

# ACT NOW: END AIDS

## *REQUEST FOR PROPOSALS*

### **Supporting Community Leadership as Part of the Federal *Ending the HIV Epidemic (EHE): A Plan for America***

*Open to Community Based Coalitions and Organizations Serving Any of the 57 Jurisdictions Named in the New Federal EHE Initiative*  
A List of Jurisdictions Can Be Found Here: <https://files.hiv.gov/s3fs-public/Ending-the-HIV-Epidemic-Counties-and-Territories.pdf>

The ACT NOW END AIDS (ANEA) coalition is seeking proposals from community-based coalitions and organizations to participate in a new small grants program meant to significantly increase local and state community leadership as part of the new federal initiative to end HIV as an epidemic. Selected coalitions/organizations may receive up to \$50,000 to support activities that will lead toward sustainable local and state-level community leadership in the new federally funded initiative.

#### **Background**

The recently announced federal *Ending the HIV Epidemic: A Plan for America (EHE)* initiative to address HIV in 57 named jurisdictions provides an opportunity for increased investment in essential services. But without engagement with and leadership from the communities most affected by the epidemic – including black and Latino gay and bisexual men, transgender men and women, and black cisgender women— this effort will fail to reach its ambitious targets. We must ensure diverse leadership at all levels of the initiative and inclusion of all the core principles enumerated in the community-driven [Ending the Epidemic Roadmap](#).

We are pleased to share that recently committed support will allow for rapid engagement of local, state, and national community leadership and grassroots partners in the EHE initiative. ViiV Healthcare has committed support, via Treatment Action Group (TAG), for ANEA to launch this request for proposals to mobilize communities for robust engagement and representation in EHE planning and implementation. This support will make up to \$200,000 in subgrants available over the course of one year to local/state community-based organizations and leaders to engage in their respective EHE planning processes. ANEA and TAG will continue to work to expand the support available for this process from additional funders.

# ACT NOW: END AIDS

## What Does It Mean To End the HIV Epidemic?

There are different ways to define the end of an HIV epidemic; all of them involve drastic declines in new infections in key populations. An epidemic refers to an increase, often sudden, in the number of cases of a disease above what is normally expected in that population in that area. With HIV, we may say that the epidemic is continuing so long as prevalence continues to increase. With many state-, city-, or county-level “Ending the Epidemic” plans, **we seek to reduce the number of new infections so much that the total number of people living with HIV stops increasing. Simultaneously, we seek to stop AIDS-associated deaths and increase life expectancy for people living with HIV.**

This is **not the same as an absolute end, or elimination, of HIV/AIDS**, which would require a cure for those of us living with the virus and a vaccine for a sustainable end to the epidemic. It is more important than ever for advocates to ensure that the US government and the pharmaceutical industry **remain committed to vaccine and cure research.**

For the new EHE initiative, the federal government is set to commit new resources to accomplish the goal of reducing new infections by 75% in five years and by 90% in 10 years. More about the federal plan can be found at <https://www.hrsa.gov/ending-hiv-epidemic>.

## The Essential Role of Communities in State, City, and County Ending the Epidemic Plans

*“The participation and leadership of people living with, vulnerable to, and affected by HIV has been a hallmark feature of the response since the start of the epidemic. Beginning with the earliest report of AIDS, community leaders demanded that the voices of people living with the disease and their communities be heard by decision makers and fully considered in all areas of funding, research, public policy, and prevention and care service delivery.”* – From TAG's [Community Mobilization: An Assessment of HIV Community Mobilization Mechanisms and Barriers at Community-Based and AIDS Service Organizations in Nine US Metropolitan Areas](#)

Over the past several years, we’ve seen “ending the epidemic” plans accelerate progress in diverse jurisdictions and in different political contexts. An essential element of this planning is a network of passionate advocates who have the time, the resources, and the drive to mobilize communities; lead and participate in implementation processes; and advocate for all entities connected to the local HIV epidemic—notably city, county, and/or state health departments—to fully support these efforts.

# ACT NOW: END AIDS

***How an “Ending the Epidemic” plan is made is just as important as the recommendations it contains.*** Unlike other plans drafted primarily by and for public health officials, these plans are initiated, created, and implemented with leadership from disproportionately impacted populations. Community ownership of the planning meetings, the writing process, and the final recommendations ensures buy-in during the implementation phase; and deviates from the typical top-down approach to public health.

In contrast, the new federal EHE plan is being driven at the state and local levels by health departments with financial support coming from the Centers for Disease Control and Prevention (CDC). At present, resources and timelines for community mobilization efforts are very uncertain, meaning that the plan may significantly deviate from years of community-led success with “ending the epidemic” work at state and local levels. ANEA’s small grants program will correct this in jurisdictions where community has not been historically engaged by their respective health departments.

## Funded Activities

ANEA’s small grants program will fund two initiatives:

1. Support for jurisdictions **with** an existing community-led “ending the epidemic” initiative that are identified as one of 57 EHE jurisdictions
  - a. Review eligibility by downloading the list of jurisdictions on the ANEA small grants webpage: <http://www.treatmentactiongroup.org/content/anea-viiv-community-leadership-grants>
  - b. Small grants with a maximum award of **\$20,000**
  - c. Must foster increased leadership from priority communities that are underrepresented in the leadership of “ending the epidemic” work, i.e. Black/Latinx/Al LGBTQ+ individuals and Black cisgender heterosexual women
    - i. Note: The Selection Committee will give preference to organizations with senior leadership and board directors that reflect the communities that their proposal intends to support and a demonstrated need for increased leadership of that community in local/state “ending the epidemic” work.
2. In jurisdictions **without** an existing “ending the epidemic” initiative that are included among the 57 EHE jurisdictions
  - a. Review eligibility by downloading the list of jurisdictions on the ANEA small grants webpage: <http://www.treatmentactiongroup.org/content/anea-viiv-community-leadership-grants>
  - b. Grants with a maximum award of up to **\$50,000**
  - c. Fostering coalitions and/or organizational development to improve the capacity to convene and mobilize community to partner with their local/state health department on the EHE initiative.

# ACT NOW: END AIDS

- d. The Selection Committee will give preference to organizations with significant senior leadership and board directors that reflect the communities that their proposal intends to support from the community they seek to reach, and a demonstrated need for increased leadership of that community in local/state “ending the epidemic” work.

Eligible applicant organizations/coalitions must meet geographic requirements. (Note: the award will be made to only one member of a coalition, the applicant organization, which will serve as the recipient of record. Only the applicant organization is required to meet the geographic requirements.)

Priority will be given to organizations/coalitions that fund events/gatherings, coalition-building, and other activities that efficiently and effectively mobilize impacted communities and lead to sustainable engagement with health department-led planning and implementation of EHE activities.

We encourage applicants to look at the history of the drafting of Houston’s End HIV Roadmap (see page 7 of the Roadmap here: <https://endhivhouston.org/wp-content/uploads/2016/11/END-Roadmap.pdf>)

Creative approaches to mobilization are welcome, however this may be a useful case study. In all cases, the development of a community-led document and/or establishment of a sustainable community leadership mechanism will be desired outcomes.

## **Application procedure:**

The application submission should include:

- The **completed form.**
- **Letter of support from the board of the main applicant and leadership from any affiliated organization(s).**
- Confirmation of current 501(c)3 status

The application should be sent by interested coalitions/organizations by email to : ANEA@treatmentactiongroup.org with the subject “Community Leadership to End the Epidemic” on or before Friday December 6, 2019 , 5pm EST.

## **Key dates:**

- 28 October 2019: Webinar on the ANEA small grants program (register: <https://attendee.gotowebinar.com/register/1354376626329928461>)
- 30 October 2019: Webinar on “ending the epidemic” Initiatives

# ACT NOW: END AIDS

- 6 November 2019: Deadline to submit a letter of interest (find the form on the small grants page: <http://www.treatmentactiongroup.org/content/anea-viiv-community-leadership-grants>)
- 6 December 2019: Deadline to submit application
- 20 December 2019: Notification of the results of the application to coalitions/organizations
- 15 January 2019: Announcement of small grant recipients

## Selection Criteria:

Partner organizations will be selected based on the following eligibility criteria. Organizations will be notified of the results of this application on **Friday, 20 December 2019**.

Community coalitions and organizations interested in responding to this application are expected to fulfill the following criteria:

**Experience** – Must demonstrate experience with supporting communities disproportionately impacted by HIV in their local jurisdiction and should have a basic understanding of “ending the epidemic” plans and the new federal “Ending the HIV Epidemic (EHE)” initiative. Coalitions/organizations must be in a position to undertake policy and community advocacy related to EHE by January 1, 2020. More information on “ending the epidemic” plans can be found here: [www.treatmentactiongroup.org/EtE/1](http://www.treatmentactiongroup.org/EtE/1). More information on the federal EHE plan can be found here: <https://www.hrsa.gov/ending-hiv-epidemic>

**Organizational/Coalition capacity** – Must have the organizational/coalition capacity to mobilize affected community leadership, engage with health departments, and implement and effectively report on advocacy activities as part of the small grant program.

**Affiliation(s)** – Coalition-based applications are strongly encouraged. ***Applicants must have demonstrated their ability to engage leadership from the most impacted communities in the initiative’s target jurisdiction(s).***

**Compliance** – Only coalitions/organizations who fulfill the application requirements and submit quality expressions of interest on or before the deadline will be considered.

**Time Requirement** – Must make time to participate in preparatory webinars in January 2020 and participate in discussions with fellow grant recipients over the course of the grant year.

**Demonstrated Need for Community Mobilization** – A successful application will be able to demonstrate need for community mobilization by:

# **ACT NOW: END AIDS**

1. Describing deficits in meaningful community engagement of HIV-impacted communities by the local/state health department
2. Describing deficits in ensuring leadership from specific affected communities, particularly communities that bear a disproportionate burden of new HIV infections in the local/state epidemic.

**Geographical ambit** – Only organizations serving one or more of the 57 jurisdictions named as part of the EHE plan will be considered, with a strong preference for jurisdictions located in the southern U.S. (Alabama, Arkansas, Florida, Georgia, Louisiana, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, and/or Texas).

**Sustainability** – Applications must contain plans for sustainability beyond the ANEA small grant. Sustainability may come from a finished community plan, establishment of a new mechanism/task force for community engagement as part of the new EHE initiative, or similar end products/achievements. A plan for financial sustainability for follow-up activities is also strongly desired, including the pursuit of additional foundation funding, local organizational contributions, or by leveraging the grant to access available federal EHE funding that will be channeled through local health departments.

###