

## GRANT GUIDELINES

### APPLICATION DEADLINE

#### 2008 Deadlines

**March Round** Application due by December 14, 2007

**June Round** Application due by March 14, 2008

**September Round** Application due by June 13, 2008

**December Round** Application due by September 15, 2008

#### 2009 Deadlines

**March Round** Application due by December 15, 2008

**June Round** Application due by March 13, 2009

**September Round** Application due by June 15, 2009

Grant applications are accepted year-round and proposals are reviewed and awarded quarterly (usually March, June, September and December). We encourage organizations to apply in advance of application deadlines and every attempt will be made to include all proposals at the meeting following receipt; however, some exceptions will be made depending upon volume. Proposals must be in house by the due date and post marked requests will not be accepted. Our office hours are Monday – Friday, 9:00am to 5:00pm. (If required, CDN Business Registration #89111 1650 RR0001)

Upon receipt, you will receive an acknowledgment letter confirming receipt and advise when your request will go forward for Board consideration. If something is missing, you will be notified by one of the members of the review committee who makes the funding recommendations. The Board of Directors of the Fund ultimately makes the final decision and you will be notified with the results within a couple of days after the meeting. A site visit may be required prior to final review of any grant request and successful grantees can expect to receive payment within the following month.

### PROGRAM CATEGORIES

As the M-A-C AIDS Fund continues to evolve and grow, so does our diligence in maximizing the use of our funding. In an effort to streamline our efforts we have identified the following four crucial areas of need affecting the epidemic:

#### **Link Between Poverty and AIDS**

Funding for basic needs such as food and housing to those living with HIV/AIDS.

#### **Models of Care**

Developing hospitals and increasing the number of doctors and nurses in countries that need it the most.

#### **Treatment Adherence**

Developing peer-based programs to help people adhere to their treatment regimes.

#### **Prevention**

Programs with a specific focus on high risk populations such as youth, people over 50, and African Americans

### ELIGIBILITY

Grants are awarded to tax exempt, non-profit organizations that are 501(c) (3) and directly associated with HIV/AIDS.

The M-A-C AIDS Fund does not fund the following:

- Grants to Individuals
- Lobbying activities
- Ongoing general operating expenses or existing deficits
- Endowments, unless they provide a direct service to PWA's
- Capital costs, eg. Bricks and mortar
- Conferences, summits, briefings, PSA's
- Medical research

Typical grant size for program ranges between \$5,000 and \$25,000 depending on scope of project and our past history with an organization. All grants are considered one-time gifts as the M-A-C AIDS Fund does not consider multi-year granting. For renewal requests of same program funding, there is a three year cap and organizations will be restricted to one proposal submission per year.

***With the exception of North American based charities, the M-A-C AIDS Fund does not accept unsolicited international grant proposals.***

#### **GRANT APPLICATION FORMAT AND CHECKLIST**

Please provide all required information in the order listed:

1. Cover Sheet
  - Complete application cover sheet
2. Executive Summary (1 page maximum)
  - Summarize your program: what it is, why it is important, how it will change lives, and why you are qualified to implement it.
3. Organization Information (2page maximum)
  - Please provide a brief description of your organization's history, mission statement, key achievements, current goals and objectives. Describe your current organizational structure including staff and volunteer support.
  - Briefly describe the demographics and the needs of the community or communities your organization serves. Please comment on other organizations in the area addressing the needs of these individuals and your collaborative initiatives with those organizations.
  - Please state what percentage of your overall organization budget goes directly to program versus administrative costs completed in your most recent fiscal year.
4. Program Description (2-3 pages)
  - Describe the proposed program, including purpose, need, and specific services
  - Identify any target populations, the impact of the program along with projected goals, measurable objectives and action plans.
  - Address how and why it will be effective in meeting the program's objectives.
  - Address any collaborations or partnerships and their roles; highlight how the program is strengthened through this partnership.
  - List similar existing projects, if any, and explain how your proposal differs and what effort will be made to work cooperatively
  - Anticipated outcome of the proposed project or program and how outcomes will be measured and evaluated.
  - Provide a timeline of implementation, if applicable
  - If you are a prior grant recipient of the same program for which you are applying, a brief narrative that describes the progress of the program funded should be furnished, if not previously submitted.

5. Program Budget

- Use the Program Budget Form included in the application
- On a separate sheet, describe each expense budget item, how it relates to the program and how the budgeted amount was calculated. Eg. Salaries - Total of \$24,000 =2FTE, 1 Program Manager, 40hrs/wk @ \$20/hr for 20 weeks, 1 Program Assistant, 40 hrs/wk @ \$10/hr. for 20 weeks.
- On a separate sheet, list each revenue amount requested from other foundations, corporations and other funding sources to which this proposal has been submitted. Eg. Foundations – Total of \$10,000 = XYZ Foundation \$5,000, ABC Foundation \$5,000
- List of priority items in the proposal project budget, in the event we are unable to meet your full request.

6. Attachments in the following order:

- A copy of your organization's charitable status [in the U.S., IRS 501(c)(3) status] if this is the first time you are requesting funding from us
- List of Board of Directors with affiliations
- Current fiscal year organization operating budget
- Most recent audited financial statements. If not available, attach most recent Form 990-PF (U.S. organizations only)
- Most recent annual report (if there is none, please note)
- Letters of support from clients, community partners or other funding sources

Please mail 1 hard copy of the completed application to:

**M-A-C AIDS Fund**  
**130 Prince Street, 2nd Floor**  
**New York, NY 10012**

**Electronic requests WILL NOT be accepted.**

For inquiries or questions, please contact us at: [macaidsfund@maccosmetics.com](mailto:macaidsfund@maccosmetics.com).