

BECAUSE IT'S NOT OVER

The Special Projects Grant Program is designed to allow community-based agencies the opportunity to apply for funding for smaller one-time only projects.

All funded projects must comply with the priorities identified by the Nebraska HIV Care and Prevention Consortium (NHCPC). Projects not addressing these priorities may be funded, but will rate a lower priority.



FUNDING AVAILABLE

The total funds available are dependent on several variable factors, including spending levels of funded sub-grantees, carryover funding at the State level, and supplemental funding from CDC. Parameters for individual projects are:

- ✓ Awards are made throughout the year for periods of up to six (6) months.
- ✓ Maximum funding period is six (6) months.
- ✓ Awards will be made in amounts of \$500 to \$3000.

Example of projects appropriate for funding include:

- World AIDS day Commemorative Events
- AIDS Awareness Days/Month Events
- Special Outreach Events
- Community Workshops

HOW DO I APPLY?

Your project does not have to be complicated; it just needs to be aimed at addressing one of the priority populations identified by the NHCPC. You should have a complete and practical plan for implementing our project, including a simple line-item budget.

Tips include:

- ✓ Prepare carefully: Do as much work as possible on your project before applying.
- ✓ Share your proposal: Show your proposal to people you respect and ask for their suggestions.
- ✓ Be specific: Concentrate on one concrete issue in your community.
- ✓ Show cost: Give detailed costs of your project. Include items that will be donated.

CRITERIA

Each project that is considered for funding should meet the following criteria:

- ✓ Targets a priority population
- ✓ Benefits the community and its residents
- ✓ Demonstrates a concrete plan of action

- ✓ Provides a detailed budget and time line
- ✓ Involves other community members/organizations
- ✓ Displays adequate accountability and capacity
- ✓ Is for *one-time only* projects
- ✓ Is NOT for funds to cover salaries

GRANT APPLICATION PROCESS

Applications must be submitted to DHHS HIV Prevention Office at least three (3) months before the event or they may not be considered for funding. The review process takes 8 to 10 weeks to complete. It has two phases:

1. All applications are read by four reviewers
2. Awards will be made based on the merits of the application and available funding at the time the awards are made.

GUIDELINES

1. Inter-agency collaborations are strongly encouraged. However, there must be a lead public or private non-profit agency [i.e. 501 (c)(3)] identified for evaluation and reporting purposes.
2. Do not send via FAX. Applications received via FAX will NOT be accepted.
3. Do not send additional materials (videos, newspaper clippings, etc.). They will not be used in evaluating your application.
4. All materials once submitted become the property of DHHS.
5. Generally, funding will NOT be awarded for salaries, stipends, scholarships, national or international projects and/or travel.
6. Only complete applications will be considered.
7. Send four copies of the complete application.

For more information contact:

Nancy Jo Hansen

HIV Prevention Program Manager

(402) 471-8701

Nancyjo.hansen@nebraska.gov

Because It's Not Over! Grant Application Cover Sheet

Contact Name: _____

Organization/Agency Name: _____

FTN#: _____ DUNS#: _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail: _____

Phone: _____ FAX: _____

Target Audience: HIV+ MSM High risk heterosexuals

In the space below, briefly describe your project:

STOP! CHECKLIST (ALL items must be completed for the application to be processed)

- What do you want to do? *Brief summary of project*
- Why do you want to do it? *Describe the need.*
- Who are you? *Describe agency and capacity to do this project.*
- Why are you the best agency to do this?
- What will you accomplish? *Expected outcome.*
- How will you know if it is successful? *Describe evaluation plan.*
- How will you do it? *Work plan and timeline.*
- How much will it cost? *Budget and budget justification.*
- APPLICATION DOES NOT EXCEED FOUR PAGES.
- One (1) original and three (3) copies of completed application.
- Copy of 501 (c)(3) certification attached to the original.
- Cover sheet attached to the original.

Mail original and three copies to:
Nancy Jo Hansen
HIV Prevention Program
Nebraska Dept. of Health & Human Services
P. O. Box 95026
Lincoln, NE 68509-5026