FORM E: APPLICANT BACKGROUND

This section is worth 25% of the score for each of the funding opportunities included in your Application.

Provide a narrative that responds to the items below. Number your responses and limit your narrative to eight (8) pages. If an item does not apply to you, please indicate this in your response. *If you are applying for more than one funding opportunity, assure that your responses clearly address each of the funding opportunities included in your Application.*

1. Provide the legal name of your organization and any affiliations. Describe its overall purpose or mission statement, and how the activities included in your Application support that mission. Give a brief history of the organization's accomplishments.

2. Briefly describe your organizational structure and attach an organization chart. Describe the governance of your organization (e.g., Board of Directors, County Commissioners Court), including any advisory groups.

3. Please provide a brief overview of the services currently provided by your organization and describe your overall client population. If available, please include summary information on client characteristics such as age, race/ethnicity, gender identity and sex, sexual orientation, and life circumstances and behaviors that increase risk for acquiring or transmitting HIV.

4. For each of the funding opportunities included in your proposal, describe your organization's experience delivering such services, including the number of years of experience. Include quantitative and qualitative data as available.

5. Please describe your organization's experience in working with the priority population(s) included in your proposal. Include the number of years working with each population and describe your experience in delivering the specific services proposed in your application for that population.

6. Describe your history of providing services to culturally diverse populations including racial, ethnic, and sexual minorities, non-cis gendered individuals, transgender persons; and persons with disabilities.

7. Describe your history of collaborating and exchanging referrals with other entities involved in the prevention and treatment of HIV, STD, and/or viral hepatitis in your community and with entities that provide the social/supportive or health services most commonly needed by the priority populations included in your application. The latter group may include entities that are not strictly focused on HIV/STD/viral hepatitis, such as providers of housing or employment assistance.

Response: Click here to enter text.