



Dear Colleague,

Through a partnership with the Centers for Disease Control and Prevention Division of Adolescent and School Health (CDC DASH), AIDS Alliance is offering capacity building assistance to help community-based organizations initiate or improve HIV prevention programs for African American and Latina teen girls, ages 13-18. We currently have six openings for community-based organizations to receive free, comprehensive capacity building assistance through the Girls 4 HOPE (Health, Opportunities, Prevention & Education) Program, and I encourage you to apply. Enclosed is an overview of the program and application materials.

AIDS Alliance for Children, Youth & Families entered this partnership with CDC DASH to respond to the crisis of HIV/AIDS among African American and Latina teen girls who are becoming infected with HIV far out of proportion to their numbers. Together, African Americans and Latinas account for more than 84 percent of teens girls with AIDS, a clear demonstration of the need for more and better culturally competent HIV prevention services for these teen girls. Through Girls 4 HOPE, AIDS Alliance can help your organization build strong culturally and linguistically appropriate youth-centered HIV prevention interventions for African American and Latina teen girls and support staff in connecting parenting adults with their adolescent girls to create stronger, more effective HIV prevention programs.

AIDS Alliance for Children, Youth & Families is the national voice for women, children, youth, and families living with HIV/AIDS and the programs that serve them. We believe that HIV/AIDS care and prevention programs must be family and youth-centered, culturally competent, and comprehensive.

Thank you for your interest in AIDS Alliance and the Girls 4 HOPE Program. For more information, contact Ximena Marquez or Candace Webb at (202) 785-3564.

Sincerely,

A handwritten signature in blue ink that reads "Mildred Williamson".

Mildred Williamson
Interim Executive Director



Health, Opportunities, Prevention & Education
Capacity Building Assistance Program for Community-Based Organizations

APPLICATION INSTRUCTIONS

REQUIRED DOCUMENTS

The following documents must be provided by the CBO in order to be considered for the Girls 4 HOPE Program:

- Applicant Information Form
- Responses to CBO Expectations page
- Signed letter of commitment by your CBO supervisory staff
- Proposed list of participants for the CBA training
- Letter of reference

Applications must be typed and complete.

APPLICATION SUBMISSION

Please mail the completed application to:

AIDS Alliance for Children, Youth & Families
Attention: Girls 4 HOPE Program
1600 K Street, NW, Suite 200
Washington DC 20006

Or you may fax the completed application to:

202.785.3579, Attention: Girls 4 HOPE Program



Health, Opportunities, Prevention & Education
Capacity Building Assistance Program for Community-Based Organizations

ABOUT US

AIDS Alliance for Children, Youth & Families is a national non-profit membership organization established in 1994 to give voice to and advocate for women, children, youth, and families living with and affected by HIV and AIDS. We are committed to ensuring that no voice is diminished in spirit or volume because of age, race, gender, sexual orientation, or income. Our members are health care providers, researchers, administrators, and consumers in over 650 community-based care and prevention programs and clinics across the United States. AIDS Alliance provides a range of training and technical assistance to build the capacity of community-based organizations to provide HIV prevention services and care to women, children, youth, and families living with or at risk for HIV and AIDS.

The goal of the Girls 4 HOPE (Health, Opportunities, Prevention and Education) Program is to build the capacity of HIV prevention program staff from community-based organizations to initiate or improve HIV prevention programs for African-American and Latina girls (ages 13-18) and their parenting adults.



Girls 4 HOPE

AIDS Alliance's work in developing the Girls 4 HOPE (Health Opportunities, Prevention & Education) Capacity Building Assistance Program for Community-Based Organizations (CBOs) resulted as an additional need to support CBO program staff serving African-American and Latina teen girls at high risk for HIV infection or currently living with HIV. The need for this CBA program is evidenced by the overwhelming overrepresentation of African-American and Latina teen girls among HIV-positive female youth and the rapid emergence of this population of adolescents as being at particularly high risk for HIV infection. Noting that at least one young American under age 20 was becoming infected with HIV every hour of every day, the Office of National AIDS Policy in 1996 called American youth a "generation at risk." Today, that generation is faced with HIV as the number 1 killer among African American women aged 18-24. Together, African American and Latina teen girls represent the majority of cumulative AIDS cases through 2002, among 13-24 year olds.¹⁻² The statistics demonstrate a clear need for more culturally and linguistically competent HIV prevention services tailored for African American and Latina teen girls.

Goal

The goal of the Girls 4 HOPE Program is to build the capacity of HIV prevention program staff from community-based organizations to initiate or improve HIV prevention programs for African-American and Latina teen girls (ages 13-18) and their parents.

Intended Audience

The Girls 4 HOPE Program is designed specifically for the program staff of CBOs that reach African American and Latina teen girls at high risk for HIV infection and their parenting adults*.

Eligibility Requirements

Eligible Community-Based Organizations must:

1. Be seeking to initiate or improve HIV prevention programs for African-American and Latina teen girls at high risk for HIV infection.
2. Be located in a geographic area of the United States with a disproportionately high prevalence and incidence of HIV/AIDS among African American and Latina teen girls.
3. Have a willingness and capacity to commit to conducting an agency information assessment to identify agency's capacity-building needs.
4. Complete the Applicant Information Package.

* Parenting Adults are significant adults/caregivers in the lives of teen girls.

Methods

The Girls 4 HOPE Program is designed to provide CBA that is tailored to the individual needs of CBOs that are in most need of support in initiating or improving their youth and parenting adult programs aimed at preventing HIV infections among African American and Latina teen girls (13-18 years old).

Through the Girls 4 HOPE Program, your staff will receive tailored capacity-building assistance through written and electronic correspondence, telephone consultations, and on-site training, as well as through our website, conference presentations, and publications, all at no cost to your organization.

The Girls 4 HOPE CBA partnership with CBOs will run between nine to twelve months, based upon the individualized needs of each CBO.

Capacity Building Assistance Topic Areas

The needs for capacity building assistance are distinctive for different community-based organizations. Therefore, AIDS Alliance offers assistance in the following topic areas:

- Cultural competency
- Stages of Adolescent Development
- Youth-Centered and Parenting Adult Programs
- Program Planning
- Program Delivery
- Program Evaluation
- Parental Empowerment and Sexual Health Communication Program Resources for Engaging & Working with Parenting Adults
- African American and Latina teen girls Empowerment and Sexual Health Communication - I'm not if this is the name we want for the youth section Program Resources for Engaging & Working with African American & Latina teen girls (13-18 years)

We hope that the Girls 4 HOPE Program will help CBO program staff to effectively build strong culturally and linguistically youth-centered HIV prevention interventions for Latina and African American teen girls and their parenting adults.

What is Capacity Building Assistance?

According to the Centers for Disease Control and Prevention Division of Adolescent and School Health (CDC DASH), capacity building assistance is the transmission of the knowledge, skills, expertise and attitudes that will strengthen the core competencies essential for organizations to improve the delivery, effectiveness, and sustainability of disease prevention and health promotion programs for youth.

Capacity refers to an organization's ability to achieve its mission effectively and to sustain itself over the long term. Capacity also refers to the skills and capabilities of individuals (The Alliance for Nonprofit Management). Capacity is an outcome or condition to be achieved, whereas capacity building is a process by which capacities are enhanced (World Bank, United Nations).

References

¹ Centers for Disease Control and Prevention, *HIV/AIDS Surveillance Report 2004*, Vol. 16. Available at: www.cdc.gov/hiv/stats/2004surveillancereport.pdf.

² DHHS, *HIV/AIDS Surveillance Report Table 16 34-35*.



APPLICATION

CBO CONTACT INFORMATION

1. CBO Name: _____
2. Contact Name: _____
3. Job Title/Position: _____
4. Mailing Address: _____

5. Work: _____
6. Fax: _____
7. E-mail: _____
8. CBO Web Site: _____

CBO ORGANIZATION INFORMATION

10. Executive Director: _____
11. Program Director/Coordinator: _____
12. How long has your CBO been in operation? *(Please select one)*
 <1 year 1-3 years 3-5 years 5-10 years > 10 years
13. Does your CBO have a 501(c) (3) status?
 Yes No
14. Are you a faith-based organization?
 Yes No

15. What is your CBO's source of income? (Please check all that apply)

- Federal
 State
 Local
 Private
 Generated Revenue

16. What services does your CBO provide? (Please check all that you provide)

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Advocacy | <input type="checkbox"/> Drug Assistance | <input type="checkbox"/> HIV/STI Prevention | <input type="checkbox"/> Nutritional Counseling |
| <input type="checkbox"/> After school programs/services | <input type="checkbox"/> Day/Childcare | <input type="checkbox"/> Home Health Services | <input type="checkbox"/> Outreach Services |
| <input type="checkbox"/> Assessment | <input type="checkbox"/> Dental Services | <input type="checkbox"/> Hospice | <input type="checkbox"/> Pastoral Counseling |
| <input type="checkbox"/> Alternative Therapy | <input type="checkbox"/> Domestic Violence | <input type="checkbox"/> Housing Referrals | <input type="checkbox"/> Peer Education |
| <input type="checkbox"/> Bereavement | <input type="checkbox"/> Drug Assistance | <input type="checkbox"/> Housing Services | <input type="checkbox"/> Public Policy |
| <input type="checkbox"/> Crisis Counseling | <input type="checkbox"/> Clinical Trials | <input type="checkbox"/> Legal Assistance | <input type="checkbox"/> Recreational Activities |
| <input type="checkbox"/> Clothing | <input type="checkbox"/> Education | <input type="checkbox"/> Meal Preparation | <input type="checkbox"/> Referral Services |
| <input type="checkbox"/> Case Management | <input type="checkbox"/> Financial Assistance | <input type="checkbox"/> Medical Care | <input type="checkbox"/> Substance Abuse |
| <input type="checkbox"/> Custody Planning | <input type="checkbox"/> Foster Care | <input type="checkbox"/> Mental Health Services | <input type="checkbox"/> Support Groups |
| <input type="checkbox"/> Counseling Referrals | <input type="checkbox"/> Funds Organizations | <input type="checkbox"/> Mentoring Services | <input type="checkbox"/> Social Services |
| <input type="checkbox"/> Counseling Services | <input type="checkbox"/> Food Pantry | <input type="checkbox"/> Nutritional Counseling | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Clinical Trials | <input type="checkbox"/> HIV Counseling & Testing Site | <input type="checkbox"/> Outreach Services | <input type="checkbox"/> Tutoring Services |
| <input type="checkbox"/> Other services (please specify) _____ | | | |

CBO PROGRAM INFORMATION

For each of the populations listed below, please check those for which your CBO has demonstrated experience (program development/outreach, peer education, research, advocacy etc.), and briefly describe your CBO's programming experience.

17. Black/African American

- African (specify) _____
 Caribbean Basin (specify) _____
 Other Black/African American (specify) _____

Describe your CBO's experience in providing HIV prevention programming to Black/African American adolescent girls (13-18) and their parents. Also, please state how many teen girls (13-18) and parenting adults your CBO reaches annually and describe any unique or novel approach your CBO currently has in place or are considering putting into place to reach the maximum number of African American teen girls:

CBO PROGRAM INFORMATION (CONT'D.)

Adolescents (13-18 years old) _____

How many girls reached annually? _____

Parenting Adults _____

How many parenting adults reached annually? _____

18. Hispanic/Latino

Central American (specify) _____
 Caribbean Basin (specify) _____
 Mexican American _____
 South American (specify) _____
 Other Hispanic/Latino (specify) _____

Describe your CBO's experience in HIV prevention programming with the following groups within this population group. Also, please state how many teen girls (13-18) and parenting adults your CBO reaches annually and describe any unique or novel approach your CBO currently has in place or are considering putting into place to reach the maximum number of Latina teen girls:

Adolescents (13-18 years old) _____

How many girls reached annually? _____

Parenting Adults _____

How many parenting adults reached annually? _____

19. Which of the following does your CBO hope to achieve?

Initiate new programs tailored for teen girls

If selected, which of the following target populations does your CBO wish to initiate tailored programs for?
(Please select all that apply)

Black/African-American

Hispanic/Latina

Improve existing programs tailored for teen girls

If selected, which of the following target populations does your CBO wish to initiate tailored programs for?
(Please select all that apply)

Black/African-American

Hispanic/Latina

20. Which of the following does your CBO hope to achieve?

Initiate new programs tailored for parents/parenting adults of teen girls

If selected, which of the following target populations does your CBO wish to initiate tailored programs for?
(Please select all that apply)

Black/African-American

Hispanic/Latina

Improve existing programs tailored for parents/parenting adults of teen girls

If selected, which of the following target populations does your CBO wish to initiate tailored programs for?
(Please select all that apply)

Black/African-American

Hispanic/Latina

21. Is your CBO program staff fluent in any language(s) other than English?

Yes

No

If yes, please fill in below:

Language	Speaking			Writing			Reading		
	Fair	Good	Excellent	Fair	Good	Excellent	Fair	Good	Excellent
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

22. How does your CBO provide its programs?

- English only
 Spanish only
 English & Spanish

CBO TARGET POPULATIONS

23. What type of area does your CBO serve? (Please select one)

- Urban
 Suburban
 Rural

24. Ethnic Groups Served by your CBO Programs: (Please fill out the following table)

Target Population	Number Served	Prioritize 1-6 Based on Groups Served
African-American/Black		
American Indian/Alaskan Native		
Asian/Pacific Islander		
Caucasian/White		
Hispanic/Latino		
Other (please list):		

CAPACITY-BUILDING ASSISTANCE SERVICES

25. Which of the following topic areas does your organization wish to receive capacity-building assistance? Your organization has the opportunity to receive capacity building assistance through tailored training & follow-up support. In order to customize trainings for each CBO, please select from the following list of topic areas your organization program staff most needs: (If more than one topic area is selected, then please rank the topic areas on a scale of 1-8, with: 1 representing the topic area most needed and 8 representing the topic area least needed.)

Category	Rank
<input type="checkbox"/> Cultural Competency	_____
<input type="checkbox"/> Stages of Adolescent Development	_____
<input type="checkbox"/> Youth-Focused HIV Prevention Programs	_____
<input type="checkbox"/> Program Planning	_____
<input type="checkbox"/> Program Delivery	_____
<input type="checkbox"/> Program Evaluation	_____
<input type="checkbox"/> Parental Empowerment and Sexual Health Communication	_____
<input type="checkbox"/> African American & Latina Teen Girls Empowerment and Sexual Health Communication	_____

26. Does your CBO staff require capacity-building assistance services in:

- English only
 Spanish only

CBO COLLABORATIONS

27. Currently, what types of organizations does your CBO collaborate with in your community?

28. In what ways does your CBO collaborate with other organizations?

CBO EXPECTATIONS

29. CBO Objectives for Participation in Capacity-Building Assistance Program

List one or more (*at least one*) specific, measurable objectives that your CBO intends to meet by participating in the Girls 4 HOPE Capacity Building Assistance Program for Community-Based Organizations.

For example:

- *Upon completion of the CBA, our program staff will have designed a logic model that plans, strengthens and evaluates self-esteem, health and empowerment in after-school programs for Latina teenage girls (13-18).*
- *Upon completion of the CBA, our program will have initiated a peer-based sexual health promotion and HIV/STI prevention program for African American teenage girls (13-18).*
- *Upon completion of the CBA, our program will have increased the parental participation of the African American and Latina teenage girls (13-18) involved in our youth drop-in center by recruiting, training and retaining at least 4 parenting adults of African American and Latina teenage girls (13-18).*

30. Proposed List of Participants in the Capacity-Building Assistance Training

Please provide a list of the individuals from your CBO whom will participate in the Girls 4 HOPE Program.

Note: It is highly recommended that you have at least 2 African American or Latina teenage girls (13-18)/young female adults (19-24) and at least 2 parenting adults of an African American or Latina teenage girl that will be meaningfully included and involved in the Girls 4 HOPE Program.

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

31. Administrative Support and Commitment

Submit a letter of support from supervisory staff (your direct supervisor, executive director, or other supervisory administrator). The letter must indicate the organization's commitment to providing logistical needs (physical space, audio visual equipment as needed, etc.) for the on-site visit and CBA training as well as full support and commitment by your CBO Executive Director for your program staff's participation in the six to nine months of the Girls 4 HOPE Program.

32. Letter of reference

Please provide a letter of reference from one of the following:

- A local health department that your CBO partners with
- An African American or Latina teen girl or a parent of an African American or Latina teen girl that participates in your CBO HIV prevention programs
- Any partnering organizations
- Your CBO Consumer Advisory Board
- Your Board Chair

33. How did you find out about the Girls 4 HOPE Program?

- AIDS Alliance Listserv
- CHEN (Comprehensive Health Education Network)
- National Association of County and City Health Officials
- National Council of Women's Organizations
- National Latina Health Network
- State/County Health Department
- Other (please specify) _____

Thank you for completing your application!

Please return your completed application no later than:

Friday, December 14, 2007

5:30 p.m. EST

to:

AIDS Alliance for Children, Youth & Families

Attention: Girls 4 HOPE Program

1600 K Street, NW, Suite 200

Washington, DC 20006

Or fax to:

202.785.3579

Attention: Girls 4 HOPE Program

Applicants will receive a form of application status by the end of January 2008.

If you have any questions, please feel free to contact:

Ximena Marquez

Project Manager for Training & Education

E-mail: xmarquez@aids-alliance.org

Phone: 202.785.3564 ext.14

Fax: 202.785.3579

Candace Webb

Program Associate for Training & Education

E-mail: cwebb@aids-alliance.org

Phone: 202.785.3564 ext. 24

Fax: 202.785.3579



CRITERIA FOR ASSESSING APPLICANT INFORMATION PACKAGE

<u>Check List</u>	<u>Scoring Criteria</u>	<u>Point Value</u>
<input type="checkbox"/>	Application information is complete.	1 Point
<input type="checkbox"/>	A list of current organization your CBO collaborates with in your community	2 Points
<input type="checkbox"/>	CBO objectives for participation in the Girls 4 HOPE Program are included.	4 Points
<input type="checkbox"/>	CBO included a proposed list of participants to participate in the Girls 4 HOPE Program.	4 Points
<input type="checkbox"/>	CBO included a proposed list of youth and parenting adults involved in their African-American and Latino youth-related programs to participate in the Girls 4 HOPE Program.	4 Points
<input type="checkbox"/>	CBO included a signed letter of support and commitment from their supervisory staff (e.g., from your direct supervisor, executive director, or other supervisory administrator).	2 Points
<input type="checkbox"/>	A letter of reference from the list given in the application is included.	2 Points
<input type="checkbox"/>	Application was submitted on time.	1 Point
	Applicant meets all eligibility criteria	20 points