the National HIV/AIDS Strategy: Reducing New HIV Infections and Reducing HIV-Related Health Disparities. The strategy argues that we must move away from thinking that one approach to HIV prevention will work, whether it is condoms, pills, or information. Instead, we need to develop, evaluate, and implement effective prevention strategies and combinations of approaches. Additionally, in some heavily affected communities, HIV may not be viewed as a primary concern, such as in communities experiencing problems with crime, unemployment, lack of housing, and other pressing issues. Therefore, to successfully address HIV, we need more and better community-level approaches that integrate HIV prevention and care with more comprehensive responses to social service needs.⁸

Goals of the Puerto Rico Service Integration Planning Grant

This program will provide planning grants in support of organizations collaborating around HIV prevention service integration in Puerto Rico.

Funding in 2012 will support proposals for service integration ***with collaborating organizations***. The objective of service integration is to provide comprehensive and coordinated service delivery in areas that are linked with HIV-

⁶ Enhanced Comprehensive HIV Prevention Planning and Implementation for Metropolitan Statistical Areas Most Affected by HIV/AIDS. Accessed July 2011. <http://www.cdc.gov/hiv/nhas/echpp/>

⁷ Puerto Rico Enhanced Comprehensive HIV Prevention Plan (PRECHPP). Executive Summary. Accessed July 2011. <http://www.cdc.gov/hiv/nhas/echpp/pdf/echpp-PuertoRico.pdf>

⁸ Office of National AIDS Policy. National HIV/AIDS Strategy for the United States. July 2010. <http://www.whitehouse.gov/sites/default/files/uploads/NHAS.pdf>

prevention and care. The CDC recognizes that many of the current approaches to prevention and disease control are focused on individual behavioral risk factors. It is urgent, that these be supplemented to address underlying factors, such as poverty, unequal access to health care, incarceration, lack of education, stigma, homophobia, sexism, and racism.⁹

Integration responds to the challenge faced in Puerto Rico of fragmentation of holistic prevention services and aims to improve coordination among agencies. Integrated approaches can promote greater efficiency and improve communication and coordination among clients and providers.

The planning grant will include the following components:

- A background statement documenting the unmet need;
- A description of the integration of mainstream prevention programs and other services;
- A vision or goal for the planning period;
- A description of the planning teams and their roles; and,
- A statement on the successes and challenges in organizational coordination and integration planning efforts;

Expectations for Lead Organization

We will accept an application from a lead organization, and expect that the application will be coordinated with at least one (1) and a maximum of three (3) collaborating organizations. An application would include a description of the plan for your partnership for the coordination and integration of your activities. The application will include signed agreements or memoranda of understanding with the selected collaborators regarding mutual intentions to coordinate and integrate these resources and demonstrate their commitment to being part of the planning and implementation process.

In all cases, the lead applicant will be expected to demonstrate the following qualifications:

- Strong relationships with community-based prevention providers that have the trust of the targeted populations;
- Capacity to coordinate a planning phase involving multiple community collaborators;
- Administrative systems and accountability mechanisms for conducting sub-contracting to support collaborating partners; and,
- Be a non-profit 501(c)(3) organization.

Service Integration Priority Areas

Of particular interest are innovative applications from organizations that propose projects **integrating HIV/AIDS prevention or treatment programming and:**

- Sexually transmitted disease/Reproductive Health;
- Mental health;
- Homelessness;
- Domestic Violence; and
- Corrections.

Grantee Eligibility and Selection Criteria

- **Geographic Location** – Funds will support organizations located in and serving residents of Puerto Rico.
- **Non-profit Status** – Lead organizations must be private, non-profit 501(c)(3) organizations.
- **Track Record of Reaching Priority Areas** – Lead and collaborating organizations must have a demonstrated track record of serving one or more of the priority areas listed above. While these funds are intended to create collaborations for a new service integration HIV/AIDS program, the funds are not intended to help one organization expand services to reach a new service area with which they have no previous track record of service or demonstrated access.

⁹ National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. Establishing a Holistic Framework to Reduce Inequities in HIV, Viral Hepatitis, STDs, and Tuberculosis in the United States. October 2010. <http://www.cdc.gov/socialdeterminants/docs/SDH-White-Paper-2010.pdf>; page 2-3.

- **Organizational Viability** - Organizations should be viable with or without the grant. These funds are not intended to help start new organizations.
- **Effectiveness - Organizations must have a demonstrated competency for providing high quality, effective services in their area of programming.**

Eligible Expenses

Applicants must complete the AIDS United budget form in Philantrack. Eligible expenses may include:

- Personnel expenses directly related to the planning grant;
- Relevant program expenses (i.e. local travel) must be justified in the planning grant budget;
- Indirect expenses directly related to the proposed project activities (not to exceed 15%).

Grant funds may **not** be used for:

- Expenses not directly related to the proposed project;
- Personnel and other expenses related to the delivery of medical care;
- Medications;
- HIV testing;
- Facility acquisition or renovation;
- Deficit reduction or debt payment;
- Displacement of existing funding sources; or
- Indirect expenses over 15%.

Expected Outputs

AIDS United expects the planning process to yield a proposal from each collaborative to compete for 2013 funds for the implementation of the proposed service integration program. A comprehensive report from the lead agency will be expected by the end of the grant period, December 31, 2012, which will contribute to understanding the barriers to integration and successes/challenges experienced during the planning process.

Assistance During the Application Process

AIDS United is committed to assisting eligible applicants with the preparation of a complete and responsive application. Our staff will be available to answer questions. You may submit questions and requests for assistance to: scruse@aidsunited.org. *All questions should be submitted in writing via email. Please allow at least two (2) business days to receive a response.*

Because this is a demonstration project, AIDS United will review applications internally. Local stakeholder input will be solicited on an individual basis. Applicants will be notified of decisions by May 15, 2012, for work to be undertaken July 1, 2012 – December 31, 2012.

Application Deadline: Monday, April 2, 2012

Applicants are required to submit a proposal narrative, budget, and required attachments by **Monday, April 2, 2012**. Application instructions are provided below. While applications in English are preferred, applications may be submitted in Spanish. Applications in either language will receive equal consideration. *Do not submit information or materials that are not requested in PhilanTrack.*

Link to Request for Proposals

All the information above MUST be submitted through the PhilanTrack online system, as directed below. NO application materials will be accepted through e-mail, fax, mail, or express delivery.

The online application and submission system may be found through our website, <http://www.aidsunited.org/grant-seekers/grant-announcements/>, or by linking directly to PhilanTrack at <http://www.philantrack.com/app/Eligibility/FundingCycle/263/zXQJF3doLmJm9nelkihvw>. **The application MUST be submitted no later than April 2, 2012.** However, we strongly encourage completing the application early to allow for unforeseen technical difficulties.

If you have questions about the application, please email: scruse@aidsunited.org