



# U.S. Ambassador's HIV AND AIDS Community Grants



The U.S. Ambassador's HIV AND AIDS Community Grants program assists small grassroots, community-run projects in all nine provinces of South Africa. It aims to strengthen prevention, care and health service delivery in communities affected by HIV and AIDS. The program funds community groups who provide support for:

- orphans and vulnerable children (OVC)
- community-based HIV and AIDS palliative care and home health care

Projects funded under this program are required to have community buy-in in the form of money, labor or other services. **The greater the involvement and contribution from the local community, the more likely the grant request will gain approval.** Projects should aim to make a long-term impact in their communities and move towards sustainability. After the grant money is used, the project must be able to continue on its own or with forthcoming help from the community.

The Community Grants program is funded by the U.S. President's Emergency Plan for AIDS Relief (PEPFAR). Each organization that is funded will be required to measure and report the results it achieves by following PEPFAR's reporting requirements. **Grants generally amount to US \$15,000 (approximately R 120,000 at current exchange rates).** Grants are awarded for a one year period. **Each application received by the deadline of March 1,** will be considered. If your organization's application has been short-listed, you will hear from the Community Grants Office by 1 August.

**Please read the Project Guidelines on the following pages carefully.** If you have questions or need assistance with this form, please call the Community Grants office that covers your location or email: [Communitygrantspretoria@state.gov](mailto:Communitygrantspretoria@state.gov).

If your organization has a project that falls within the U.S. Ambassador's HIV AND AIDS Community Grants Program guidelines, use the attached application to apply for a grant and send it to the office address below. **PLEASE NOTE THAT THE APPLICATION FORM IS FREE OF CHARGE. THERE IS NO COST TO APPLY FOR THIS GRANT.** If, after reviewing your application, the Community Grants Office thinks your organization is a good candidate for the grant, a Community Grants Coordinator may contact you and schedule a site visit to assess your project.

Embassy, Pretoria: North of the N4 highway (North West, Gauteng and Mpumalanga provinces) and all of Limpopo	Cape Town: Western Cape, Northern Cape and Eastern Cape (west of the N6)	Durban: Kwa-Zulu Natal and the Eastern Cape (east of the N6)	Johannesburg: South of the N4 highway (North West, Gauteng and Mpumalanga provinces) and all of the Free State
Community Grants U.S. Embassy <b>Location:</b> 877 Pretorius Street Arcadia 0083 <b>Postal Address:</b> P. O. Box. 9536 Pretoria 0001  <b>Contact Details:</b> Tel: (012) 431-4240/60 Fax: (012) 431-4086 Communitygrantspretoria@state.gov	Community Grants U.S. Consulate General <b>Location:</b> 2 Reddam Avenue Westlake 7945 <b>Postal Address:</b> Postnet Suite 50, Private Bag X26 Tokai, 7966 <b>Contact Details:</b> Tel: (021) 702-7387/7413 Fax: (021) 702-7371 Selfhelp_Capetown@state.gov	Community Grants U.S. Consulate General <b>Location/Postal:</b> 303 Dr Pixley kaSeme (West) Street, 30 Floor Old Mutual Centre Durban 4001 <b>Contact Details:</b> Tel: (031) 305-7600 Fax: (031) 305-7614 communitygrantsdurban@state.gov	Community Grants U.S. Consulate General <b>Location:</b> 1 Sandton Drive Sandhurst <b>Postal Address:</b> P.O. Box 787197 Sandton 2146 <b>Contact Details:</b> Tel: (011) 290-3000 Fax: (011) 884-0238 Communitygrantspretoria@state.gov

# U.S. Ambassador's HIV AND AIDS Community Grants Project Guidelines

## QUALIFICATIONS FOR FUNDING

**All applicants must be registered NPOs and have been in operation for at least two years to be eligible for funding.**

HIV and AIDS Community Grant activities fall into one of two categories:

- orphans and vulnerable children (OVC)
- community-based HIV and AIDS palliative care and home health care

There is no one ideal Community Grant project. However, successful projects share similar features. Community Grant activities should:

- Support orphans and vulnerable children (OVC) and/or people living with HIV or AIDS.
- Improve basic conditions at the local, community or village level (i.e. through providing care and support to OVC and/or people living with HIV AND AIDS or TB).
- Be community driven. Projects should be oriented toward communities, not individuals.
- Provide services directly to the community.
- 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 (South African) 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 your work (for example, be able to count children or patients served; number of volunteers trained; number of people reached during a campaign.)

## ACCEPTABLE USES FOR COMMUNITY GRANT FUNDING

Funds may be requested for any of the following:

- Home-based caregiver kits and medical supplies
- SETA-Accredited training or organizational capacity training for staff and volunteers
- Equipment for OVC centres
- Educational materials and training supplies
- Equipment, materials and technical training for income generation initiatives
- Administrative or operating costs that contribute towards managing the grant and on a limited basis support general operations, such as telephone costs, postage,

transport and supplies/photocopies. Administrative costs must be less than 10% of the total budget request.

- Structured and measurable prevention and awareness campaigns, workshops, and outreach sessions to the community. The Community Grants Office can assist you to obtain free prevention materials from PEPFAR and the South African Government to use during campaigns. Therefore funds cannot be used to develop prevention materials that can be obtained from other sources.

### **Unauthorized Uses for Community Grant Funding**

- The program cannot contribute money to a building fund, nor can it pay for stipends, motorized vehicles (or the maintenance of project vehicles), medicine, school uniforms, school fees, bursaries or personal expenses. Purchase of food is strictly prohibited with these funds.
- The program cannot fund private businesses, private crèches, or public schools.

### **Measurable Results**

To qualify for funding, your project must be able to measure how it contributes to HIV/AIDS and OVC care. (Page 5 of the application asks for these statistics.) Additionally, each project accepted for funding must report results twice a year. You must be able to count or describe the following:

#### Orphans and Vulnerable Children (OVC) Projects

- Services provided (such as educational support, child protection, HIV and AIDS prevention education, general health care)
- Number of children served
- Number of providers/caregivers trained

#### Community-Based Palliative and Home Based Care (HBC) Projects

- Number of individuals provided with general HIV-related palliative and home care
- Number of caregivers trained to provide general HIV-related palliative and home care

For example, an OVC care program might report that over the last year, 75 OVCs received educational support and child protection. A program of home-based caregivers might explain that they provide care to 120 patients annually. A HBC group might train eight community volunteers each year in palliative care. These numbers reveal the work that the project has accomplished, so they are *measurable results*.

### **Expenditure Reporting**

You must account for the funds you have spent, by submitting original receipts for every Rand provided in funding. These will be collected twice during the year, once after 31 March, and once after 30 September. If reports are not submitted, all further funding to your group will be discontinued.



# U.S. Ambassador's HIV AND AIDS Community Grants Application for Funding



## Contact Information

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

Name of Project Coordinator: \_\_\_\_\_

Telephone (landline and cell) (*very important*): \_\_\_\_\_ Fax: \_\_\_\_\_

Email address (*very important*): \_\_\_\_\_

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

Position of alternate contact person: \_\_\_\_\_

Alternate contact person phone number: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail address (*if any*): \_\_\_\_\_

## Location

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

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

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

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

Province: \_\_\_\_\_ District: \_\_\_\_\_ Sub-District: \_\_\_\_\_

Nearest city/town: \_\_\_\_\_ Traveling time to your project from this city/town: \_\_\_\_\_ hours

## Project Description

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

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

How many caregivers work in your project? \_\_\_\_\_

How many caregivers currently receive stipends? \_\_\_\_\_

Total number of staff involved in your project (including caregivers)? \_\_\_\_\_

## Measurable Results

What measurable results did your program achieve last year? See **Project Guidelines** for more information on Measurable Results.

**Orphans and Vulnerable Children are defined as:**

A child, 0-17 yrs, 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 or on the streets);
- Is marginalized, stigmatized, or discriminated against.

Number of orphans and vulnerable children served (age 0-17): \_\_\_\_\_

Types of services your organization provides to orphans and vulnerable children: \_\_\_\_\_

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**Home Based Community Care is defined as:**

**Providing caregiver visits to community households with services such as counseling, care and referrals.**

Total Number of households served: \_\_\_\_\_ Total number of patients served: \_\_\_\_\_

Number of HIV+ patients you provide care for: \_\_\_\_\_ Number of patients being treated for TB: \_\_\_\_\_

Types of HBC services your organization provides to people living with HIV and AIDS: \_\_\_\_\_

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**Community Outreach: HIV AND AIDS Prevention & Awareness Campaigns as defined as:**

**Educational events including camps, workshops, candlelight vigils, etc. that disseminate information to promote health and wellbeing of community.**

Number of community members educated with HIV AND AIDS Prevention & Awareness last year: \_\_\_\_\_

Prevention/Awareness activities your organization implements: \_\_\_\_\_

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**Organizational and Community Description**

Please describe the community that your project serves (population, unemployment rates, infection rates, type of housing, etc.): \_\_\_\_\_

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Please describe the history and background of your project. What was the motivation for your involvement in working with people infected and affected by HIV, AIDS and TB?: \_\_\_\_\_

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Please describe the current activities of your project: \_\_\_\_\_

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Please describe the accomplishments/achievements of your project (including any awards or distinctions): \_\_\_\_\_

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Provide a comprehensive list of all relevant training courses staff/caregivers have completed:



What is the long-term vision for your organization? Where do you see this project in 5 years? \_\_\_\_\_

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How do you plan to work towards your vision and sustain the project when the grant period is over? \_\_\_\_\_

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Do you have any funding applications currently being considered? \_\_\_\_\_ Which donors? \_\_\_\_\_

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Is the Project in good financial standing? If not, please explain the issues affecting the Project (i.e. bad debts, creditors are threatening or undertaking legal action, prior misuse of funds or fraud claimed against Project and/or members): \_\_\_\_\_

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**Contributions from the Community**

*What has the community contributed to the project? Please check all boxes that are relevant to your project. Provide amount, date and purpose of cash contribution.*

- Community **cash**      Amount: \_\_\_\_\_ Year: \_\_\_\_\_ Purpose: \_\_\_\_\_
- Community **labor**: \_\_\_\_\_
- Community **volunteers**: \_\_\_\_\_
- Community **food** contribution: \_\_\_\_\_
- Community **clothing** contribution: \_\_\_\_\_
- Community **donation other** (please specify kinds such as office space, etc.): \_\_\_\_\_

**Contributions from Non-Governmental Donors**

What have other donors contributed to the project? Please list your Project's top 6 non-governmental funders. Provide name of donor, amount, date and purpose of contribution. Continue on separate piece of paper if necessary.

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

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

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

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

**Contributions from South African Government**

Is your organization supported by the Department of Social Development or Department of Health (please specify the year of funding, amount of funding and activity supported, primary contact person at the department with phone number):

Department of Health- Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
Amount: \_\_\_\_\_ Year: \_\_\_\_\_ Activity: \_\_\_\_\_  
Amount: \_\_\_\_\_ Year: \_\_\_\_\_ Activity: \_\_\_\_\_

Department of Social Development- Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
Amount: \_\_\_\_\_ Year: \_\_\_\_\_ Activity: \_\_\_\_\_  
Amount: \_\_\_\_\_ Year: \_\_\_\_\_ Activity: \_\_\_\_\_

National Lotteries - Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
Amount: \_\_\_\_\_ Year: \_\_\_\_\_ Activity: \_\_\_\_\_  
Amount: \_\_\_\_\_ Year: \_\_\_\_\_ Activity: \_\_\_\_\_

Other Department \_\_\_\_\_ - Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Amount: \_\_\_\_\_ Year: \_\_\_\_\_ Activity: \_\_\_\_\_

Amount: \_\_\_\_\_ Year: \_\_\_\_\_ Activity: \_\_\_\_\_

**U.S. Government Support**

Has your organization ever received funding from the U.S. Government or PEPFAR? Yes \_\_\_\_\_ No \_\_\_\_\_

*(If yes, please provide dates and purpose of funding)* \_\_\_\_\_

Do you now, or have you ever had a U.S. Peace Corps volunteer work with your group? Yes \_\_\_\_\_ No \_\_\_\_\_

**If you are a current or previous Community Grants recipient, please answer the following questions:**

When were you a Community Grant recipient? \_\_\_\_\_

What was the funding used to purchase or what will be purchased? \_\_\_\_\_

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

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Please summarize how the grant contributed towards the organization's long-term goals and/or sustainability, using a few key 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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Have you accessed other donor funding and/or been successful with fundraising efforts since receiving your previous Community Grants funding? \_\_\_\_\_ Please provide examples: \_\_\_\_\_

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If you received Community Grants 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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**Project Costs**

Please complete the budget sheet below to show the amount(s) you are requesting from the United States Community Grants Program. You do not need to request funds for every budget category. **Total amount of budget should be less than R120,000.**

Budget Category	Total Amount Requested	Detailed budget Breakdown (Description of items to be purchased)
<b>Income Generating Activities</b> <b>Equipment</b> <b>Training</b> <b>Materials/Supplies</b> <b>Other:</b>  <b>Total</b>	 R R R R   	
<b>Accredited Training for staff and volunteers</b>	R	
<b>Medical supplies/uniforms</b>	R	
<b>Equipment/ Materials</b>	R	
<b>Transportation</b>	R	
<b>Administrative costs (&lt;10% of budget):</b> <b>Phone</b> <b>Electricity</b> <b>Water/sewage/garbage disposal</b> <b>Office Supplies/postage</b>	 R R R R	
<b>Awareness Activities/Campaigns</b> <b>Transport:</b> <b>Venue/equip. rentals:</b> <b>Materials/Supplies:</b> <b>Other:</b>  <b>Total:</b>	 R R R R  R	
<b>Other (please explain)</b>	R	
<b>TOTAL</b>	R	<b>Must not exceed R120,000</b>

For your application to be considered, you **MUST** attach the following documents:  
(please tick box when attached)

- Copy of annual operating budget for most recent year
- A **list of committee/Board members** with their names, positions, addresses, and phone numbers
- A **list of all people working in the project** (including all staff and volunteers) with names, positions, and starting dates
- A **map** showing how to get to your project from a major road
- Copy of **most recent bank statements for every account held by your organization. If your organization has had an audit, please send a copy of the most recent audited financial statement**
- For projects operating on their own land, proof that the project has its own land (in the name of the project) or permission to occupy the land, e.g. signed **lease agreement** or **land deed**
- Two letters of reference from community stakeholders/partners who are not formally part of your project or organization
- A copy of your **NPO registration** from the Department of Social Development
- A copy of your valid **registration certificates** from Department of Social Development/Department of Health as an ECD centre, a place of safety, or children’s home if you run a crèche or temporarily or permanently house OVC

**PLEASE NOTE THAT INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.**

I hereby certify that the information submitted within this application and supporting documents are true to the best of my knowledge. **False claims will result in elimination from consideration.**

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

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

**PLEASE SUBMIT YOUR COMPLETE APPLICATION TO THE APPROPRIATE OFFICE BY FEBRUARY 1**

<b>Pretoria:</b> North of the N4 highway (North West, Gauteng and Mpumalanga provinces) and all of Limpopo	<b>Cape Town:</b> Western Cape, Northern Cape and Eastern Cape (West of the N6)	<b>Durban:</b> Kwa-Zulu Natal and Eastern Cape (East of the N6)	<b>Johannesburg:</b> South of the N4 highway (North West, Gauteng and Mpumalanga provinces), and all of the Free State
Community Grants U.S. Embassy  P. O. Box. 9536 Pretoria 0001	Community Grants U.S. Consulate General  Postnet Suite 50, Private Bag X26 Tokai, 7966	Community Grants U.S. Consulate General  303 Dr Pixley kaSeme (West) Street, 30 Floor Old Mutual Centre Durban 4001	Community Grants U.S. Consulate General  P.O. Box 787197 Sandton 2146