



## PEPFAR SMALL GRANTS

### NOTICE OF FUNDING OPPORTUNITY: PEPFAR Small Grants NOFO Number: AFPOLE-16-GR-002-AF-090915

The U.S. President's Emergency Plan for AIDS Relief (PEPFAR) is the U.S. Government initiative to control the HIV/AIDS pandemic and seeks to assist countries in achieving epidemic control and an AIDS-free generation. This historic commitment is the largest by any nation to combat a single disease internationally.

PEPFAR Small Grants activities must focus on one or more of these priorities:

- Orphans and vulnerable children (OVC)
- Key populations (female sex workers, men who have sex with men)
- Priority populations (adolescent girls and young women)

Projects funded under this program are required to have a direct beneficiary impact in their local community and in turn have community support in the form of money, labor and/or other services. Projects must be able to establish clear performance goals, indicators and timely project deliverables that can be externally verified. The project should have a long-term impact in the community. Once the grant is over, the project must be able to continue on its own or with forthcoming help from the community and/or other donors.

Grants can range from \$5,000 to \$25,000 (BWP 50,000 - 250,000). Grants are awarded for a one-year period. Organizations that already receive direct funding or substantial support from the U.S. Government are not eligible. Organizations that are successful have demonstrated that management, organizational and financial controls are in place and implemented. Successful applicants will also demonstrate strong ties and support in its local community and with local governmental bodies.

**All applicants must be registered NPOs and have been in operation for at least one year to be eligible for funding. Proposals are due March 1, 2016.**

**Please review the following instructions for completing your proposal.**

The PEPFAR Small Grants Program is funded by the U.S. President's Emergency Plan for AIDS Relief (PEPFAR). PEPFAR is the U.S. Government's initiative to control the HIV/AIDS pandemic and seeks to assist countries in achieving epidemic control and an AIDS free generation. This historic commitment is the largest by any nation to combat a single disease internationally. PEPFAR supports the Government of Botswana in the national response to HIV/AIDS. As part of this national response, the PEPFAR Small Grants Program seeks to support small, grassroots, community-run projects throughout Botswana.

The PEPFAR Small Grants program funds projects that offer evidence-based activities to support and protect vulnerable children and adolescents, with an emphasis on girls and young women. Priority is also given to projects that focus on female sex workers (FSW) and men who have sex with men (MSM). Programs most likely to be funded are those which improve the quality of services made available within a community through accredited training, mentoring, and implementation of HIV prevention, HIV counseling and testing (HCT), and improving linkages to HIV care and treatment services. **Most grants are between \$5,000 and \$15,000 (approximately P50,000 and 150,000) although they can be as large as \$25,000 (P250,000).** Grants are awarded for a one-year period. Each recipient of the PEPFAR Small Grants program will be required to monitor, measure and report results achieved in accordance with PEPFAR's reporting requirements.

Projects funded under this program are required to have a direct impact in their local community and have community support in the form of money, labor and/or other services. To qualify for a grant, an organization must be able to demonstrate that it has adequate internal controls and financial monitoring procedures in place. Projects must be able to establish clear performance goals, indicators and timely project deliverables that can be externally verified. Once the grant is over, the project must be able to continue on its own or with forthcoming help from the community and/or other donors.

#### **Qualifications for funding:**

PEPFAR Small Grants activities must focus on one or more of these priorities:

- Orphans and vulnerable children (OVC)
- Priority populations (adolescent girls and young women)
- Key populations (female sex workers, men who have sex with men)

There are many examples of ideal PEPFAR Small Grants projects. However, successful projects share similar features. Small Grant activities should:

- Improve basic conditions at the local, community or village level (e.g. through providing care and support to OVC and/or people living with HIV and AIDS or TB).
- Provide services directly to the community or improve access to health facilities and services.
- Benefit a substantial number of people in the community.
- Involve a contribution of labor, money or materials by members of the local community.
- Be within the means of the local community to operate and maintain.
- Use the entire grant within the one-year agreement period.
- Be conducted by local (Botswana) groups. Community-based organizations, faith-based organizations and groups of people living with HIV or AIDS are encouraged to apply.
- Be focused on long-term community impact and the project must be able to continue on its own or with help from the community when the grant is completed.
- Be able to measure the results of the project (for example, be able to count children or patients served; number of volunteers trained; number of people reached during a campaign.)

#### **Examples of the types of projects that would be considered for funding:**

- Building capacity of health workers/health care service providers with skills to understand and provide accessible services to the identified populations.
- Livelihood and economic empowerment programs appropriate to the needs of the identified populations.
- Equipment for OVC centers, including construction
- Training or organizational capacity training for staff and volunteers.
- Structured and measurable prevention and awareness campaigns, workshops, and outreach sessions to the community, especially for key populations.
- Strengthening referrals and access between the community and health facilities for child and adolescent care.
- Community-based HCT, including training and quality improvement, and support adherence for HIV treatment/ART.
- Programs that focus on girls and young women aged 15-24:
  - o targeted training and provision of HCT in accordance with Ministry of Health HCT guidelines and policies, and linking those who test positive to treatment, care and prevention services;
  - o approved evidence-based programs (please contact our offices for recommendations) in positive parenting, shifting gender norms training, adherence support groups, and combination HIV training and socio-economic approaches;
  - o adolescent-friendly sexual reproductive health for girls, including contraception, condoms, violence prevention and post violence care;
  - o evidence-based adherence, disclosure and life skills camps.

**The grant *cannot* be used for:**

- Staff salaries or stipends.
- Purchase of alcohol, motorized vehicles (or the maintenance of project vehicles), medicine, school uniforms, school fees, bursaries, or personal expenses.
- Purchase of food (except in conjunction with conference and workshop meals and refreshments, if programmatically necessary) and food parcels.
- Funding of private businesses, private crèches, or public schools.

**MEASUREABLE RESULTS**

To qualify for funding, your project must be able to measure how it contributes to HIV/ AIDS and/or OVC care. Additionally, each project accepted for funding must report results four times per year. You must be able to count or describe the services for which you received funding, broken down by age and gender. For example:

- The number of individuals who receive HCT services and received their results.
- Percent of individuals who received HCT services and are HIV positive.
- Number of individuals from “key” populations (female sex workers, men who have sex with men) and “priority” populations (adolescent girls and young women, OVC) who completed a standardized HIV prevention program.
- Number of people completing an intervention pertaining to gender norms that provide all of the following: participatory programs to ensure beneficiaries are actively learning; include gender norms and HIV treatment, support, care and be adapted from evidence-based available toolkits.
- Number of active beneficiaries served by PEPFAR programs for children and families affected by HIV/AIDS

These numbers reveal the work that the project has accomplished, so they are *measurable results*.

### EXPENDITURE REPORTING

If awarded a grant, you must account for all of the grant funds by submitting original receipts for every Pula of PEPFAR Small Grants. If reports are not submitted, all further funding to your group will be discontinued.

### HOW TO SUCCEED IN OBTAINING A GRANT

Successful applications are complete and legible, include all required attachments, clearly respond to the questions, demonstrate that the organization has put careful thought and adequate research into its proposal, and are consistent with the organization's main goals. Organizations that are successful have demonstrated that management, organizational and financial controls are in place and implemented. Successful applications will also demonstrate strong ties and support in its local community and with local governmental bodies.

**Proposals are due on March 1, 2016.** Funding typically begins in August.

If you have questions or need assistance with submitting the proposal, please call or email the Self-Help Office. Send completed proposals to:

<b>Physical location:</b> Self-Help Office US Embassy Government Enclave Gaborone	<b>Postal address:</b> Self-Help Coordinator US Embassy PO Box 90 Gaborone	<b>Contact details:</b> Tel: +267 373-2265 Fax: +267 395-6947 SSHBotswana@state.gov
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# PEPFAR SMALL GRANTS

## Proposal Instructions for 2016 Funding

### Contact Information

Name of Organization: \_\_\_\_\_

Landline (if any): \_\_\_\_\_ Fax (if any): \_\_\_\_\_ Website (if any):  
\_\_\_\_\_

Name of Primary Contact: \_\_\_\_\_

Position of Primary Contact: \_\_\_\_\_

Telephone (cell): \_\_\_\_\_ Email  
address: \_\_\_\_\_

Alternate contact person: \_\_\_\_\_ Position: \_\_\_\_\_

Alternate contact person telephone (cell): \_\_\_\_\_ Alt. Email address: \_\_\_\_\_

### Location

Physical Address: \_\_\_\_\_

Physical Address (town, village): \_\_\_\_\_

District: \_\_\_\_\_ Postal code: \_\_\_\_\_

GPS Coordinates (if known) S \_\_\_\_\_ E \_\_\_\_\_

Nearest large city/town: \_\_\_\_\_ Time from this town to your location: \_\_\_\_ hours \_\_\_\_ km

Postal Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

### Organization Structure

What month and year did your organization start? \_\_\_\_\_

What month and year did your organization register as an NPO or ECD (date on certificate)? \_\_\_\_\_

How many people work in your project? \_\_\_\_\_ How many currently receive stipends or salaries?  
\_\_\_\_\_

What measurable results did your program achieve last year? (Please give two specific examples.)

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**Type of Program You Support**

**Orphans, Vulnerable Children (OVC) and Adolescent Girls/Young Women are defined as:**

A child or young person, 0-24 years, who is either orphaned or made more vulnerable because of HIV and AIDS:

Orphan: has lost one or both parents to HIV and AIDS

Vulnerable: is more vulnerable because of any of the following factors that result from HIV and AIDS:

- Is HIV +
- Lives without adequate adult support (e.g. in a household with chronically ill parents, a household that has experienced a recent death from chronic illness, a household headed by a grandparent, and/or a household headed by a child);
- Lives outside of family care (e.g. in a residential care facility or on the streets);
- Is marginalized, stigmatized, or discriminated against.

Number of orphans and vulnerable children served (age 0-14): \_\_\_\_\_

Number of adolescent girls and young women served (age 15-24):

Number of caregivers/guardians: \_\_\_\_\_

Types of services your organization provides to **orphans, vulnerable children and adolescent girls/young women** (check all that apply):

- Child protection interventions
- HCT referrals or testing
- Referrals and linkages to local clinic
- Support accessing ARV
- Prevention education
- Adolescent-friendly sexual reproductive health services
- Psychosocial services
- Parent/guardian programs
- Violence prevention
- Post-violence care
- Household economic strengthening
- Educational support
- Community mobilization/norms change
- Adherence or I ACT Support Groups
- Community based-care
- Other (explain):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Female Sex Workers (FSW):**

Number of FSW served: \_\_\_\_\_

Types of services your organization provides to **female sex workers** (check all that apply):

- Outreach/empowerment
- Condom/lube promotion and education
- HCT referrals or testing
- Support accessing ART
- Prevention and referral - TB
- Violence prevention
- Post-violence care
- Education and information support
- Refer to STI screening, prevention or treatment
- Refer to screening and vaccination for viral hepatitis
- Other (explain):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Men who have sex with men (MSM):

Number of MSM served: \_\_\_\_\_

Types of services your organization provides to men who have sex with men (check all that apply):

- Outreach/empowerment
- Condom/lube promotion and education
- HCT referrals or testing

- Support accessing ART
- Prevention and referral - TB
- Education and information support
- Refer to STI screening, prevention or treatment
- Refer to screening and vaccination for viral hepatitis
- Other (explain):

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**Organization and Community Description**

Please describe the history and background of your organization. (Use additional pages if needed.)

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What type of community does your project serve, how large is it in area and how many people live there? (For example: rural, townships, urban areas):

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What segment of the population do you provide services to? (E.g., OVC, adolescent girls and young women, HIV/TB support groups, young children, female sex workers, men who have sex with men, others):

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Do you own or lease your premises?  Own  Lease If neither, who provides the premises?

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What kinds of community linkages does your organization have?

- Current or planned linkages with the public health care facilities in the community (please specify): \_\_\_\_\_
- Local government HIV and AIDS advisory bodies or task forces (e.g. District AIDS Coordinator, child protection forums) (please specify): \_\_\_\_\_
- NGOs (please specify): \_\_\_\_\_
- Other (please specify): \_\_\_\_\_

Please describe any income generation activities at your project (type of activity, start date, who is involved, how much profit you make a month, etc.): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What is the long term plan for your organization/project? Where do you see this organization/project in five years? (You could also list objectives that your organization plans to achieve within the next five years. For example: Objective - To have all caregivers trained in basic HIV/AIDS by the end of this year in order to provide better services to the OVC we serve.) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How do you plan to sustain the organization /project when the grant period is over?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Contributions from the Community**

*What has the community contributed to the organization? Please check all boxes that are relevant to your organization.*

- Community cash: Amount: \_\_\_\_\_ Year: \_\_\_\_\_ Purpose: \_\_\_\_\_
- Community labor: \_\_\_\_\_
- Community volunteers: \_\_\_\_\_
- Community food contribution (in past one year): \_\_\_\_\_
- Medical supplies donation (in past one year): \_\_\_\_\_

- Community clothing contribution (in past one year): \_\_\_\_\_
- Community donation other (please specify kinds such as office space, etc.): \_\_\_\_\_

**Contributions from Non-Governmental Donors**

*What have other donors contributed to the organization? Please list all of your organization's non-governmental funders over the past 3 years. Provide name of donor, amount, date and purpose of contribution. Continue on a separate piece of paper if necessary.*

- Other donor: \_\_\_\_\_  
 \_\_\_\_\_  
 Amount: \_\_\_\_\_ Year: \_\_\_\_\_ Purpose: \_\_\_\_\_
- Other donor: \_\_\_\_\_  
 \_\_\_\_\_  
 Amount: \_\_\_\_\_ Year: \_\_\_\_\_ Purpose: \_\_\_\_\_
- Other donor: \_\_\_\_\_  
 \_\_\_\_\_  
 Amount: \_\_\_\_\_ Year: \_\_\_\_\_ Purpose: \_\_\_\_\_
- Other donor: \_\_\_\_\_  
 \_\_\_\_\_  
 Amount: \_\_\_\_\_ Year: \_\_\_\_\_ Purpose: \_\_\_\_\_

**Contributions from Government of Botswana**

If your organization is or has been supported by the Government of Botswana in the past 3 years, please specify the year of funding, amount of funding and purpose of funding [services, stipends, etc.], and primary contact person at the ministry or office with phone number.

- Ministry of Health- Contact: \_\_\_\_\_  
Title \_\_\_\_\_ Phone: \_\_\_\_\_  
\_\_\_\_\_  
Amount: \_\_\_\_\_ Year: \_\_\_\_\_ Purpose: \_\_\_\_\_  
Amount: \_\_\_\_\_ Year: \_\_\_\_\_ Purpose: \_\_\_\_\_
- Department of Labor and Home Affairs- Contact: \_\_\_\_\_  
\_\_\_\_\_  
Title \_\_\_\_\_ Phone: \_\_\_\_\_  
\_\_\_\_\_  
Amount: \_\_\_\_\_ Year: \_\_\_\_\_ Purpose: \_\_\_\_\_  
Amount: \_\_\_\_\_ Year: \_\_\_\_\_ Purpose: \_\_\_\_\_
- Other Ministry - Contact: \_\_\_\_\_  
Title \_\_\_\_\_ Phone: \_\_\_\_\_  
\_\_\_\_\_  
Amount: \_\_\_\_\_ Year: \_\_\_\_\_ Purpose: \_\_\_\_\_  
Amount: \_\_\_\_\_ Year: \_\_\_\_\_ Purpose: \_\_\_\_\_
- Alcohol Levy Fund- Contact: \_\_\_\_\_  
\_\_\_\_\_  
Title \_\_\_\_\_ Phone: \_\_\_\_\_  
\_\_\_\_\_  
Amount: \_\_\_\_\_ Year: \_\_\_\_\_ Purpose: \_\_\_\_\_  
Amount: \_\_\_\_\_ Year: \_\_\_\_\_ Purpose: \_\_\_\_\_

Do you have any funding applications currently being considered? \_\_\_\_\_ If yes, which donors? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your organization have bad debts, creditors that are threatening or taking legal action, prior misuse of funds, or fraud claimed against the organization and/or members? If yes, please provide an explanation (use additional paper as needed).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**Requested Project Performance Goals and Project Deliverables**

Please complete the chart below. This chart should detail how the proposed project will be implemented including: what key results are expected, what activities will need to happen in order to meet that key result, what will your monitoring and evaluation need to be in order to determine if the key result has been met, when will the key result be met, who is responsible for ensuring the key result is met, what will the cost be to meet that key result and what resources will be needed to meet the key result. Please continue on a separate sheet if you need more space.

Key Results/ Objectives	Main Activities	Monitoring & Evaluation	Timeframe	Responsible person	Cost	Resources needed
<b>Key Results/Objective 1:</b>						
<b>Key Results/Objective 2:</b>						
<b>Key Results/Objective 3:</b>						
<b>Key Results/Objective 4:</b>						
<b>Key Results/Objective 5:</b>						

## Requested Project Costs

Please complete the budget sheet below to show the amount(s) you are requesting. **You do not need to request funds for every budget category, but your entire request must fall into one or more of these categories.** The amounts should reflect quotes which your organization has already obtained. **Total amount of budget should be realistic and not exceed P 250,000.** Requests that are unrealistic and/or do not indicate that adequate research has been done by an organization significantly decrease the chance of funding.

Budget Category	Total Amount in Pula	Detailed Budget Breakdown
Training for staff and volunteers	P	List type of training and number of participants:
Supplies	P	List requested supplies:
Equipment	P	List requested equipment:
Transportation	P	We do not fund transport for caregivers to/from work - this has to be transport specific to the proposed project.
Construction	P	State the total here, and attach itemized construction quotation:
Prevention Activities	P	List the type of activity and number of participants:
Administrative costs Utilities Phone/Internet Office Supplies Copying/Printing/Postage Rent Bank fees TOTAL	P P P P P P P	10% or less of requested grant budget.
<b>TOTAL</b>	<b>P</b>	<b>Should not exceed P250,000 Needs to be supported by quotations</b>

## PEPFAR Small Grants Proposal Check Sheet

For your proposal to be considered, you **MUST** attach the following documents:

(Please tick box when attached)

- Copy of organization's annual operating budget for the two most recent years
- A list of **Committee/Board members** with their names, positions, addresses, and phone numbers
- A copy of your **NPO registration** from the Ministry of Labor and Home Affairs (Registrar of Societies)
- If applicable, a copy of your valid **registration certificates** from the Ministry of Education or Ministry of Health as an ECD center or preschool
- Certified copies of Primary Contact and alternate contact's ID book
- Original quotations from vendors for equipment, supplies, construction, prevention activities and training requested in the budget
- A list of all people working in the organization (including all staff and volunteers) with names, positions and starting dates
- A map showing how to get to your project from a major town and, if available, GPS coordinates
- Copies of your **most recent bank statements for every account held by your organization**
- A copy of the most recent audited financial statement (if applicable)
- Two letters of reference from community stakeholders/partners who are not formally part of your project or organization
- Photographs showing community served and activities of the organization (optional)

**PLEASE NOTE THAT INCOMPLETE PROPOSALS WILL NOT BE CONSIDERED.**  
**Also, we do not return proposals, so please make a copy for your records.**

I hereby certify that the information submitted within this proposal and supporting documents are true to the best of my knowledge.

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Position: \_\_\_\_\_ Date: \_\_\_\_\_

**If you have ever been funded by the U.S. Ambassador's Self-Help Fund or other PEPFAR programs, please answer the following questions for each instance of funding (use additional pages if necessary):**

When were you a Self-Help recipient? \_\_\_\_\_ PEPFAR recipient? \_\_\_\_\_

Did you successfully meet the grant requirements? \_\_\_\_\_ Submit all reports? \_\_\_\_\_

Account for all funds spent? \_\_\_\_\_

What was the funding used to purchase? \_\_\_\_\_

\_\_\_\_\_

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Please list specific ways the funding positively impacted your organization and community: \_\_\_\_\_

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Please summarize how the grant contributed towards the organization's long-term goals and/or sustainability, using a few concrete examples: \_\_\_\_\_

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Explain how an additional grant would build on progress made and result in more growth and/or sustainability: \_\_\_\_\_

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If you received Self-Help funding for income generation, please discuss the state of those activities, including current number of people involved, amount of profit made per month, how profits are used, and how you expect the project to progress going forward: \_\_\_\_\_

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