

PART I - FACE SHEET

APPLICATION FOR FEDERAL ASSISTANCE <small>Modified Standard Form 424 (Rev.02/07 to confirm to the Corporation's eGrants System)</small>		1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Non-Construction														
2a. DATE SUBMITTED TO CORPORATION FOR NATIONAL AND COMMUNITY SERVICE (CNCS): 01/25/11	3. DATE RECEIVED BY STATE:	STATE APPLICATION IDENTIFIER:														
2b. APPLICATION ID: 11ND125882	4. DATE RECEIVED BY FEDERAL AGENCY: 01/25/11	FEDERAL IDENTIFIER: 09NDHDC006														
5. APPLICATION INFORMATION																
LEGAL NAME: AIDS United DUNS NUMBER: 787936418	NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (give area codes): NAME: Margaret Cunha TELEPHONE NUMBER: (202) 408-4848 202 FAX NUMBER: INTERNET E-MAIL ADDRESS: mcunha@aidsfund.org															
ADDRESS (give street address, city, state, zip code and county): 1424 K St NW Ste 200 Washington DC 20005 - 2411 County: District of Columbia	6. EMPLOYER IDENTIFICATION NUMBER (EIN): 521706646															
8. TYPE OF APPLICATION (Check appropriate box). <input type="checkbox"/> NEW <input type="checkbox"/> NEW/PREVIOUS GRANTEE <input checked="" type="checkbox"/> CONTINUATION <input type="checkbox"/> AMENDMENT If Amendment, enter appropriate letter(s) in box(es): <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> A. AUGMENTATION B. BUDGET REVISION C. NO COST EXTENSION D. OTHER (specify below):	7. TYPE OF APPLICANT: 7a. Non-Profit 7b. National Non-Profit (Multi-State)															
10a. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:94.006 10b. TITLE: AmeriCorps National	9. NAME OF FEDERAL AGENCY: Corporation for National and Community Service															
12. AREAS AFFECTED BY PROJECT (List Cities, Counties, States, etc): Raleigh/Durham/Chapel Hill, NC; Chicago Metro, IL; Detroit Metro, MI; Indianapolis Metro, IN; Santa Fe/Albu., NM; Tulsa Metro, OK; Washington, D.C Metro; New Orleans, LA	11.a. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: AIDS United AmeriCorps Program 11.b. CNCS PROGRAM INITIATIVE (IF ANY):															
13. PROPOSED PROJECT: START DATE: 08/01/11 END DATE: 07/31/12	14. CONGRESSIONAL DISTRICT OF: a.Applicant <input type="text" value="DC 001"/> b.Program <input type="text" value="DC 001"/>															
15. ESTIMATED FUNDING: Year #: <input type="text" value="3"/>	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? <input type="checkbox"/> YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE: <input checked="" type="checkbox"/> NO. PROGRAM IS NOT COVERED BY E.O. 12372															
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">a. FEDERAL</td> <td style="text-align: right;">\$ 702,000.00</td> </tr> <tr> <td>b. APPLICANT</td> <td style="text-align: right;">\$ 1,507,753.00</td> </tr> <tr> <td>c. STATE</td> <td style="text-align: right;">\$ 0.00</td> </tr> <tr> <td>d. LOCAL</td> <td style="text-align: right;">\$ 0.00</td> </tr> <tr> <td>e. OTHER</td> <td style="text-align: right;">\$ 0.00</td> </tr> <tr> <td>f. PROGRAM INCOME</td> <td style="text-align: right;">\$ 0.00</td> </tr> <tr> <td>g. TOTAL</td> <td style="text-align: right;">\$ 2,209,753.00</td> </tr> </table>	a. FEDERAL	\$ 702,000.00	b. APPLICANT	\$ 1,507,753.00	c. STATE	\$ 0.00	d. LOCAL	\$ 0.00	e. OTHER	\$ 0.00	f. PROGRAM INCOME	\$ 0.00	g. TOTAL	\$ 2,209,753.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> YES if "Yes," attach an explanation. <input checked="" type="checkbox"/> NO	
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g. TOTAL	\$ 2,209,753.00															
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.																
a. TYPED NAME OF AUTHORIZED REPRESENTATIVE: Bryan R. Wilt	b. TITLE: Chief Fiscal Officer	c. TELEPHONE NUMBER: 202-408-4848 x 270														
d. SIGNATURE OF AUTHORIZED REPRESENTATIVE:		e. DATE SIGNED: 05/04/11														

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Executive Summary

This is a critical time for HIV/AIDS prevention and care systems in the United States. Since 1994, AIDS United (formally National AIDS Fund) has built a model program that not only provides urgently needed AIDS services but also trains and supports the next generation of public health leaders. AIDS United is proud to submit an application for continued support from the Corporation for National and Community Service for the 2011-2012 program year.

Rationale and Approach

EXECUTIVE SUMMARY

The National AIDS Fund (NAF), in partnership with seven local Operating Sites in Albuquerque/Santa Fe, New Mexico; Chicago, Illinois; Detroit, Michigan; Indianapolis, Indiana; Raleigh/Durham/Chapel Hill, NC; Tulsa, Oklahoma; and Washington, DC, is proud to submit an application for renewed support from the Corporation for National and Community Service (CNCS) for our AmeriCorps program. With continued support from CNCS, we aim to strengthen and expand this successful program in 2009-2012. We respectfully request an award of 49 member slots for 2009-2010 and 2010-2011. We anticipate the ability to expand our program for the 2011-2012 service year, accommodating the addition of an eighth site and a total of 55 members.

The National AIDS Fund AmeriCorps/Caring Counts Program (NAF AmeriCorps Program) was the first National Direct AmeriCorps program solely dedicated to HIV/AIDS. Since 1994, nearly 500 NAF AmeriCorps members have served, helping to build a model program that not only provides urgently needed AIDS services but also trains and supports the next generation of public health leaders. Currently, each year, 49 NAF AmeriCorps members serve in seven metropolitan regions throughout the US. Because the AIDS epidemic at each site is unique, NAF relies on the local knowledge of our Community Partnerships to build and oversee local AmeriCorps Operating Sites.

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NAF AmeriCorps members are addressing one of the most serious public health and social justice issues of our time with a high level of training and professionalism. They are passionate about changing the lives of the people they serve and we know they are making a difference. Recently, NAF commissioned a 15-year retrospective evaluation study of our AmeriCorps program. The multi-level assessment completed by Dr. Chris A. Ameen clearly demonstrated real and lasting impact of our program on alumni, host agencies, and the field of HIV/AIDS. One hundred percent of host agencies (or sites where individual members serve) reported that were able to provide more direct services to their clients as a result of their participation with the program. The results also clearly indicate that Operating Sites, who view AmeriCorps members as "living grants" to the agencies they serve, believe the NAF AmeriCorps program has had a positive impact on the HIV/AIDS service system. (Ameen, 2008) (See NAF for complete Works Cited.)

Throughout this application, we will demonstrate key outcomes, outputs, and impacts of our AmeriCorps program. NAF prioritizes performance, accountability, and sustainability. National and Operating Site staff manage extensive program monitoring with clear procedures, monthly and quarterly reporting, site visits and ongoing communication with host agencies and members. Demonstrating true local investment, local financial contributions to the program have increased significantly over the past six years. NAF continues to benefit from the longstanding, increasing support of our primary private funding partner, the MetLife Foundation, as well as from other private supporters.

RATIONAL AND APPROACH

This is a critical time in the evolution of HIV/AIDS prevention and care systems and for the response to

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the disease in the United States. The number of persons living with HIV continues to climb, with approximately 1.1 million persons in the US living with HIV at the end of 2006. Recently, the CDC released a revised estimate of the number of new HIV cases per year in the US. For years, the number of new HIV cases was estimated to be 40,000 annually. However, we now know that this number has been closer to 56,300 cases for more than a decade--40% higher than previously thought (CDC, 2008). This number is a wake-up call that the AIDS epidemic in the US is not going away and that more prevention efforts are necessary.

Racial and ethnic minorities now represent 65% of those estimated to be living with AIDS (CDC, 2008), and are the large majority of those who continue to die prematurely from the disease. In communities of color, stigma and discrimination along with inadequate personal and community resources remain major barriers to early HIV testing, treatment, care, and support for HIV-infected individuals and their families. Nationally, the epidemic has changed as the face of HIV/AIDS becomes increasingly rural, poor, female, black and heterosexual.

Trends of the epidemic are primary considerations as the NAF AmeriCorps Program continues to grow. In 2008, NAF re-competed all of our AmeriCorps Operating Sites as an opportunity for existing sites to recommit to our program, and for any other NAF Community Partner to express their interest in becoming a part of the program. We received a total of nine Operating Site applications and selected seven. Each of the sites selected to participate in the 2009-2011 NAF AmeriCorps Program were chosen based on a number of criteria, including their capacity to manage a local AmeriCorps Operating Site and the impact that the epidemic is having on their communities. As a result of our reapplication process, our North Carolina Operating Site will shift from the Charlotte region to the Raleigh/Durham/Chapel Hill region, continuing service critical to the needs of the South's burgeoning HIV/AIDS epidemic.

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The need to strengthen capacity and resources for HIV/AIDS prevention and care is well-established across our seven Operating Sites. In most parts of the country, the number of HIV/AIDS cases continues to increase steadily while funding resources are flat or shrinking (see Section D.4). In 2006, cumulative reported AIDS cases in Illinois was 33,902, making Illinois the 6th most affected state in the nation (Kaiser, 2006), with the case rate in Chicago at three times the Illinois case rate (Chicago Department of Public Health, 2008). The rate of AIDS cases in Washington, DC is nearly 10 times the national rate (DC Dept of Health, 2007). In fact, the rates of infection among some sub-populations in DC are among the worst in the world and even mirror rates in Sub-Saharan Africa. Exemplifying a different set of challenges, Oklahoma's scarce resources and funding shortfalls often are a serious barrier for clients at risk for HIV infection and those already affected. Further contributing to funding gaps is deeply-imbedded AIDS stigma and discrimination. In Indiana, the State Department of Health reports that 25% of respondents to a state-administered survey felt that services were withheld from them because of discrimination against their HIV status (Indiana State Department of Health, 2006).

In all seven communities, people of color are disproportionately represented in new HIV/AIDS cases. For example, in North Carolina, the AIDS case rate for African Americans (42.9 cases/100,000 population) was over ten times higher than for whites (4.0 cases/100,000 population) in 2007 (North Carolina Department of Health and Human Services, 2008). In Michigan, African Americans represent the majority of those living with AIDS--nearly 57% of the cases--despite the fact that they only comprise 14% of the population (Michigan Department of Community Health, 2008). In New Mexico, Latina/os have made up an increasing proportion of new cases over the last five years. In addition, 66% of infections among Latina/os in New Mexico were concurrently diagnosed with both HIV and AIDS, compared to 58% across all racial/ethnic groups (New Mexico Department of Health, 2008). Persons with a concurrent diagnosis are more likely to have unknowingly transmitted HIV to others and have less successful treatment outcomes.

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These seven communities represent the diversity of the HIV/AIDS epidemic in the US, representing major epicenters of the disease, areas where the epidemic is emerging, and cities that vary greatly in terms of demographics. Despite these differences, every site faces insufficient public and private resources and significant need for trained and experienced leaders. The need for HIV/AIDS leadership is related to a steadily diminishing public health workforce. By 2012, 23% of the current public health workforce will be eligible for retirement. (ASPH, 2008) The HIV/AIDS workforce in particular is vulnerable to burnout and turnover. For these reasons, AmeriCorps is a major asset in the HIV/AIDS battle, as it not only provides immediate human resources for providing direct services, but it also trains and supports the next generation of HIV/AIDS and public health professionals.

SERVICE NEEDS AND ACTIVITIES

The National AIDS Fund coordinates one of the original national AmeriCorps programs established over 15 years ago and the first to exclusively address HIV/AIDS. Since that time, NAF has trained and supported nearly 500 AmeriCorps members in communities across the country. Members are placed in diverse community organizations, our host agencies, to deliver HIV prevention education, HIV testing and counseling, assisted living services, social service coordination and community volunteer recruitment and support.

The following are descriptions of service activities and examples of service placements within each of three main categories. Also included in each section are the expected performance measures for 2009-2010 based on past achievements which have typically met or our exceed targets. See section C.(1), Community Outputs and Outcomes, for information about past performance measure targets and corresponding outputs and outcomes.

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Prevention Outreach and Education

Outreach-based education and meeting individuals "where they're at" continues to be an extremely effective method of HIV prevention. NAF AmeriCorps members are skilled in their ability to provide updated information, prevention skills-building and referrals to community services such as HIV testing and counseling. In addition to outreach, AmeriCorps member educational presentations are a powerful means for breaking-down myths and building individual and community knowledge of HIV/AIDS. The presentations address modes of transmission and methods of prevention while working to eliminate stigma affecting those living with HIV/AIDS.

As a current member, Denise serves as a Prevention Outreach Assistant at Catawba Care in Charlotte. After completing a 14-hour training in VOICES/VOCES, a group-level program designed to encourage condom use and improve condom negotiation skills in adults, Denise has begun implementing the culturally appropriate program for African Americans and Latina/os in three counties. Her supervisor, Monica Adamian, describes the contributions of her AmeriCorps member this way: "Her eagerness, excitement, energy and willingness are infectious. Denise is assisting with implementing a program to get HIV+ clients to tell their story; she also assists with a group intervention for men who have sex with men. She has great skills in planning and implementing."

HIV Counseling and Testing

The testing for HIV antibodies in a person's blood and providing a positive or negative result is much more than a simple clinical procedure. The results of such a test have direct implications in behavior, emotions, financial burden and social support. Counseling an individual throughout the HIV antibody

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testing process--including the pre-test period, the actual test, and the provision of test results--is crucial. Each year, the vast majority of NAF AmeriCorps members are certified in HIV testing and counseling.

As a second-year member in the 2007-2008 term of service, Katie served at Mecklenburg County Health Department. She had already earned her testing and counseling certification during her first year of service. Her second-year duties included organizing and participating in several large education and testing events. According to Katie's supervisor, the events would have had to otherwise be scaled back if it were not for the service of their AmeriCorps member. Katie's testing and counseling efforts also made a partnering organization a regular testing site and prevented the discontinuation of another, jail-based education and testing program.

Quality of Life Services

People living with HIV or AIDS often face compounding burdens of poverty and discrimination due to their race, gender, and/or sexuality. Community-based AIDS service organizations understand these issues and are often the only sources of the life-saving and life-enhancing care and support services. Our AmeriCorps members provide such services as meal delivery, transportation to medical appointments and, when necessary, end-of-life care. Members are trained to understand the intersection of HIV and social justice issues and they bring this viewpoint to their service activities.

Amanda serves with the Daimen Center in Indianapolis, Indiana, as a Housing Care Coordinator. She has been trained to provide specialized case management to individuals living with HIV/AIDS. The role is a new one to the Center but also to all HIV/AIDS service providers in the greater Indianapolis area. According to Amanda's supervisor and NAF AmeriCorps Program alum, Lisa Howell, "Amanda's compassion for clients is genuine and she is consistently attentive, even-tempered, and respondent

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when working with others."

Program Structure

NAF AmeriCorps members serve at each of the seven Operating Sites in teams of 5-12. Each Operating Site has at least one City Supervisor who guides, supports and manages all members. Each team also has a member who acts as Team Coordinator. The Team Coordinator is selected by the City Supervisor during the recruitment process to facilitate team activities and meetings. Finally, host agency supervisors guide and support members at their placement site. This layered approach provides significant support and oversight to each of the members at an individual level and team level.

Host agency selection into the program is based on the agency's ability to offer a position that fills a service gap agency staff are unable to address yet requires more training and commitment than a volunteer. The agency must also be able to adequately supervise the member and comply with all parts of their host agency agreement, including all AmeriCorps prohibited activities. All AmeriCorps positions are full-time, providing the greatest opportunity for impact to both the member and the community being served.

Our AmeriCorps program complements individual service at host agencies with team-based service at the community level. Each member serves four full days at their host agency providing direct services, then joins fellow members of his/her local team on the "Fifth Day" of the week to serve the community. "Fifth Day" activities may involve taking on a team project at one of the host agencies, such as providing group outreach to people who are homeless, or may provide a service to the larger community, such as participating in a mural project with a local high school. "Fifth Days" not only provide a weekly opportunity for powerful community enhancement, but the member-planned service activities build

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team support and strengthen members' leadership and team-building skills. Finally, the "Fifth Day" structure is utilized during National Days of Service and AmeriCorps Week activities.

Another use of the team-based "Fifth Day" is to design and conduct a larger, long-term community project which is required of each NAF service team. The long-term project (LTP) requires that the team work over a period of several months on a project that will have significant impact on their community. These projects typically generate broad community interest and press coverage.

System for Self-Assessment and Improvement

As the parent organization, NAF maintains all member files, service data, and other required documentation, but also requires that Operating Sites maintain complete member files. NAF staff conduct site visits to Operating Sites at least every other year to meet with Operating Site staff, audit local records, visit host agencies to meet with members and their supervisors and spend time with the entire team. These visits allow NAF staff to ensure Operating Site compliance with program requirements and help identify site strengths and challenges. In addition to site visits, national and Operating Site staff meet two times a year to discuss program policy and management issues. NAF also conducts monthly conference calls with all City Supervisors and Team Coordinators.

In addition to this constant communication with Operating Site staff, NAF gathers quarterly feedback from each of the agencies that host AmeriCorps members. Host agencies report on member performance, program satisfaction and member activities through a host agency survey. This survey is reviewed by Operating Sites and NAF staff to help identify and address member performance issues and needs. Furthermore, host agencies are required to attend a local orientation at the beginning of the service year. At this orientation, City Supervisors (Operating Site staff) explain their role in the overall

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structure of AmeriCorps, review federal requirements, identify member prohibited activities, and discuss reporting responsibilities. City Supervisors also conduct local site visits to their host agencies and provide direct one-on-one support and monitoring, particularly if a member is experiencing challenges.

NAF also solicits member feedback for continuous improvement of the member experience. End-of-service program evaluations are completed by each member and results are discussed as a group at the national end-of-service meeting. In addition, beginning with 2008-2009 year of service, members will be asked to complete mid-year evaluations. Upon review of evaluations by staff, any adjustments that can be made immediately are implemented and other changes which require planning, such as improved health insurance, are marked as long-term program goals.

NAF tracks member service provision and member performance using timesheets, data "tracking" forms, and surveys. Timesheets and tracking forms are submitted monthly by members and track hours of service, the number of new clients reached, descriptions of service projects and survey responses from session participants. Operating Site staff collect tracking forms and aggregate the data before forwarding to NAF.

The NAF AmeriCorps Program practices continuous improvement of our tracking forms, manuals, and agreements. During the 2007-2008 year of service, all grant agreements underwent adjustments in an effort to be clearer, more concise, and to stay current with national requirements. In addition, monthly tracking forms have been streamlined to improve data collection accuracy.

This past year, the NAF commissioned a multi-level retrospective evaluation study of the impact of the program on alumni, host sites, Operating Sites, and the HIV/AIDS workforce. The evaluation combined

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survey and interview data for a random sample of alumni and provides detailed information from interviews with 25 host agencies and five City Supervisors. Study results demonstrate our program's success in training the next generation of HIV/AIDS and public health leaders and increasing capacity of both participating organizations and the field of HIV/AIDS. (Ameen, 2008)

COMMUNITY INVOLVEMENT

Though national in scope, NAF is a community-based organization at its core. Our wide range of national resources flow through our Community Partnerships to hundreds of local organizations annually in the form of grants, technical assistance and other support. At the national level, our governance structure includes a Programs and Partnerships Committee of our Board of Trustees with community representation that guides our overall programmatic development.

This value for community involvement extends to our AmeriCorps program. The seven Operating Sites are all based at Community Partnerships (except for New Mexico which operates in collaboration with the local Community Partnership) and all play an integral role in designing and implementing the AmeriCorps program by involving program alumni in the recruitment and selection of members, recruiting clients living with or affected by HIV to be AmeriCorps members, and selecting host agencies with close ties to the communities they target. The Operating Sites also select a high proportion of host agencies that have a small staff and rely heavily on volunteers and community engagement. Each Operating Site benefits from the existence of a Community Advisory Board that is part of each Community Partnership's structure.

LTPs and "Fifth Days" are opportunities in which our members regularly work side-by-side with the community they serve to organize health fairs, community garden projects, AIDS walks and other

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events. For example, Team Chicago's (2007-2008) LTP involved youth under 25 who submitted artwork that expressed how HIV impacted their community. The artwork was displayed in an event featuring spoken word, music and personal testimonies of youth living with HIV. As part of Team Charlotte's (2006-2007) LTP, the AmeriCorps members conducted a photography project with the children who took pictures of the things that they were proud of in their community, as well as things that they would like to change. Community members were invited to the neighborhood recreation center to view the children's photographs.

RELATIONSHIP TO OTHER SERVICE PROGRAMS

Collaboration with other local AmeriCorps programs is a priority for our Operating Sites. Most Operating Sites participate in their respective State Commission's AmeriCorps Opening Day ceremonies. In addition, each of our teams collaborates, at least once a year, with other AmeriCorps programs during team "Fifth Days" or National Days of Service. As an example of this collaboration, over the past three years of service, multiple members of Team DC have served on the DC InterCorps Council, which comprises member ambassadors from AmeriCorps programs in Washington, DC. The group supports AmeriCorps members by organizing member trainings, joint service projects and networking opportunities. In Tulsa, each year, members serve with American Red Cross AmeriCorps teams providing HIV prevention education training to youth who become peer educators in their communities.

In addition to local engagement with other programs, the NAF AmeriCorps Program Officer was sworn in as a committee member for DC Commission on National and Community Service in the fall of 2008. Her role as a commissioner includes providing leadership, direction for DC-based National Service programs.

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POTENTIAL FOR REPLICATION

With 15 years of investment and dedication, the NAF AmeriCorps Program has developed into an exemplary model of a National Direct program. We enjoy sharing our strengths with other programs through Best Practices Conference presentations and, in 2006-2007, sharing our large surplus of applicants with other programs. Our program has also hosted foreign delegations interested in our use of National Service to address HIV/AIDS. The past two years, we have hosted guests from England and years before we have hosted groups from the Caribbean, China, and South Africa. We feel we have much to offer CNCS and other National Directs as a veteran member of the CNCS grantee portfolio. An indicator of the strength of our program is that we are able to replicate Operating Sites on a regular basis. Over the past four years, we have established two new sites (Indianapolis and New Mexico) and, in 2009, we will establish another site in Raleigh/Durham/Chapel Hill, North Carolina. Whenever we establish new sites, our orientation includes a site visit during which NAF staff delivers training for host agencies, provides any necessary documents and delivers comprehensive technical assistance.

Organizational Capability

SOUND ORGANIZATIONAL STRUCTURE

PROGRAMMATIC AND FISCAL OVERSIGHT

The National AIDS Fund was founded in 1988 with a clear mission: to reduce the incidence and impact of HIV/AIDS by promoting leadership and generating resources for effective community responses to the epidemic. Through an expanding network of Community Partnerships, NAF promotes collaborative local planning and provides strategic grants and technical support to nearly 400 direct service organizations annually. Community Partnerships are consortia of concerned business, philanthropic, and community leaders dedicated to supporting HIV/AIDS prevention and care in their local

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communities and regions. The Community Partnerships use the leverage of our national grants to raise support locally, and make community-level decisions about how and where funds should be spent to meet the most pressing local needs. Together with its Community Partnerships, NAF has raised and granted over \$150 million since 1988 for the fight against HIV/AIDS in the US. Uniquely suited to successfully manage the proposed multi-site, multi-state AmeriCorps program, NAF has built on our grant successes since 1994, raising increasing amounts of private funding, increasing member stipends, and expanding the scope and reach of the program while maintaining high standards of member development and retention.

The members and host agencies are supported by NAF (the parent organization) and our affiliated Community Partnerships (Operating Sites). NAF has full responsibility for the program and provides the necessary overarching management and programmatic support, but relies heavily on the Operating Site staff to work directly with host agencies and members to ensure appropriate, effective, rewarding experiences for both members and host agencies. The Operating Sites participating in the program were carefully selected based, in part, on their capacity to provide local leadership and support. In 2008, NAF re-competed all of our AmeriCorps Operating Sites, as detailed in the Rationale and Approach section.

The NAF AmeriCorps Program has a layered approach to member management which provides significant support and oversight to each of the members at an individual level as well as a team level. These support systems are detailed in the Needs and Service Activities/Program Structure section of this application.

Our multi-site program unifies members not only at the team/site level, but across sites at the national level. In particular, the pre- and end-of-service national program meetings, described in the Member Outputs and Outcomes section, have helped tremendously in connecting the Operating Sites. At the Pre

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Service meeting, national and Operating Site staff communicate with all members about the overarching mission and vision of the program and explain expectations regarding standard program elements. Pre Service team-building components also work to create lasting cross-team friendships as they build skills they will use throughout the year. Furthermore, during two of the last three terms of service, the AmeriCorps teams from Detroit, Chicago, and Indianapolis took the initiative to plan and implement a "Super Fifth Day" in which all three teams came together for a full day of community service and cross-team bonding. NAF will continue this regional service day which allows service to occur in a new city and presents the possibility for more collaboration with other AmeriCorps programs.

In addition to cross-team service events, members of all teams keep up with each other's events virtually throughout the year via an online blog. The blog (at <http://nafblogger.blogspot.com/>) has been a popular vehicle of communication, encouraging teams to share stories of service and building a stronger sense of national unity. Concurrently, we use an e-mail distribution list to maintain efficient communications and information exchange across sites. Finally, NAF alumni will also be virtually connected to AmeriCorps Alums chapter activities as discussed in the Ethic of Service and Civic Responsibility section of this application.

Conference calls with City Supervisors and Team Coordinators, as discussed at length in the Technical Assistance section of this report, help to ensure consistent expectations across all sites, facilitate collaborative program planning, and increase national communication and connectivity. NAF also monitors the Operating Sites and host agencies through site visits and quarterly reporting forms. These activities are described in detail in the Rationale and Approach section of this application.

NAF places great importance on managing all aspects of the fiscal operations of the AmeriCorps program at the operating site and national level. NAF has been successful in managing large federal

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grants, including the AmeriCorps program funded through CNCS as well as over 10 years of Cooperative Agreements with the Centers for Disease Control and Prevention.

A significant part of the AmeriCorps grant continues to be financial management associated with member costs (i.e. member stipends, health insurance and other direct member expense). Centralized management of member costs and all other aspects of financial management of the AmeriCorps grant, are directed by NAF's Chief Fiscal Officer (CFO). The CFO is responsible for directing the AmeriCorps budget payment and reporting process via the federal payment management system, preparation of quarterly reports of budget-to-actual income and expense comparisons, and generating appropriate quarterly reports and FSR's through eGrants for the entire program. This centralized financial management structure insures accountability and integrity of process, combined with accurate and timely financial reporting as required under the terms of the grant. In addition, the Operating Sites and host agencies are required to report on and provide documentation to support in-kind contributions to the program. The CFO is responsible for tracking and reporting this fiscal information, including back-up documentation, to CNCS ensuring that the program is in compliance with the match requirements outlined by in our grant agreement.

BOARD OF DIRECTORS, ADMINISTRATORS, AND STAFF

The NAF Board of Trustees includes 15 dedicated individuals who have broad public health and corporate management backgrounds and have expertise in HIV/AIDS, fundraising, research, direct services, marketing, the media, strategic planning and law. Board members include academic representatives from Howard University, Meharry Medical College, and San Francisco State University; corporate representatives from Bristol-Myers Squibb, Hasbro, Johnson & Johnson, Wal-Mart, and Pepsi; and philanthropic leaders from Elton John AIDS Foundation and the William and Flora Hewlett

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Foundation. Our Board also includes community representatives from our network of Community Partnerships, among them the Executive Director of AIDS Foundation of Chicago, the coordinator of our Chicago AmeriCorps site. Given the importance of AmeriCorps within overall NAF programs, Trustees are kept abreast of program activities and play a role in approving and monitoring the AmeriCorps budget within our overarching operational budget. Detailed financial reports are provided quarterly. Trustees have also become involved in raising funding for the program and facilitating professional development experiences for AmeriCorps members.

The following individuals are the primary staff persons for the AmeriCorps program and fulfill key roles in the successful management of the program:

President and CEO (Kandy Ferree, MCP)

Kandy Ferree has extensive experience in designing, implementing and evaluating HIV/AIDS prevention and care services, community capacity building, group facilitation and corporate training, as well as philanthropy and grantmaking at the community and national levels. For the AmeriCorps program specifically, Ms. Ferree develops and monitors the program budget, serves as member of the training team for members and operating site staff, and plays an active role in the delivery of reports to program funders.

Director of Programs and Resource Development (Michael Rhein, MPA):

Michael Rhein has a Masters in Public Administration and over fifteen years of experience in public health and philanthropy. Currently, as the Director of Program and Resource Development with the National AIDS Fund, Michael oversees national grantmaking and technical assistance activities and works closely with national funding partners and the NAF's expanding network of Community Partnerships. Mr. Rhein plays a supervisory role in the management of the AmeriCorps Program, directs

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program planning, oversees policy development, and oversees and assists with program monitoring and reporting.

Chief Fiscal Officer (Bryan Wilt):

Bryan Wilt holds a Bachelor of Science degree in Accounting and over twenty-seven years of experience in areas of accounting, investment and fiscal management. His experience crosses numerous sectors including private business, non-profit agencies, foundations and national non-profit organizations. Since joining the Fund in 2001, Mr. Wilt has strengthened the organization's fiscal systems by implementing integrated, cross-departmental database software and has worked with the President to reach an 11% administrative/development cost rate. Mr. Wilt is also responsible for information systems and network administration with a current focus on improving web-based reporting systems.

Program Officer (Maggie Cunha, MPH):

Maggie Cunha joined the National AIDS Fund in June of 2006 and is an AmeriCorps Alum herself, an experience which lead her to pursue a MPH in Community Health Education at the University of Massachusetts-Amherst. Maggie is responsible for program planning and management; policy implementation; resource development; overall program monitoring and reporting; member development; reporting member service data; maintaining member records; planning pre- and end-of-service national meetings; and maintaining communications with Operating Site management.

Program Associate (Shannon Wyss, MA):

Shannon Wyss is involved in numerous aspects of grantmaking at NAF, including overseeing all online reporting and applications and implementing logistics for our Southern REACH and Gulf Coast HIV/AIDS Relief Fund special initiatives. Shannon received a BA in International Studies from Vassar College and an MA in Women's Studies from George Washington University. Shannon is responsible for

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general member support and coordinating the national recruitment process.

Program Assistant (Lauren Fayish)

Lauren Fayish joined the Fund in January 2008 after completing a year of service in the NAF AmeriCorps Program. Lauren holds a Bachelors of Science degree in Biology and Anthropology from The Pennsylvania State University. For the AmeriCorps Program, Lauren assists with meeting logistics, program evaluation, and the development of the NAF AmeriCorps Alumni Network.

SYSTEMS FOR SELF-ASSESSMENT AND IMPROVEMENT

NAF implements a number of systems for ensuring on-going self-assessment and improvement. Staff with senior-level management responsibilities, including the President & CEO, the Director of Program and Resource Development, the Chief Fiscal Officer, and the Director of Operations, meet regularly to discuss organizational systems and overall organizational functioning. The Director of Program and Resource Development also meets weekly with program staff, including those involved with AmeriCorps. A primary role of the senior management staff is to ensure optimal capacity to perform required work and oversee the ongoing strengthening of work systems. The President & CEO is in close communication with senior management and the Board of Trustees to ensure that the organization is running efficiently, effectively, and at the optimum capacity.

On an individual level, all staff benefit from ongoing performance evaluations with their supervisors, which include the development and monitoring of personal workplans. While once a year a comprehensive performance review tool is completed, performance evaluation is considered an ongoing activity.

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The Board of Trustees is highly engaged in ensuring that NAF is strategic, successful and has the capacity it needs. In December 2008, the Board completed an extensive strategic planning process in conjunction with staff that provides NAF with a roadmap for the next three years. AmeriCorps is a central priority within this plan. The three-year plan provides the organization with benchmarks for AmeriCorps and all its areas of capacity and programmatic focus to enable continuous self-assessment and performance monitoring.

SYSTEM FOR EFFECTIVE TECHNICAL ASSISTANCE

NAF provides a structure for member development, supervision, and training that promotes shared responsibility for the program between the parent organization, the Operating Sites, and the host agencies. Because of our extensive relationships with the Operating Sites through our above described Community Partnership model, we are able to offer ongoing technical assistance to our sites and members.

NAF staff provides ongoing guidance to members, Team Coordinators and City Supervisors. Site visits to Operating Sites are a priority. This in-person contact allows NAF staff to assess technical assistance needs with Operating Sites and host agencies. In some instances, the Operating Sites will utilize NAF staff members to conduct host agency supervisor orientations, reinforce program policies or mediate member/host agency issues. Conference calls provide an opportunity for individuals in leadership roles to receive energy and support from their peers and to discuss best practices. NAF staff use these calls and meetings to provide technical assistance and to help maintain accountability for performance in standard areas that are critical for compliance with federal grant guidelines and for the overall success of the program.

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In addition to these broad activities, NAF provides in-depth technical assistance with new Operating Sites. The newest Operating Site in New Mexico, which began its member recruitment in Spring 2007, was a beneficiary of this type of technical assistance. NAF facilitated peer exchange of information from the existing Washington, D.C. and Detroit sites focusing on member recruitment techniques, host agency selection, and program structure. Staff from NAF then conducted a site visit to New Mexico in May 2007 to facilitate the training of host agency supervisors and to ensure that the Operating Site was fully prepared to manage their first team.

SOUND RECORD OF ACCOMPLISHMENT AS AN ORGANIZATION

NAF is characterized by leadership and achievement at every level. Our Board of Trustees is comprised of distinguished volunteers from major national corporations and foundations. We have been at the forefront of engaging the private sector in supporting HIV/AIDS services for 20 years, resulting in over \$150M in resources being mobilized nationally and locally. Over the years, NAF has had the trust and engagement of some of the nation's largest corporations, foundations, and government agencies, including AT&T, Bristol-Myers Squibb, the Centers for Disease Control and Prevention, Elton John AIDS Foundation, Ford Foundation, IBM, Johnson & Johnson, MetLife Foundation, Wal-Mart, and many others, and that continues today. As an example, the Ford Foundation is currently funding us at a level of over \$2.5M annually to lead their work in developing community capacity to address HIV/AIDS in the Southern US. As other HIV/AIDS organizations have struggled to sustain themselves in recent years, NAF has only grown stronger. In the past 4 years, we have nearly tripled the amount of annual grantmaking we do in support of local communities. In 2008, the National AIDS Fund awarded over \$5.6M in grants.

On another level, NAF is often called upon to provide technical assistance to community organizations,

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participate on advisory bodies, or present at national conferences. Our Community Partnerships regularly consult us for technical support, and we frequently provide on-site technical assistance such as facilitating board retreats or attend events recognizing their local grantees.

For 15 years, NAF has had tremendous success in managing a lean and effective AmeriCorps program while securing adequate match resources for prior grant awards. As referenced in the Cost Effectiveness and Budget Adequacy section of this application, NAF has created a diversified funding portfolio for its program. The MetLife Foundation, a longtime contributor to the AmeriCorps program, increased its gift from \$225,000 to \$250,000 for the 2007-2008 service year to cover member training, support and recognition as our program has grown in sites and member slots. MetLife has consistently increased their grant to us every 3-4 years. In addition, for the last two years, NAF secured a \$25,000 grant from Roche which helped us invest in program evaluation and cover a portion of member costs, particularly health insurance. These new monies offer NAF a strong national funding base on which to build increased support for the AmeriCorps program in the future. We anticipate the continued support of these major private funders. In addition to maintaining existing national supporters, our goal is to engage local corporations and foundations that have strong ties to the communities served through the Operating Sites. Finally, we have a cost-sharing arrangement with our Operating Sites whereby they, together with host agencies, cover half of the direct member costs for each of their members (see below).

SUCCESS IN SECURING COMMUNITY SUPPORT THAT RECURS, EXPANDS IN SCOPE,
INCREASES IN AMOUNT AND IS MORE DIVERSE

NAF is, at its core, a national infrastructure of Community Partnerships. Over its history, NAF has catalyzed and supported local collaborations of funders, businesses, community organizations, local

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government agencies, residents and other groups in the seven communities/regions involved in this program and in many other communities as well.

The Operating Sites described in this proposal are managed by a subset of our Community Partnerships and their convening organizations (the fiscal agents and legally responsible organizations in cases where the Community Partnerships are not 501(c)3 entities). In this way, not only does an organization exist at each site that can support and supervise members and host agencies, but a partnership-based structure exists that provides a resource to facilitate stronger interrelationships among community organizations and groups, both public and private.

By participating in our AmeriCorps program, each Community Partnership extends the strength and reach of their local partnership network by further building relationships with community and faith-based organizations serving as host agencies and potentially linking them with other Partnership grantees. Additionally, through team "Fifth Days" and LTPs, and through member outreach into the community, organizations that may not be serving as host agencies are also connected to the program and Partnerships in ways that could have a lasting impact. According to a study recently commissioned by NAF, host agencies report that members increase their collaboration with other agencies (on a scale of 1 meaning "not at all" to 5 indicating "a great deal," host agencies rated, on average, a 4.0 to the statement "The work of our members helped increase our collaboration with other agencies."). (Ameen, 2008)

In addition to facilitating the partnership between host agencies, Operating Sites work to partner with other AmeriCorps programs in their respective regions and/or states. In the past, most Operating Sites have participated in the state's AmeriCorps Opening Day ceremonies. In addition, each of our teams has collaborated at least once a year with other AmeriCorps programs during team Fifth Days, LTPs, or

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National Days of Service. For example, for the past two years, Team Chicago has been providing HIV education sessions to the Chicago Public Allies team. The two groups have similar interests and have lively discussions about how poverty and discrimination work to shape the AIDS epidemic.

The financial and in-kind commitments of our Operating Sites and host agencies are substantial and have increased over time. For detailed information about member stipend levels and Operating Site member match commitments, see section C(2), Sustainability.

RATE OF ORGANIZATIONAL GROWTH AND SERVICE TO RESOURCE-POOR COMMUNITIIES

While the US has recently increased HIV prevention efforts globally, the domestic epidemic continues to be chronically under-funded with domestic prevention representing the smallest category of the federal HIV/AIDS budget (4%). On September 2008, top CDC officials testified before a hearing of the House Committee on Oversight and Government Reform. The officials gave evidence that an optimal HIV prevention program for the United States would require an additional \$877 million in fiscal year 2009 and an additional \$4.8 billion over five years, more than doubling what is currently being spent. The enhanced funding was, "projected to reduce by 50 percent the number of people who do not know their HIV status, and over 12 years, cut the number of new infections in half" (Dallas Voice, 2008).

While HIV/AIDS funding falls short across the US, public and private funding for HIV prevention is insufficient and basically non-existent in some areas of the South. According to the CDC, in 2006, 40% of people living with AIDS resided in the South, a higher concentration than any other region in the country. However, of the four national funding regions, the South receives the least amount of federal HIV/AIDS funds and only 20% of the total private dollars for HIV/AIDS. (FCAA, 2008) According to CDC regional definitions, nearly half of AmeriCorps members are in the Southern region.

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To address the greatest needs of the epidemic, NAF necessarily focuses its resources on at-risk communities. Through our Community Partnerships, NAF provides increasing programmatic support to communities of color, youth, women and girls and incarcerated populations. In addition, since 2006, NAF's Southern REACH and Gulf Coast HIV/AIDS Relief Fund have collectively granted over \$4.3 million in resources and technical support to community-based organizations (CBOs), addressing underserved populations in eight Southern states.

Since 2004, NAF has experienced significant growth in both organizational and programmatic capacity. NAF has grown from nine staff and a \$3.5M budget in 2004 to 17 staff and a \$9.5M budget in 2008. Using current technology, software, digital imaging and a highly trained staff combined with sound accounting and fiscal oversight practices, NAF has maintained an exceptional four year indirect cost rate average of 13.6% since 2004. Currently NAF's provisional indirect cost rate is 13.4% with a finance department staff of two full time employees.

Cost Effectiveness and Budget Adequacy

COST EFFECTIVENESS

NAF manages a multi-site program that is lean and cost-effective for CNCS. Our total budget is \$2,335,612 of which \$1,718,212 is match or 73.6% overall. The NAF program requires a baseline CNCS Cost per Member Service Year (MSY) of \$12,600 in Year One. The NAF cash and in-kind match portion of Sections I & III of the budget is 91.8%. The NAF cash match portion of Section II of the budget is 42.9%.

The financial and in-kind commitments of our Operating Sites and host agencies are substantial and have increased over time. We have steadily increased the per member financial match amount

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AmeriCorps Operating Sites have contributed over the past seven years. The current member match, at \$7,580 per member (not including in-kind), is 42% higher than 2004-2005 levels. All increases were discussed with the Operating Sites and have brought the program to a level of full cost-sharing and sustainability and even allowed us to increase member stipends by \$2,000 to \$14,000 for members and to \$16,500 for Team Coordinators which began the 2008-2009 year of service. Furthermore, our primary private national funder, MetLife Foundation, has steadily increased its support with each member service year (MSY) increase, demonstrating unbridled support for the program. Currently, MetLife contributes \$250,000 per year toward member recruitment, training, support and recognition. Beginning in the 2007-2008 year, NAF was able to secure \$25,000 annually in new funding with support from Hoffman La Roche Inc.

BUDGET ADEQUACY

Budget preparation occurred in many steps, including the solicitation of feedback from the Operating Sites regarding member match payment requirement and in-kind donation expectations. These steps ensure that the proposed budget will be adequate to support the AmeriCorps program across sites. Our budget is based upon prior year's successes at managing a lean and effective program. The budget is consistent with previous years' allocations for stipend, health care, training and program management costs.

Since our first program year in 1994, our program has planned and executed incremental growth in number of members and Operating Sites without taxing the integrity of our program. Over the course of the coming three-year grant period, NAF will prioritize fundraising to sustain program improvements such as past and future member stipend increases, the Alumni network and team-building components of the Pre Service training. Our fundraising plan include raising enough funding to increase our member

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match another \$1,000 by the 2010-2011 year of service. In addition, after providing comprehensive technical assistance to our new Raleigh/Durham/Chapel Hill Operating Site throughout the 2009-2010 program year, NAF plans to begin the application process for a site expansion to an eighth site in the spring/summer of 2010. NAF plans to request six additional member slots in order to add an eighth Operating Site for 2011-2012.

Evaluation Summary or Plan

Evaluation Report emailed to AmeriCorpsnational@cns.gov and submitted to CNCS via FedEx.

Amendment Justification

N/A

Clarification Summary

Clarifications (May 2011)

The National AIDS Fund has submitted an application for a grant in the amount of \$702,000.00, 54 Member Service Years (MSYs) and 54 member positions.

Budget Issues: The following items have been addressed in the budget/budget narrative.

A. Section I. C -- Staff and Member Travel: Please see updated budget for a cost basis and calculation for CNCS Sponsored Meetings.

Staff and Member Travel: Referring to the updated budget, "AC Team Dinners" is for group meal costs for one group business dinner with team members and City Supervisors that occurs during a team meeting.

B. Section I. E -- Supplies: Background check costs have been allocated to Section I.(I.).

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C. Section I. I -- Other Program Operating Costs: Background check IT expenses has its own line item.

D. Section II. B -- Member Support Costs: FICA amount has been corrected. The \$11,664 item has been identified as State Unemployment Compensation tax.

E. Section I. I -- In-kind support from sites: Please see updated budget for a cost basis for in kind support. Our in-kind support is similar to that of previous years (see sub applications in prior years).

Programmatic Clarification Items:

According to current and anticipated regulations regarding the National Service Criminal History check (NSCHC), AIDS United has already taken the following steps in preparation for the 2011-2012 program year:

* Applicants accepted for the 2011-2012 service year have received a letter notifying them of their conditional acceptance in to the program pending completion and results of a National Service Criminal History check (NSCHC) and 2011 continuation funding from CNCS;

* AIDS United has checked each conditionally accepted Member for the 2011-2012 service year in the National Sex Offender Registry and cleared them prior to notification of conditional acceptance;

* Each conditionally accepted Member for the 2011-2012 service year is notified and received information on obtaining an FBI Fingerprint-based Background Check and a state criminal history check in both the state of their current legal residence as well as the state in which they will be providing service;

* Each conditionally accepted Member is notified that check results must be received and the Member must be cleared in order to participate in the program. They are encouraged to begin the background

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checks process immediately as to not jeopardize their participation in the program;

* We have implemented internal control processes for tracking the status of each conditionally accepted Member's NSCHC and implemented controls for protecting Member confidentiality.

Performance Measure Clarification Items:

A. Blank outcomes have been deleted.

B. Volunteer Recruitment measure has been deleted.

C. Intermediate outcomes for HIV Counseling and Testing measure has been deleted.

D. Outcome for Quality of Life measure was deleted.

E. Member Support and Technical Assistance measure was deleted.

F. Healthcare Access's intermediate outcome was changed to an output.

Clarifications (old)

The National AIDS Fund has submitted an application for a grant in the amount of \$617,400.00, 49 Member Service Years (MSYs) and 49 member positions.

Budget Issues: The following items have been addressed in the budget/budget narrative.

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1. Section I. C -- Travel: Referring to the updated budget, "AC Team Dinners" is for group meal costs for one group business dinner with team members and City Supervisors for each site visit. These costs are above and beyond daily meal costs for national program staff on travel, which are reflected in the per diem amount now labeled "Staff Meals."
2. Section I. C -- Travel: The need for local transportation vs. rental car varies by site. Local transportation is often used for DC/local travel to and from the airport. Local transportation is also relied on when visiting sites in Chicago and DC. However, a rental car is required when visiting those sites with limited public transportation.
3. Section I. E -- Supplies: Please see updated budget for a cost basis and calculation for outreach and visibility.
4. Section I. E -- Supplies: All member t-shirts have the AmeriCorps logo.
5. Section I. E -- Supplies: The \$100.00 alumni recognition award accounts for the cost of the design, production and shipping for one personalized, engraved plaque.
6. Section I. G -- Member Training: The alumni awardee is an outstanding alumni/former member who has demonstrated continued dedication to service in the field of HIV/AIDS and to the cause of social justice. The awardee is invited to participate as a trainer in the Pre Service Orientation/Training for the professional development and orientation of new members.
7. Section I. I -- Criminal History checks: NAF conducts criminal history checks for all members

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through the online system managed by ChoicePoint, a LexisNexis Company. The cost is included in Section I. I. -- Technology Access and Support. In 2008, the NAF purchased a lifetime membership for our member criminal history checks. Each year we purchase, via the internet, individual checks at the cost of \$5/member for a total of \$245 each program service year.

8. Section I. I -- Technology Access and Support: Please see updated budget for a cost basis and calculation for technology access and support. This includes on-line background checks, software license, DSL lines and internet/technology technical support from an outside vendor.

9. Section I. I -- In-kind support from sites: Please see updated budget for a cost basis for in kind support. Our in-kind support is similar to that of previous years (see sub applications in prior years).

10. Section I. I -- Indirect Cost Rate: A copy of our indirect cost rate agreement has been sent to Rob Glazier.

11. Sources of match: Source and level of match has been updated.

Program Issues:

1. Evaluation:

The National AIDS Fund has begun to discuss future evaluation plans with the independent evaluator we partnered with in 2008. Any future studies will integrate a comparison group study of host agencies that will further demonstrate our program's impact.

Narratives

The 2008 evaluation did detail responses from host agencies regarding what service would not have been provided in the absence of an AmeriCorps member (please refer to page 39, table 24). In addition, our evaluator used survey questions from the CNCS study "Changing Lives, Changing America" (2007) to be able to establish a basis for comparison to national data in the areas of continued volunteerism and type of career pursued by alumni.

2. Community Involvement

Community involvement in the planning and implementation of our AmeriCorps program is critical to making a real impact for those using the AIDS education, outreach, and care services offered by our partnering organizations. The Community Partnership Advisory Committees which govern National AIDS Fund Operating Sites always include diverse perspectives, including those from people living with HIV/AIDS. These Community Partnership Advisory Committees set priorities for addressing the local epidemic, seek funding opportunities, and act as a review committee for grants. In addition, the 45-49 community-based organizations that serve as host agencies in our program each year are often founded and led by individuals who are infected or have been directly affected by HIV/AIDS. These grassroots organizations also have volunteers and staff who are of the target community.

Constant and dynamic dialogue between host agencies and NAF Operating Sites ensures that our AmeriCorps program integrates multiple viewpoints and operates effectively and in response to community needs. Agency needs are identified through annually-required, written applications for participation and through orientation and other host agency support meetings. These community-identified needs direct member design of service projects, including "Fifth Days," National Days of Service, AIDS Awareness Days, and long-term projects (described in detail in our application).

Narratives

During service project implementation, members work alongside Operating Sites and other grassroots organizations, regularly involving clients and agency volunteers. While our original application shares a few examples of this program work, others include: Team Charlotte members involving youth from highly impacted communities in constructing art projects and the planting of community gardens; Team DC members hosting a spoken-word event involving those affected by HIV as performance artists; Team Indianapolis creating an educational video that includes the testimonies of people who are living with AIDS. Overall, HIV/AIDS work by its nature is very community-based, and collaborative work with agencies throughout AmeriCorps program planning and implementation is critical for the Fund to remain credible to those most impacted by the epidemic.

Finally, community involvement in program design and implementation is discussed more broadly in the NEEDS AND SERVICE ACTIVITIES - System for Self-Assessment and Improvement section of our application. This section details how policies and procedures are continually developed through ongoing communication with host agencies and Operating Sites and through quarterly surveys that are completed by host agencies and sent directly to the National AIDS Fund for review and follow up.

Continuation Changes

YEAR 2 CONTINUATION CHANGES

Our program will address the Healthy Futures priority area and we will be using a standard performance measure in addition to our own performance measures.

CONSULTATION WITH STATE COMMISSIONS

The National AIDS Fund has consulted with all state commissions in which we currently have a team and with the state commission (Louisiana) where we propose to expand. These eight commissions have all received:

Narratives

* Initial requests for guidance in the consultation process.

* A complete consultation form which was provided by the state commission. In the case a form was not provided by the state commission, NAF completed a consultation form and sent it along anyway.

* A follow up phone call to the commissions to ensure that the form was received and that they had all the information required.

Only one commission conducted a formal conference call after receiving the consultation form (Washington, DC).

We also engaged in informal conversations with Oklahoma, New Mexico, North Carolina, Illinois, and Louisiana regarding the contribution of our program to their states. These conversations were positive and no major concern was brought to our attention.

SUMMARY OF ACCOMPLISHMENTS

The National AIDS Fund (NAF) is pleased with our progress toward meeting our targeted performance measures for the 2009-12 service years set forth in our 2009-10 application. We have recruited, trained, placed and supported a diverse class of 49 members who are serving those affected by HIV/AIDS in each of seven communities: Albuquerque/Santa Fe, NM; Raleigh/Durham, NC; Chicago, IL; Detroit, MI; Indianapolis, IN; Tulsa, OK; and Washington, DC. The following are highlights of outputs and outcomes in the performance areas of Needs and Services, Member Development, and Strengthening Communities as of December 31.

With less than one half of the service year complete, we are on target to meet or surpass our Performance Measures. Our members have:

** Reached 8,499 individuals through Prevention Education and Outreach (56.6% of target for the 2009-10 service year);

** Conducted a total of 611 Prevention Education sessions (61% of the target for the 2009-2010 service

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year);

** Recruited 326 volunteers (46.5% of the target for the 2009-2010 service year);

** Conducted 3,873 counseling and testing sessions to individuals who would otherwise be unaware of their HIV-status (this is 77% of the target for the 2009-2010 service year).

** Achieved 100% member participation in a 5-day pre-service training, including a 2-day HIV 101 training, to prepare them for their service year;

** All 49 members passed HIV 101 training; and

** Collaboratively planned and implemented 104 Fifth Days (41.6% of our 2009-10 target).

RATIONALE AND APPROACH

N/A

MEMBER OUTPUTS AND OUTCOMES

** Enrollment and Retention

NAF enrolled 100% of our members committed for all 49 slots of the 2008-09 service year. In addition, high member retention continues to be a hallmark of our program. During the 2008-09 service year, we maintained a member retention rate of 91.8%. We believe that our typically high rates of retention are a result of the strong member development and support components of our program. The few members who ended early were terminated for not meeting program requirements.

COMMUNITY OUTPUTS AND OUTCOMES

Our program will address the Healthy Futures priority area and we will be using a standard performance measure in addition to our own performance measures.

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ORGANIZATIONAL CAPABILITY

** Board of Directors, Administrators, and Staff

Maggie Cunha, who has been with NAF for over 3.5 years, will continue to manage the bulk of the program with assistance from Lauren Fayish and Shannon Wyss. In 2009, Lauren Fayish, 2006-2007 National AIDS Fund AmeriCorps Alum, was promoted from a Program Assistant position to a Program Associate position. Lauren will continue to provide ongoing support to the program throughout the year with major contributions during summertime close out/start up.

Maggie, Shannon, and Lauren continue to be under the guidance and supervision of Michael Rhein, Director of Programs and Resource Development. Michael has been associated with the program to varying degrees for over eight years.

** Success in Securing Community Support

Since we also measure sustainability in terms of the development of a skilled public health and social service workforce and the strengthening of public health service infrastructure, we plan to continue increasing the reach and impact of our national program. In 2009-10, we had a successful competition for AmeriCorps Operating Sites which lead to a change in the location of our North Carolina site from the Charlotte region to the Raleigh/Durham/Chapel Hill area.

For 2010-11 service year, we are preparing to expand to a eight site. While all our 30 National AIDS Fund local affiliates were assessed for their interest participating in the AmeriCorps program, Louisiana was the only location that was both eager and able to make a strong financial commitment. Louisiana had submitted a good application during our full re-compete of all sites just one year ago (in which our newest site, Raleigh/Durham, North Carolina, was selected). But when they approached us this fall, they came prepared to enter into an agreement with us in which they would cover the full member cost beyond that which will be supported with federal funding.

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Louisiana's financial commitment combined with a commitment to member development, member diversity, and program sustainability made for a strong proposal. The National AIDS Fund is confident that New Orleans, Louisiana will make a strong eighth AmeriCorps site with demonstrated community demand for the AmeriCorps direct service model. In addition, the Partnership plans to dedicate .30 of an FTE to manage the AmeriCorps program locally during the program's first year. The Louisiana site would host a 5-member team should we be awarded the additional slots from CNCS. Combined with the 49 members that will continue to serve at our current seven sites, this would expand our national program to 54 members overall.

COST EFFECTIVENESS AND BUDGET ADEQUACY

For the 2010-2011, we are requesting an increase in our cost per MSY to \$13,000. While site operating costs have continued to increase each year, the federal share of cost per MSY did not increase since the 2006-07 year of service. Using our Washington, DC cash match costs as an example, total cash program costs per MSY have gone from \$27,354 per member in 2006-2007 to a projected \$28,845 in the current FY 2010-2011 budget.

YEAR 3 CONTINUATION CHANGES

BUDGET CHANGES

In an effort to increase budget efficiency, our Pre Service meeting will be moved to a more cost effective location for the 2011-2012 service year and our End of Service meeting will be decentralized saving travel costs. We anticipate holding our 5-day Pre Service meeting in Detroit, Michigan since the cost of airfare to Detroit will be less expensive than airfare to New Mexico. We will maintain the same 2-day HIV 101 training, Team Coordinator and City Supervisor training day, and a full day of team building activities. The decentralized End of Service meeting will involve AIDS United staff traveling to each site

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to recognize the accomplishments of each team and hosting a special lunch or dinner.

Other major budget changes include elimination of evaluation costs since no evaluation is planned for the 2011-2012 service year, a change to manage the Alumni Network in-house rather than continued reliance on AmeriCorps Alums consultation services, and the reallocation of some administrative time. Finally, supervisory staff time was decreased from 20% to 15% to better reflect actual time allocated to supervision of the program.

CONSULTATION WITH STATE COMMISSIONS

AIDS United has consulted with all state commissions in which we plan to have a team in 2011-2012.

These eight commissions have all received:

*Initial requests for guidance in the consultation process.

*A complete consultation form which was provided by the state commission. If a form was not provided by the state commission, AIDS United completed a consultation form and sent it along anyway.

*A follow up request to the commissions to ensure that the form was received and that they had all information required.

Note: One commission required a formal conference call after receiving the consultation form (Washington, DC) and this call was conducted before submission of this application.

SUMMARY OF ACCOMPLISHMENTS

The AIDS United is pleased with our progress toward meeting our targeted performance measures set forth in our 2010-11 application. We have recruited, trained, placed and supported a diverse class of 54 members who are serving those affected by HIV/AIDS in the following eight communities:

Albuquerque/Santa Fe, NM; Raleigh/Durham, NC; Chicago, IL; Detroit, MI; Indianapolis, IN; New Orleans, LA; Tulsa, OK; and Washington, DC. The following are highlights of outputs and outcomes in the performance areas of Needs and Services, Member Development, and Strengthening Communities

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as of December 31, 2010.

With less than one half of the service year complete, we are on target to meet or surpass our Performance Measures. Our members have:

** Conducted a total of 634 Prevention Education sessions (63% of the target for the 2010-11 service year);

** Recruited 307 volunteers (44% of the target for the 2010-11 service year);

** Conducted 2,967 counseling and testing sessions to individuals who would otherwise be unaware of their HIV-status (this is 49% of the target for the 2010-11 service year).

** Achieved 100% member participation in a 5-day pre-service training, including a 2-day HIV 101 training, to prepare them for their service year; and

** All 54 members passed HIV 101 training.

RATIONALE AND APPROACH

N/A

MEMBER OUTPUTS AND OUTCOMES

** Enrollment and Retention

AIDS United enrolled 100% of our members committed for all 54 slots of the 2009-10 service year. In addition, high member retention continues to be a hallmark of our program. During the 2009-10 service year, we maintained a member retention rate of 91.8%. We believe that our typically high rates of retention are a result of the strong member development and support components of our program. The few members who ended early were terminated for not meeting program requirements or left for personal and compelling circumstances.

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PERFORMANCE MEASURES

We have decreased the number of Performance Measures after consultation with our CNCS Program Officer.

ORGANIZATIONAL CAPABILITY

** Board of Directors, Administrators, and Staff

Maggie Cunha, who has been with AIDS United for over 4.5 years, will continue to manage the bulk of the program with assistance from Lauren Fayish and Fredrica Bailey. Maggie is under the guidance and supervision of Kimberley Hinton, Director of Programs.

** Success in Securing Community Support

Since we also measure sustainability in terms of the development of a skilled public health and social service workforce and the strengthening of public health service infrastructure, the 2010-2011 service year saw expansion of the program to an eighth site. Louisiana was both eager and able to make a strong financial commitment, contributing the full amount of the member match to participate in the program. Louisiana has proven to be a strong partner beyond the financial commitment with strong member diversity, member development opportunities, and demonstrated community demand for the AmeriCorps direct service model.

Performance Measures

SAA Characteristics

- AmeriCorps Member Population - None Geographic Focus - Rural
 Geographic Focus - Urban Encore Program

Priority Areas

- | | |
|---|--|
| <input type="checkbox"/> Education | <input checked="" type="checkbox"/> Healthy Futures |
| <i>Selected for National Measure</i> <input type="checkbox"/> | <i>Selected for National Measure</i> <input checked="" type="checkbox"/> |
| <input type="checkbox"/> Environmental Stewardship | <input type="checkbox"/> Veterans and Military Families |
| <i>Selected for National Measure</i> <input type="checkbox"/> | <i>Selected for National Measure</i> <input type="checkbox"/> |
| <input type="checkbox"/> Economic Opportunity | <input checked="" type="checkbox"/> Other |
| <i>Selected for National Measure</i> <input type="checkbox"/> | <i>Selected for National Measure</i> <input type="checkbox"/> |

Grand Total of all MSYs entered for all Priority Areas 48.6

Service Categories

- | | | |
|------------------|---|---|
| Health Education | Primary <input type="checkbox"/> | Secondary <input checked="" type="checkbox"/> |
| HIV/AIDS | Primary <input checked="" type="checkbox"/> | Secondary <input type="checkbox"/> |

Prevention Outreach

Service Category: HIV/AIDS

Measure Category: Needs and Service Activities

Strategy to Achieve Results

Briefly describe how you will achieve this result (Max 4,000 chars.)

Between August 2010 and July 2011, members will provide targeted HIV prevention outreach services such as street outreach to 'hard to reach' populations, answering HIV-related information hotline calls, and providing prevention education case management for those at risk.

Results

Result: Output

Members will provide prevention outreach services to 3,500 individuals infected or affected by HIV/AIDS.

Indicator: beneficiaries

Target: Members will provide prevention outreach services to 3,500 individuals infected or affected by HIV/AIDS.

Target Value: 3500

Instruments: Client-based Service Tracking Form

PM Statement: Members will provide prevention outreach services to 3,500 individuals infected or affected by HIV/AIDS.

Result: Output

Prev. Yrs. Data

Fifth Days

Service Category: HIV/AIDS

Measure Category: Participant Development

Strategy to Achieve Results

Briefly describe how you will achieve this result (Max 4,000 chars.)

Members will participate in team-based "Fifth Day" activities and long-term projects that require teamwork to plan and implement in a collaborative manner.

Results

Result: Output

54 members will participate in a total of 280 "Fifth Days," including 200 community-based collaborative service projects. Members who successfully complete the program will attend at least 80% of collaborative service projects each year.

Indicator: number of "Fifth Days"; number of community-based collaborative service projects;

Target: 54 members will participate in a total of 280 "Fifth Days," including 200 community-based collaborative service projects. Members who successfully complete the program will attend at least 80% of collaborative service projects each year.

Target Value: 280

Instruments: Fifth Day tracking sheets

PM Statement: 54 members will participate in a total of 280 "Fifth Days," including 200 community-based collaborative service projects. Members who successfully complete the program will attend at least 80% of collaborative service projects each year.

Prev. Yrs. Data

Result: Output

percent of members

HIV Counseling and Testing

Service Category: HIV/AIDS

Measure Category: Needs and Service Activities

Strategy to Achieve Results

Briefly describe how you will achieve this result (Max 4,000 chars.)

Between August 2010 and July 2011, 54 members will conduct HIV antibody tests, including pre-test and post-test counseling sessions.

Results

Result: Output

54 members will perform 6,000 HIV antibody tests.

Indicator: number of HIV antibody tests performed

Target: 54 members will perform 6,000 HIV antibody tests.

Target Value: 6000

Instruments: Client-based Service Tracking Form

PM Statement: 54 members will perform 6,000 HIV antibody tests.

Prev. Yrs. Data

Quality of Life Services

Service Category: HIV/AIDS

Measure Category: Needs and Service Activities

Strategy to Achieve Results

Briefly describe how you will achieve this result (Max 4,000 chars.)

Between August 2010 and July 2011, a subset of members will provide emotional or social support and food services under professional guidance and supervision to individuals living with HIV/AIDS.

Results

Result: Output

Members will provide quality of life services to 3,000 individuals infected or affected by HIV/AIDS.

As part of these quality of life services, members will provide 800 hours of food service and 2,500 hours of care related project management.

Indicator: beneficiaries

Target: Members will provide quality of life services to 3,000 individuals infected or affected by

HIV/AIDS. As part of these quality of life services, members will provide 800 hours of food

service and 2,500 hours of care related project management.

Target Value: 3000

Instruments: Hour-based Service Tracking Form; Client-based Service Tracking Form

Result: Output

PM Statement: Members will provide quality of life services to 3,000 individuals infected or affected by HIV/AIDS. As part of these quality of life services, members will provide 800 hours of food service and 2,500 hours of care related project management.

Prev. Yrs. Data

Healthcare Access

Service Category: HIV/AIDS

Measure Category: Needs and Service Activities

Strategy to Achieve Results

Briefly describe how you will achieve this result (Max 4,000 chars.)

Between August 2010 and July 2011, a subset of members will provide clients with information on healthcare insurance, health care access and health benefit programs through case management and support services, care coordination for those living with HIV/AIDS, and information on or access to transportation and child care services that facilitate access to care.

Results

Result: Output

Members will provide 1,500 clients with information on health insurance, health care access and health benefits programs.

Indicator: beneficiaries

Target: N/A

Target Value: 1500

Instruments: Client-based tracking form

PM Statement: Members will provide 1,500 clients with information on health insurance, health care access and health benefits programs.

Prev. Yrs. Data

National Performance Measures

Priority Area: Healthy Futures

Performance Measure Title: Prevention Education and Outreach

Service Category: HIV/AIDS

Strategy to Achieve Results

Briefly describe how you will achieve this result (Max 4,000 chars.)

Between August 2010 and July 2011, members will provide HIV prevention education presentations to schools and community groups and will facilitate small group risk-reduction sessions.

Result: Output

Result.

30 members will conduct 1,000 HIV prevention education sessions, reaching a total of 10,000 people at risk for HIV/AIDS.

Indicator: H4: Clients participating in health education programs.

Target : 30 members will conduct 1,000 HIV prevention education sessions, reaching a total of 10,000 people at risk for HIV/AIDS.

Target Value: 10000

Instruments: Client-based Service Tracking Form

PM Statement: 30 members will conduct 1,000 HIV prevention education sessions, reaching a total of 10,000 people at risk for HIV/AIDS.

Result: Intermediate Outcome

Result.

Seventy-five percent of participants of prev. ed. sessions responding to post-session surveys will report an increase in knowledge of HIV transmission, prevention, testing, and awareness of their own risk factors.

Indicator: participants

Target : Seventy-five percent of participants of prev. ed. sessions responding to post-session surveys will report an increase in knowledge of HIV transmission, prevention, testing, and awareness of their own risk factors.

Target Value: 7500

Instruments: Prevention Education Presentation Post-session Survey and tally sheets. The post-session survey may include a question formulated, "Based on what you knew before the session, did your knowledge of HIV transmission (prevention, testing, etc.) increase?"

PM Statement: Seventy-five percent of participants of prev. ed. sessions responding to post-session surveys will report an increase in knowledge of HIV transmission, prevention, testing, and awareness of their own risk factors.

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Subapplicants

<u>ID</u>	<u>Organization</u>	<u>Amount Requested</u>	<u>Amount Approved</u>	<u># FTEs Requested</u>	<u># FTEs Approved</u>	<u>Status</u>
Totals:		\$0	\$0	0.00	0.00	

Required Documents

Document Name

Status

Evaluation

Already on File at CNCS

Federally Approved Indirect Cost Agreement

Sent

Labor Union Concurrence

Not Applicable