

# Arkansas Minority Health Commission

## Outreach Initiative Grant Proposal

### GUIDELINES

2009

#### *Grant Application Summary*

Type:	Community Health Initiatives
Focus:	HIV/ AIDS—Minority Health
Eligibility:	Not-for-Profit Organizations
Award Levels:	\$15,000—\$50,000
Timeframe:	One year
Letter of Intent by:	January 5, 2009
Grants Workshop:	January 13, 2009
Proposal Deadline:	February 6, 2009
Submissions:	10 Hardcopies

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# **Arkansas Minority Health Commission**

## **Guidelines for Outreach Initiative Grant Proposal**

### **2009**

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#### **I. INTRODUCTION**

##### **RACIAL AND ETHNIC HEALTH DISPARITIES IN ARKANSAS**

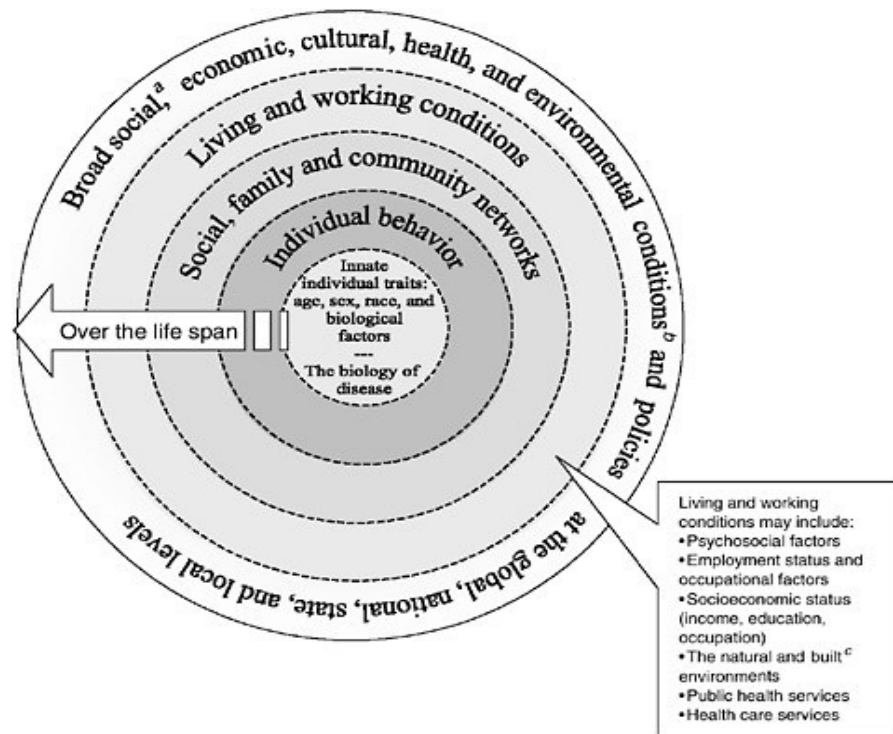
Health is defined as the mental and physical well being that allows one to develop to one's fullest potential. Health is a precious resource that allows for the development of meaningful relationships in families and a fully productive life in our communities. During the last 100 years, the nation's health has greatly improved. However, all Americans have not realized these improvements. There are significant and often dramatic differences in health status and health care services by region and by race and ethnicity.

Arkansas is among the states with the poorest health in the nation, and Arkansan racial and ethnic minorities (African Americans, Asians, Latinos/Hispanics, and Native Americans/Indian Americans) are particularly at risk of poor health status. Both as a nation and as a state, persistently poor health outcomes occur among people of color. Minority communities experience a disproportionately high rate of disease and death from infant mortality, cardiovascular disease, diabetes, cancer, asthma, injury, and HIV/AIDS.

The cause of poor health is complex and extends beyond individual health care choices. In order to eliminate the existing health and health care disparities between Caucasians and racial and ethnic minorities, and to improve public health and equitably offer quality healthcare to all citizens, we must address the root causes of poor health and racial and ethnic disparities in our communities. A developmental, socio-environmental model of health can help identify root causes of poor health and needed solutions to improve health, eliminate disparities, and sustain healthy communities.

A developmental, socio-environmental perspective views the lifelong development of individuals within the dynamic context of physical and social environments that directly and indirectly impact health. For example, our health is influenced by: age and genetics; our values, cultural beliefs, history, and attitudes toward health; our family, peers, and community; the region and environment in which we live, work, worship, and play; and systemic factors, including affordable access to safe and effective health care, national policies, and global health priorities (See Figure 1).

**FIGURE 1:**  
**Developmental, Socio-environmental Model for Health**



Source: Committee on Assuring the Health of the Public in the 21st Century, Board on Health Promotion and Disease Prevention. "The Future of the Public's Health in the 21st Century," p.52 (2003).

Traditionally, health advocates have focused on one area of intervention or prevention, such as improving individual health care practices or increasing community access to health care services. These efforts have resulted in limited success; racial and ethnic health disparities persist. In order to make greater strides in improving the health of all Arkansans, particularly within communities of color, we must consider the many contexts that impact health and construct new, integrative approaches to health. The Arkansas Minority Health Commission's Outreach Initiative Grants Program is designed to fund and support organizations that improve minority health in Arkansas through multiple socio-environmental contexts using innovative methods or activities.

### **ARKANSAS MINORITY HEALTH COMMISSION**

The Arkansas Minority Health Commission (AMHC) was established in 1991 to assure that all Arkansans have equal access to quality health care, regardless of race or ethnicity and to eliminate racial and ethnic health disparities in Arkansas. The Commission supports its mission through: 1) studying diseases prevalent in racial and ethnic minority populations and issues related to minority health care access and service delivery; 2) identifying any gaps in Arkansas' health care delivery system that particularly affect minorities; and 3) recommending policy changes to relevant agencies

and the Arkansas legislature to improve health and healthcare delivery and access for racial and ethnic minorities.

### **INITIATED ACT I**

In 2000, the Arkansas Legislature passed the Initiated Act I: Tobacco Proceeds Settlement Act (Arkansas Code Annotated §19-12-117). This Act appropriated a portion of the Tobacco Settlement funds toward Targeted State Needs, including the Minority Health Initiative. The Arkansas Minority Health Commission (AMHC) is charged to administer the Minority Health Initiative in order to ensure minority health issues are appropriately addressed and to create a minority health outreach campaign. Specifically, AMHC is charged to increase awareness and provide screening or access to screening for hypertension, strokes and other disorders disproportionately critical to racial and ethnic minority groups in Arkansas, and to develop intervention strategies.

### **OUTREACH INITIATIVE GRANTS PROGRAM**

In 2008, the Commission established the Outreach Initiative Grants Program to garner community-based participation in its minority health outreach by supporting tax-exempt, non-profit organizations with new, innovative, and effective strategies to improve minority health and reduce racial and ethnic health and healthcare disparities in Arkansas. The Outreach Initiative will fund select proposals from community-based, faith-based, and/ or secondary and post secondary schools with programs, research, or outreach that serve the current year's health focus within minority communities and who meet all other eligibility criteria.

### **HEALTH FOCUS: HIV/ AIDS**

The health focus for the 2009 grants is human immunodeficiency virus (HIV) and acquired immune deficiency syndrome (AIDS) within racial and ethnic minority communities in Arkansas. This health focus was selected because Arkansans suffer from a high rate of this life threatening disease, and HIV/AIDS has been poorly addressed in minority communities, especially within the African American population. Black Arkansans die from AIDS at nearly 5.5 times the rate that white Arkansans die from AIDS (Healthy People 2010, 2007).

The global AIDS epidemic and perceptions of who contracts HIV/AIDS has changed over time. When AIDS awareness initially developed during the early 1980s, people believed HIV transmission primarily occurred through male homosexual activity and perceived gay white men to be the population most at risk. As a result of public advocacy, grassroots organizing, policy change, and medical treatment advancements, the impact of HIV and AIDS has substantially decreased within this population. While this progress is encouraging, the effect of HIV/AIDS within minority populations has unfortunately continued to increase. Worldwide, there are 33 million people living with HIV/AIDS (Avert, 2008a).

We now know that HIV is spread by various forms of sexual contact with an infected person, by sharing infected needles and syringes, or, less commonly, through transfusions of infected blood or blood clotting factors. Also, babies born to HIV-positive mothers can become infected before or during birth or through breast-feeding after birth (Centers for Disease Control and Prevention [CDC], 2007). We now understand that HIV/AIDS affects women, men, and transgender individuals; gay, bisexual, and heterosexual populations; children, youth, and adults; and every race of people. With this new understanding, new strategies of HIV/AIDS prevention and intervention are critically needed to reach diverse populations.

More than one million people in the United States currently live with HIV/ AIDS (Avert, 2008b). The prevalence of HIV/AIDS in the southeastern United States is particularly high (See Figure 2), and continues to increase at an alarming rate, especially among women, youth, and minorities. Research shows that female reproductive biology exposes women, especially young women, to more than twice the risk of contracting HIV than men during unprotected vaginal intercourse with an infected partner (Tuan, 2006; Eng & Butler, 1997). The rates of HIV and AIDS for African American women are as many as 20 times the rates for Caucasian women (CDC, 2008a). Nationally, AIDS is the leading cause of death for black women, aged 25–34 years (CDC, 2008b). Further, for women aged 35–44 years, AIDS is the 3<sup>rd</sup> leading cause of death for black women, 4<sup>th</sup> leading cause of death for Latino women, and 5<sup>th</sup> leading cause of death among all women of this age bracket.

**FIGURE 2:**  
Prevalence of HIV/AIDS in United States 1999-2005



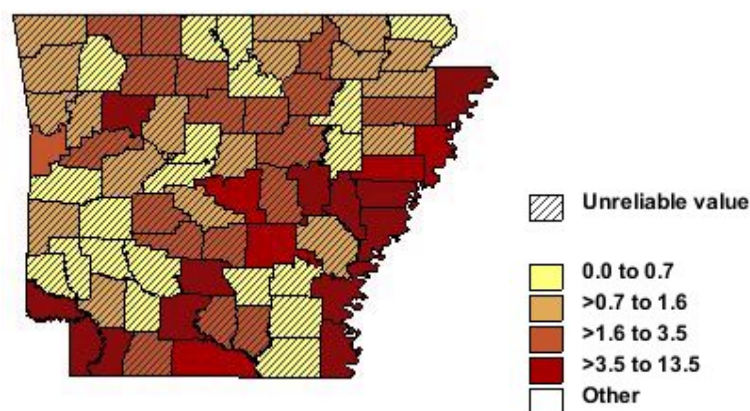
Source: Centers for Disease Control and Prevention, National Center for Health Statistics. *Compressed Mortality File 1999-2005*. CDC WONDER On-line Database, compiled from *Compressed Mortality File 1999-2005 Series 20 No. 2K*, 2008. Accessed at <http://wonder.cdc.gov/cmf-icd10.html> on Dec 17, 2008.

Sadly, young African American women, aged 13-24, are the nation's fastest-growing group of people with HIV and AIDS (CDC, 2008c). Protecting young African American women from HIV/AIDS needs to be a national and state health priority, yet few

programs exist that specifically target prevention and intervention within this population.

In Arkansas, racial and ethnic health disparities exist across many disease states, but the HIV/AIDS disparity is most prominent and disturbing. The counties with the highest mortality rates are also the counties with the highest minority populations, most notably clustered in the Delta region and the southwestern corner of the state (See Figure 3).

**FIGURE 3:**  
**Prevalence of HIV/AIDS in Arkansas 1999-2005**



Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Compressed Mortality File 1999-2005. CDC WONDER On-line Database, compiled from Compressed Mortality File 1999-2005 Series 20 No. 2K, 2008. Accessed at <http://wonder.cdc.gov/cmfi-icd10.html> on Dec 17, 2008.

From 1990–2005, the HIV/AIDS mortality rate in Arkansas was 248% higher in the African American population than in the majority population (Arkansas Department of Health, Center for Health Statistics [ADH], 2008). Since 1983, a total of 7,375 Arkansans have been diagnosed with HIV/ AIDS, and 1,924 have died from AIDS; of these cases, 43% were African Americans (ADH, HIV/AIDS Quarterly Report, 2008). African Americans make up 16% of the state population but comprise 47% of new HIV cases and 48% of new AIDS cases in Arkansas (ADH, 2007).

Arkansas' dramatic increase in Latino residents over the past 25 years also calls for examination of the health needs and disparities of our Spanish-speaking population. Studies suggest Latinos have the second highest rate of HIV/AIDS infection (HIV/AIDS among Hispanics/Latinos, CDC, 2008). State data for the Latino population is limited, but national research indicates the rate of new HIV infections among Latinos is three times that of Caucasians (CDC, 2008). These statistics point to a desperate need in our communities of color for a comprehensive understanding of and approach to effective health care and disease prevention, including through programs, research, and

outreach that use individual, family, community, and societal approaches on local, national, and international levels.

Although more information is needed, current research defines numerous factors associated with the HIV/AIDS epidemic in minority communities. Some examples include:

- Concurrent sexual relationships and overlapping sexual networks
- Incarceration issues, including prison policies/ absence of men in the community
- Gender issues relating to women's empowerment and men's sexual behavior
- Sexual abuse of women
- Lack of HIV education, especially among youth
- Intergenerational sexual relationships (younger women, older men)
- Male homosexual activity
- Drug use in community
- HIV stigma in the community
- Prevalence of sexually transmitted infections (STI)
- Cultural beliefs/language barriers
- Acculturation into the United States/ migration patterns
- Poverty
- Need for HIV/ AIDS testing in minority communities
- Lack of access to health care or lack of quality health care

While research has identified known contributors to the problem of HIV/AIDS within minority communities, we are further behind in identifying effective solutions and interventions within these communities. However, there is a growing body of evidence that is being disseminated with the help of the CDC and other organizations to promote the use of effective and integrative interventions. An example of a multi-pronged intervention for the prevention and control of sexually transmitted infections (STIs) among adolescents includes: skills training; modifying peer norms; promoting STI protective dyad (partner) communication; fostering parent-adolescent interactions; clinic and school-based screening programs; influencing the culture of healthcare through mass media; and policy change (DiClemente, Salazar, Crosby, & Rosenthal, 2005).

Examples of other effective interventions can be found by conducting research at your public or college library or by searching the Internet on websites such as the Diffusion of Effective Behavioral Interventions (DEBI) and the University of California, San Francisco Center for AIDS Prevention Studies (see References). The Outreach Initiative Grants Program seeks applicants who will successfully build the evidence base for innovative programming that meets the unique health needs of minority communities in Arkansas.

## REFERENCES

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- CDC (2008b). Divisions of HIV/AIDS Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. *HIV/AIDS among Women*. Atlanta GA.
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- Diffusion of Effective Behavioral Interventions (DEBI) <http://www.effectiveinterventions.org/>
- Eng TR & Butler WT, Ed. (1997). *The Hidden Epidemic: Confronting Sexually Transmitted Diseases*. Washington, DC: National Academy Press.
- Tuan, N. (2006). Advocates for Youth, Office of Minority Health. *From Research to Practice: Young African American women and HIV*. Washington, DC. Accessed on December 5, 2008 from: <http://www.advocatesforyouth.org/PUBLICATIONS/frtp/youngaawomen.htm>
- University of California, San Francisco Center for AIDS Prevention Studies <http://www.caps.ucsf.edu/>

## AVAILABLE FUNDING AND TIMEFRAME

The Outreach Initiative Grants Program has up to \$150,000 available for 2009 grants. To ensure that at least three proposals may be funded, awards will be granted in relation to the size and scope of proposed Initiatives in increments of \$15,000, \$25,000, \$35,000, and \$50,000. Applicants are encouraged to use matching funds to maximize the impact of Outreach Initiative grants.

A non-binding Letter of Intent (Appendix A) is due by **January 5, 2009**. Applications with complete grant proposals are due by **February 6, 2009**. A grants workshop will be held on **January 13, 2009** to answer applicant questions and to discuss state guidelines for funding criteria, including details that may not mentioned within these Guidelines.

Applicants must submit the timeframe needed to carry out your proposed Initiative. The anticipated grant period is for one year (Spring 2009 – Spring 2010). However, the

time needed to carry out proposed initiatives will naturally vary with the size and scope of Initiatives. The Commission may elect to extend the timeframe for a maximum of one additional year. The decision to extend the time frame will depend upon the success of the program and adherence to guidelines. The applicant may reapply for additional funding during an approved extension, but in no circumstance may the funding period extend beyond three years.

### **REVIEW CONSIDERATIONS**

Grants will be awarded to exceptional applicants who reflect a comprehensive understanding of the problems of racial and ethnic disparities in health and healthcare, and whose organizations seek to implement a new program, study, or outreach to address HIV/AIDS in Arkansas, with specific attention to minority populations. Organizations must have a history of success in working in this area and support their new strategies or approaches with evidence-based research. Well-planned Initiatives will address unmet health needs through use of: a diverse, well-trained staff; collaborative partnerships; community participation; realistic budget appropriation; and built-in checks and balances to monitor, evaluate, and report outcomes and success.

All proposals must reflect a focus on:

- **Minority health or racial and ethnic health or healthcare disparities;**
- **HIV/AIDS awareness, prevention, screening, or education, navigation, policy or research in high risk or general minority population; and a**
- **New initiative or new component to an existing program.**

Exceptional proposals will also reflect three or more of the following grant priorities:

- **Use of innovative and effective community-based strategies or holistic approaches with more than one level of intervention;**
- **Expertise and proven success in reaching minority communities;**
- **Sustainable projects and strategic planning to improve minority health;**
- **HIV/AIDS prevention programs that maximize educational opportunities and address more than one level of intervention;**
- **Matching funds or in-kind resources from own organization or sponsor;**
- **Investment in evidence-based solutions that have been proven to work effectively and efficiently in other areas and/ or in Arkansas; and**
- **If an evidence base has not been established then the program must have a**

**well-conceived, rigorous evaluation to help establish the evidence base in the minority community in Arkansas.**

## **II. REQUIREMENTS**

### **ELIGIBLE APPLICANTS**

To be eligible for a grant, applicants must be a community-based and/or faith-based organization or a secondary or post secondary school. Applicants may be agencies of the city, county, state, or federal government. Duly incorporated private, non-profit agencies can apply for funding if the public can access the project or services for the duration of the grant Initiative. In addition, applicants and fiduciary agents must:

- **Be in good standing with Arkansas Minority Health Commission (AMHC).**  
An organization in good standing has not defaulted on previous contractual agreements with AMHC. Defaulting includes a failure to: a) submit timely programmatic, online, and financial reports; b) meet set objectives; c) attend mandatory meetings; d) adhere to the scope of work as outlined; e) abide by the award or contractual agreement; and f) submit other required documents.
- **Be an incorporated non-profit organization** with the Secretary of State of Arkansas. A copy of your non-profit certificate from the Secretary of State must be submitted with appendices.
- **Be a recognized tax-exempt organization** with the Department of the Treasury's Internal Revenue Service (IRS). A copy of the declaration from the IRS must be submitted with proposal.
- **Be able to submit a current financial statement and annual report** of the applicant organization.

### **USE OF FUNDS**

Grants may not be utilized for direct patient care, medical treatment, or medical supplies. Physical structural campaigns/ improvements or individual event sponsorships that are not linked to larger efforts to address minority health will not be funded. No more than 20% of funds may be used on indirect costs. Grants must be used for the purposes for which they are awarded and within the designated funding period. By accepting the award, applicants agree to comply with all proposal guidelines and stipulations. Additional guidelines may be announced during the grants workshop on January 13, 2009 to ensure compliance with state funding regulations.

### **DISCLOSURE**

Grant applications and proposals are subject to the Arkansas Freedom of Information Act (FOI), and the general public may request and receive copies of all grant materials. The Commission will comply with Arkansas FOI requirements.

### III. INSTRUCTIONS FOR COMPLETION

#### CONTACT INFORMATION

Please note that the Commission does not sanction or approve grant ideas prior to submission of completed proposals. For other questions, please call or email the Arkansas Minority Health Commission using the contact information below. To download the *Outreach Initiative Grants Proposal Packet (Guidelines and Appendices)* or to read other pertinent information and updates, please visit the AMHC Outreach Initiative Grants Program webpage. All Letters of Intent and completed Grant Proposals should be mailed to the address below.

*Webpage:* <http://www.arminorityhealth.com/programs.html>

*General Questions:* **Dr. Creshelle Nash**  
**Creshelle.Nash@arkansas.gov**  
**501-686-2720 (main office)**

*Submit Letters of Intent  
& Grant Proposals to:* **AMHC Outreach Initiative Grants Program**  
**1123 South University, Suite 312**  
**Little Rock, AR 72204**

#### PREPARATION

The Outreach Initiative Grant Proposal is designed so that it can be prepared locally. Outside assistance may be used if the applicant wishes but is not necessary. Organizations interested in applying for an Outreach Initiative Grant should begin by submitting a Letter of Intent (Appendix A) to the above address by January 5, 2009.

Applicants are encouraged to attend the Outreach Initiative Grant Proposal Workshop on January 13, 2009, which will offer a question and answer forum to help you develop your Initiative and Proposal, as well as provide important information regarding use of state funds. Please refer to the AMHC webpage for workshop details.

The *Outreach Initiative Grants Proposal Packet (Guidelines and Appendices)* is available online at the AMHC website listed above. We recommend that you print out these *Outreach Initiative Grant GUIDELINES* and refer to them as you develop and write your proposal. To ensure consistency in format, we also request that you download the *Outreach Initiative Proposal APPENDICES* Word Document directly onto your computer, select Save As and rename the document (such as by adding the proposal deadline after the file name), and then type your Proposal directly into the saved, e-document, using the format and font provided. Note that although we highly recommend that applicants prepare Grant Proposals using the e-document, you will need to print out hardcopies afterwards, as we do not accept electronic submissions.



If you do not have access to the Internet, but do have a computer, you may request an electronic copy of the *Guidelines and Appendices* by writing to the Commission at the address above and including a stamped, self-addressed envelope, and a contact phone number. Applicants who have access neither to the Internet nor a computer may request a hardcopy of the *Outreach Initiative Grant Proposal Packet (Guidelines and Appendices)* by mailing your request to the Commission along with a stamped, self-addressed envelope and contact phone number. Applicants who use a hardcopy, rather than the e-document, to complete the proposal will need to attach additional sheets of paper. All proposals must be typed in black ink, using standard-sized font.

Prior to submitting your completed Grant Proposal, please review your application and accompanying documents carefully to ensure that you have followed the directions, checked spelling, and fully completed all materials. Then print ten (10) copies of your Grant Proposal and mail or deliver it along with all supporting documents in a single package to the AMHC Outreach Initiative Grants Program. Please ensure we receive your package by February 6, 2006.

### **DISCUSSION OF PROPOSAL MATERIALS**

The *Outreach Initiative Grant Proposal Packet* includes this 18-page document of *Proposal Guidelines* and a second document containing eight *Appendices* (A–H). The first six appendices (A–F) must be returned with your proposal, including: the Letter of Intent (A); Application and Abstract (B); Budget (C); Summary of Initiative (D); Measurable and Timeline (E); and Checklist (F). Each of these appendices contains written instructions and additional helpful information is provided below. Applicants are also required to submit one copy each of: your non-profit certificate, a declaration from the IRS of your organization’s tax-exempt status, and a financial statement and annual report for your organization.

The final two appendices (G- & H) are included to help applicants develop an Outreach Initiative and Proposal; these two items do not need to be returned. They include: an Evaluation and Monitoring Tool (G) and Glossary (H). Each item is discussed below.

#### **Appendix A: Letter of Intent**

If you are interested in applying for an Outreach Initiative Grant, a Letter of Intent (Appendix A) should be submitted immediately to: *AMHC Outreach Initiative Grants Program, 1123 South University, Suite 312, Little Rock, AR 72204*. We request that Letters of Intent be received no later than January 5, 2009.

A Letter of Intent does not obligate the applicant to submit a proposal for funds. We request Letters of Intent prior to receiving Outreach Initiative Grant Proposals to help us plan for the proposal review process. However, if you are unable to send a Letter of Intent in advance, please submit it as a part of your Grant Proposal. On the Letter of Intent form, please indicate which funding category you anticipate will be most

appropriate for your Initiative, and answer all other questions in accordance with your expectations regarding your Proposed Initiative.

### **Appendix B: Application and Abstract**

The Application contains your contact information, authorizing signature, and basic information about your funding request, including alternate sources of funding. The Abstract should summarize the goals of your Proposed Initiative and the anticipated, measurable outcomes of your Initiative.

### **Appendix C: Budget**

Please state at the top of the form the total operating budget of your organization, as well as the operating budget of the department through which this Initiative will be administered (if applicable). Also provide the detailed information requested for the Initiative budget, including personnel, participant, travel, supplies, or other costs.

### **Appendix D: Summary of Initiative**

The Summary includes twelve (12) questions to help you write a fluid and thorough Grant Proposal. Please construct a well-considered, but concise response to each question. Most questions can be adequately addressed in a one-half page, typed response using the preformatted sections. However, some questions merit more detailed consideration, such as in the discussion of your Initiative's goals, objectives, activities, and methods.

When making reference to your organization as you answer these 12 questions, please use "We" or "Our organization," rather than using the actual name or abbreviation of your organization. This "blinding" will assist the Review Committee in maintaining impartiality when reviewing proposals. It is acceptable to refer to the name of your program or initiative – just not the name of your non-profit organization (see below).

*Example:*     4   DO WRITE:             "Our organization assists more than 18,000 hungry children a year in 502 schools through its Food For Kids program."

                  8   DO NOT WRITE:        "Arkansas Rice Depot (or ARD) assists more than 18,000 hungry children a year in 502 schools Food For Kids program."

Proposals should include evidence-based research to support the benefit of any new strategies, methods, or approaches used in your Proposed Initiative. This research should provide a rational basis for expecting success of the proposed project. Please follow the model for citations and references used in the Introduction section of these Guidelines. Reputable medical journals, publications, or successfully operating programs are good sources to find such information. These resources can often be accessed online or through your local library or college campus library. Your librarian can assist you in locating materials. If evidence-based research is not available, please mention this lack of information in your Proposal and instead describe in what way your Proposed Initiative would provide or add to the evidence base in Arkansas.



### **Appendix E: Measurables and Timeline**

The item is designed to help the applicant conceptualize your Initiative and Grant Proposal in concrete terms, including activities to be undertaken, key players, time frames, costs, and anticipated outcomes. Please consider it carefully as it will be a significant part of the evaluation of your Proposal.

### **Appendix F: Check List**

This Checklist is provided for our mutual convenience. Please check off each item to ensure that your Proposal is completed in full prior to submission, and include the Checklist in the packet with the other materials submitted, as we will also refer to it as we review your Grant Proposal materials.

### **Appendix G: Evaluation and Development Tool**

Please refer to this model to aid in the development of your Initiative and Grant Proposal. Evaluation is an integral part of all planning efforts. As one conceptualizes, writes, and implements a program, study, or outreach, it is important to pay attention to evaluation very closely. As stakeholders, funders, and legislators demand greater accountability from health programs, more information will be required about the implementation and effectiveness of health programs. The Outreach Initiative Grants Program prioritizes funding of Proposed Initiatives by those that develop logic models that clearly show the link between program inputs (methods, resources) and activities with anticipated outputs, outcomes, and outcomes indicators. Appendix G does not need to be returned in your package of grant materials.

### **Appendix H: Glossary**

These terms and definitions are provided to clarify our intended use and meaning of language used within these Guidelines. This item does not need to be included in your package of grant materials.

### **Supporting Documents**

Supporting documents do not have corresponding appendices. They include the following items required by the State of Arkansas to approve applicants for funding: a) non-profit certificate, b) declaration from the IRS of tax-exempt status, c) applicant organization's current financial statement, and d) annual report.

### **PROPOSAL SUBMISSION AND DEADLINE**

Proposals must be submitted in hardcopy only, in typed, black ink, and mailed to the Commission. Faxed and electronic copies will not be accepted. Applicants should not alter the format (such as the application colors, font sizes, font styles, column and row placement), the file type (Microsoft Word Document), nor the order (Appendices A, B, C, D, E, & F) of the grant materials as posted on the AMHC Outreach Initiative webpage.

Applicants should submit ten (10) typed, hard copies of the Letter of Intent, Application, Budget, Summary, Timeline, and Checklist (Appendices A–F), as well as the requested supporting legal, tax, and financial documents, in a single packet and mail it to: *AMHC Outreach Initiative Grants Program, 1123 South University, Suite 312, Little Rock, AR 72204*. Proposals will be accepted January 5–February 6, 2009. The deadline for all proposals submissions is: [4:30pm on Friday, February 6, 2009](#).

**Ineligible proposals will NOT be reviewed and will not be awarded funding.**

Ineligible proposals are:

- *Proposals received after the deadline (late proposals)*
- *Incomplete proposals (missing info or materials)*
- *Facsimiles or emails (faxed or electronic proposals)*
- *Proposals from ineligible agencies*
- *Proposals not in compliance with other grant guidelines*

## **IV. REVIEW PROCESS**

### **COMPLIANCE WITH PROPOSAL GUIDELINES**

Following the Outreach Initiative Grants Program administrative review of applicant materials for eligibility and compliance with proposal requirements, a voluntary independent panel will review and score each proposal. The completed proposal packets are the only items provided to the reviewers. The Review Committee is comprised of community representatives and medical and public health professionals with expertise in minority health and HIV/AIDS prevention. The reviewers will make recommendations for awards after reviewing all eligible grant proposals. The Arkansas Minority Health Commission will determine final grant awards.

### **EVALUATION AND SCORING**

Applicants who propose new initiatives to address unmet needs and prevent and treat HIV/AIDS within racial and ethnic minority populations in Arkansas will be favorably scored. Proposals will also be evaluated for their strengths in the following areas:

- **Applicant Background (20%)**  
(Relevant mission, experience, expertise, diversity, etc.)
- **Program Design and Feasibility (30%)**  
(Clear, appropriate, innovative, holistic, culturally specific, etc.)
- **Evaluation (20%)**  
(Proven methods for monitoring, feedback, measurable results, accountability)
- **Coordination/ Collaboration (15%)**  
(Effective teamwork, community partnerships, cross-disciplinary approach, etc.)
- **Budget Appropriateness (15%)**  
(Realistic, reasonable, efficient, etc.)

## **NOTICE OF AWARDS**

Announcement of grant awards and declines will be made in writing to each applicant. The process to review and receive final approval from the Outreach Initiative Grants Program will take approximately four weeks. Please avoid contacting the Arkansas Minority Health Commission regarding grant awards during the review process. Again, all communication from the Commission regarding the status of your grant application will be sent to your organization in writing. Applicants can expect to hear from AMHC Outreach Initiative Grants Program by early March 2009.

## **V. GRANT DISBURSEMENT AND ACCOUNTABILITY**

### **FUNDING REGULATIONS**

Disbursement of initial grant monies begins four to six weeks after award notification. All grant award payments are contingent upon funds available to the Arkansas Minority Health Commission, Outreach Initiative Grants Program, as certified to the Commission by the Arkansas Department of Finance and Administration.

Applicants who are notified of a grant award will be required to attend an Outreach Initiative Grants Program Evaluation Workshop to coordinate the evaluation process of your Initiative with the regulatory needs and requirements of the Commission. The workshop will also enable grantees to discuss and assess any development and technical assistance needed to support Outreach Initiatives. During this time, each Grantee will be assigned a Program Manager/Advisor, who will serve as a primary contact and grant monitor throughout the duration of the grant period.

Grant monies will be distributed in two stages. The first stage will provide a maximum of 25% of the Outreach Initiative costs and will be paid, at the beginning of the grant program, study, or outreach. The second stage of funding occurs after the AMHC Outreach Initiative Grants Program reviews and approves your Initiative's progress.

Grantees will be required to submit monthly and quarterly progress reports to your designated Program Manager/Advisor. After the initial three months of operation, if the Grants Program assesses your Initiative to be carrying out its proposed objectives successfully, additional funding will be provided to the Grantee each month for the duration of the grant, based on actual costs of reimbursable expenses. Actual cost reimbursement is based on a complete, itemized listing of allowable expenses from the Initiative's approved budget.

If the Grants Program does not assess the Initiative to be achieving its proposed objectives, then the Commission may reduce the balance of the approved grant funds or halt further grant payments altogether. To appeal such an unfortunate decision, write a

letter stating your objections and the reasons your organization believes continued funding is justified. Ensure the letter is postmarked within ten (10) days of notification of the decision and mail to: *Arkansas Minority Health Commission, 1123 South University, Suite 312, Little Rock, AR 72204.*

Finally, the Grantee will be required to submit an End of Project Report to the AMHC Outreach Initiative Grants Program. The Commission may request additional materials at any time during the grant period to assist in the monitoring, evaluation, or progress of the Outreach Initiative.

### **OUTREACH INITIATIVE NETWORKING**

In addition to the routine reporting described above, the Grantees will be required to attend two group meetings during the grant period. These meetings may be held in person or by teleconference, as deemed appropriate. The purpose of these meetings is four fold:

- **To foster agency collaboration in a statewide effort to address HIV/AIDS;**
- **To offer Grantees support and provide a venue to discuss individual successes and challenges;**
- **To disseminate ideas and results; and**
- **To provide organizational development opportunities and technical assistance**

The AMHC Outreach Initiative Grants Program may request input or feedback from Grantees at any time during or after the grant period to assist in the continuing development and improvement of the Grants Program. We appreciate your time, insights, and cooperation. Thank you.

#### ***Grant Acceptance Summary***

Meetings:	Evaluation Workshop (1) Outreach Networking (2)
Reporting:	Monthly Progress Reports Monthly Itemization of Costs Quarterly Progress Reports End of Project Report
Availability:	Communication with Program Manager Feedback as Requested

