



Request for Proposals
2026 San Diego HIV Funding Collaborative Funding Cycle Due
March 14th, 2026

Please submit your application electronically to:

The Human Dignity Foundation

Abby@TheHDF.Org

The San Diego HIV Funding Collaborative (SDHFC) in collaboration with Think Red, Inc. and other funders, is issuing this competitive Request for Proposals (RFP) to 501(c)(3), community-based organizations providing HIV/AIDS prevention & education and/or care & treatment programs and services.

How can SDHFC funds be used?

Funds may be requested to support any one of the following three major funding areas: 1) Strengthening systems for HIV/AIDS coordinated service sites, 2) HIV/AIDS prevention & education services, or 3) HIV/AIDS care & treatment services. Organizations may apply for only one category of funding and may submit only one proposal per funding cycle. HDF funds cannot be used to supplant any other funding source and should be considered funding of last resort.

Strengthening Systems for HIV/AIDS Coordinated Service Sites

(Operating Support)

The SDHFC is committed to making support available to agencies that utilize the coordinated service center model, which effectively increases access to care for the traditionally underserved. With the continuing dramatic decline in public funding, HDF believes it is critical to prioritize funding for these agencies that function as community "anchor points" in the county-wide continuum of HIV care.

The goal of this funding is to support ongoing systemic efforts that strengthen and/or improve integration of service delivery. Programs are eligible for this category of funding if they are a coordinated service site or an early intervention site offering the below-listed minimum services on site to San Diego County populations who are infected with or at high risk for infection by

HIV/AIDS, particularly those who are traditionally hard-to-reach and/or underserved and highly impacted by the HIV/AIDS epidemic.

- 1. Strong, demonstrated linkages to HIV/AIDS primary medical care services or HIV/AIDS primary care services on site**
- 2. HIV testing & counseling and early intervention services**
- 3. HIV/AIDS medical case management including benefits eligibility screening and appropriate referrals to supportive services**
- 4. HIV/AIDS outreach programs to ensure an increased inclusion of those living with HIV/AIDS who are traditionally underserved**
- 5. Linkage to preventive services (including PrEP education and access) for atrisk populations**

This funding may support organizational capacity building activities that will strengthen the ability of the HIV/AIDS service provider to improve service delivery.

HIV/AIDS Prevention & Education Services (Prevention and Education)

Programs are eligible for funding if they offer the specified HIV/AIDS prevention and education services to target populations in San Diego County who are at high-risk for HIV infection, particularly those who are traditionally hard-to-reach and/or underserved and are highly impacted by the HIV/AIDS epidemic. Eligible activities include any single one of the following services or any combination of the two following services.

- 1. Outreach to hard-to-reach, high-risk populations which results in successful completion of HIV testing.**
- 2. HIV/AIDS counseling & testing that successfully results in linkages to primary care**

The primary goal of such programs must be to increase the number of people among high-risk categories who know their HIV status AND connect those who are HIV positive to medical care. Outcome evaluations must include the number of clients who have successfully learned of their HIV status (and who did not previously know), and/or the number of clients who know their status and are now, because of the intervention, currently in care who were not in care last year. SDHFC also requires that all prevention programs considered for funding utilize "evidence-based prevention interventions." HDF defines "evidence-based interventions" in the excerpt below:

Evidence-based HIV prevention interventions (EBIs) are either based on scientifically proven models or are intentionally designed based on behavioral or social research and include at least basic process and outcomes evaluation to help improve the intervention and determine effectiveness. While evidence-based interventions in the CDC's Diffusion of Evidence-Based Interventions (DEBI) project are eligible, HDF's definition of EBIs also includes those which may NOT be included in the CDC's DEBI project, but for which agencies can articulate clear theory, a foundation of research (either through formative

research, literature analysis, etc.), and thoughtful process and program evaluation which informs ongoing intervention refinement.

HIV/AIDS Care & Treatment Services (Care and Treatment)

Programs are eligible for funding if they offer the specified services to San Diego County populations who are infected with HIV, particularly those who are hard to reach and/or underserved and are highly impacted by the HIV epidemic. Eligible activities include any of the following services.

- 1. Medical Case Management**
- 2. Behavioral Health**
- 3. Childcare/babysitting for related healthcare services**
- 4. Home delivered meals or services**
- 5. Hospice services**
- 6. Legal services**

The primary goal of such programs must be to assist people living with HIV in accessing or sustaining appropriate use of HIV healthcare and treatment.

Note: Additional consideration will be awarded to proposals whose programs focus primarily on those populations who are traditionally underserved and are the highest-risk populations for HIV infection. Specifically, priority will be given to programs who primarily serve men who have sex with men, men who have sex with men and are of color, women, and people with incomes below the federal poverty level. Additionally, we will evaluate how programs and projects with promote collaborative efforts to create gender and culturally sensitive circles of care and services between agencies.

Proposal Guidelines

- Proposals must be submitted electronically in a single PDF document. Required attachments should be scanned for inclusion into this PDF document.
- Proposals should be single-spaced, using 12-point font and 1-inch margins
- The proposal narrative should not exceed three (3) type written, single spaced pages; the budget and budget narrative should not exceed two (2) pages in total.
- At the top of each page, type the name of the implementing organization and program title.
- At the bottom right-hand corner of each page, insert a page number.

- Make certain you submit the signed proposal in the specified order (see next page) and that you complete the grant application fact sheet and organizational summary sheet.

Grant Application Checklist and Order of Submission

The following items MUST be included in this grant application in the specified order.

1. Completed Grant Application Factsheet signed by the Executive Director/CEO and Board President
2. Completed Organization Summary form
3. Completed Proposal Narrative (3-page maximum)
4. Completed Project line-item budget and narrative (2-page maximum)
5. Attachment 1 - IRS 501(c)(3) tax exempt status letter (must be dated in the last 5 years; if older than 5 years, contact the Internal Revenue Service (1-877-829-5500 or visit irs.gov) to request an updated letter
6. Attachment 2 – Submit a list of board members including name and current board title
7. Attachment 3 – Submit your most recent audited financials, including the accompanying management letter
8. Attachment 4 – Submit your most recent, board reviewed un-audited financial statement and balance sheet
9. **PROPOSALS ARE DUE NO LATER THAN 7:00PM (PST) ON MARCH 14th 2026.**

Grant Application Factsheet

Funding Area: (check one)

Prevention and Education

Care and Treatment

Operating Support

Organization's Legal Name:

Organization's Tax ID:

Organization's Mailing Address:

Organization's Phone:

Organizations Website:

Proposed Program Name:

Primary Executive Contact (Name/Title):

Name:	
Title:	
Phone:	
Email:	

Primary Program Contact (Name/Title)

Name:	
Title:	
Phone:	
Email:	

Is this a new or existing program?

Have you previously received SDHFC funds?

If yes, are report/video requirements up to date?

Amount of Request:

Total Program Budget:

Total Organizational Budget:

ED/CEO:	
Name:	
Signature:	
Date:	

Original signatures are required. Scan of signatures is NOT acceptable

Applicant Organizational Summary

1. Please list the full legal name of the organization:
2. Please list the size (in dollars)Of the organization's current annual budget:
3. Please list the percentage of each dollar of revenue which is used to support both management and fundraising costs of your organization (please use the figures from your most recent audited financials).
4. How many volunteers are currently active within your organization?
5. How many employees (both full and part-time) currently work at your organization?
6. Are both the most current annual report and audited financial statements available on the website? (If your organization does not have a website, please indicate how the information is provided to the public.)
7. How many individuals currently serve on your board of directors?
8. Is there currently a list of board members currently available on your website? (If your organization does not have a website, please indicate how this information is provided to the public.)
9. Are any board members compensated by the organization for their board service?
10. Does the organization's board of directors have a formal audit committee in place?
11. Are the organization's financial statements audited by an independent auditor annually?
12. How often does the board currently receive and review the organization's current financial statements?
13. Does your organization have current by-laws in place?
14. Does your organization's board of directors have a conflict of Interest/prohibition on self-dealing policy in place? Are the individual declarations and statements of potential conflict reviewed and revised annually by each board member?
15. Is there 100% participation by your board of directors in fundraising for your organization?
16. Does your organization have a current strategic plan in place and how often are benchmarks and progress evaluated?
17. Does your organization currently have either diversity training or cultural competency policies in place?
18. If your organization receives government funding for your work, in the last 5 years has your organization been cited for substantial non-compliance with the regulations that guide fiscal claims, practices or program service delivery?
19. State the mission of your organization:

A. Proposal Narrate:

B. Target Population(s): This section should briefly describe the target populations for your proposed program. Describe the age, gender, gender identity, ethnicity, mode of transmission geographic location you are proposing to serve. Compare your target population to the epidemiology of the virus in San Diego County. Please also complete the chart below regarding the age, gender, gender identity, and ethnicity. Please discuss the social, cultural, behavioral, and other factors that may put these populations at an increased risk for HIV infection and/or treatment compliance challenges. Please also complete the required chart below with the best data you have available.

Source of date:

Target Population:

Total number of unduplicated clients you are proposing to serve between January 1, 2026 and December 31, 2026 with SDHFC funding?

Gender:

% Total who self-describe as:

Male %	
Female %	
Transgender %	

Age Range:

0-12 %	
13-18 %	
19-24 %	
25-44 %	
45-64 %	
65+ %	

Ethnicity:

Latinx %	
African American %	
Asian/Pacific Islander %	
White %	

Native American %	
Other %	

C. Program, Objectives, and Evaluation: This section should demonstrate sound planning for delivering quality services to the people reached through the program.

1. Briefly summarize the design and content of the activities your program is proposing to implement. If this is a prevention program, please ensure you have listed and described the evidence-based interventions you are planning to use.
2. Briefly describe the key activities you will conduct to achieve your goals (i.e. specifically what you will do as part of your outreach or education, etc.)
3. Briefly describe where, when, and how often the program activities will be conducted. (e.g., specific locations, specific times, mornings, evenings, after traditional work hours, specific proposed numbers, workshops x times per week or month)
4. Process deliverables and outputs. Briefly describe the number of unduplicated clients you will provide program services to and how many total units of service will be provided. Please note proposals that do not include measurable objectives will receive no points for this section.
5. Outcome indicators. Briefly describe what outcomes/impacts will be achieved by this program's activities. Please note client satisfaction is not an outcome variable.
6. Evaluation. Briefly describe your intended evaluation process. How will process output measurements be collected, what information will be collected to determine the impact of the program, and how will that information be collected?
7. If this an ongoing program, please describe the past performance of your program with regards to both outputs and outcomes. Provide justification and evidence for continuing and or expanding these services.

D. Accessing and Engaging the Target Population: This section should demonstrate how you will reach and engage your target population. Describe the strategies you will use to reach your target population. Include how you will market or position your program to make it relevant and valuable to your target population, the specific organizations you will work with, and the community networks you will use to recruit participants and share program information, please include a discussion of how you plan to reach the highly impacted and hard to reach populations amongst your target populations.

E. Budget Template (Two-page limit. Both the budget and budget narrative must be submitted.) Budgeting period January 1, 2026 to December 31, 2026:

Budget Narrative

The following is an **example** of the required budget narrative. Please note: every line item that you are requesting funding for should be included in the budget narrative.

Personnel

- Program Director (name) will oversee all implementation of the program and supervise staff. We are requesting .20 FTE for this position.
- Administrative Assistant (name) will be provided in-kind by the organization. This person will assist the director and perform all administrative tasks.
- Social Worker (name) will provide outreach to the community. We are requesting 100% of the salary for this 1 FTE position.
- Consultant 1 will provide 70 hours of time at \$50/hour to evaluate the program. (If you have selected a consultant, please include the name in the narrative or the line item budget.)

Program Operating Costs

- Educational materials include 500 books at \$5 each to hand out to community volunteers. Other materials include 500 pamphlets at \$2 each; 1,000 brochures at \$1 each; (etc.)
- Office supplies include photocopying, stamps, paper and envelopes. This request is for \$500 towards those supplies. The balance will be given in-kind by the organization.
- Mileage for program staff is requested according to the current Federal Guidelines, up to \$500.

Calculation of Indirect Costs

Indirect costs are calculated at 20% of the total personnel and operating costs. Consultant costs are included in personnel costs. Add the personnel and operating costs together and calculate 20% of that amount.

Supporting Documents: