



**National Minority AIDS Council Grant Writing Trainings Application Form**

**Deadline:** August 20, 2009

*For additional information on the Grant Writing Trainings, contact NMAC at [Grantwritingtrainings@nmac.org](mailto:Grantwritingtrainings@nmac.org) or (202) 483-6622.*

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Organization: \_\_\_\_\_  
Title at the Organization: \_\_\_\_\_  
Address 1: \_\_\_\_\_  
Address 1: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Facsimile: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Website: \_\_\_\_\_

Select ONE Training Option:

- Grant Writers USA – September 3-4, Chicago, IL (2-day training)
- Grant Writers USA – September 8-9, Atlanta, GA (2-day training)
- Grant Writers USA – September 8-9, New York, NY (2-day training)
- Grantsmanship Center – September 14-18, Oakland, CA (5-day training)

What is the applicant’s role in the grant writing process? \_\_\_\_\_

What is your organization’s annual budget? \_\_\_\_\_

What is your organization’s budget for HIV/AIDS services? \_\_\_\_\_

How many members of your staff are people living with HIV/AIDS? \_\_\_\_\_

How many members of your board of directors are persons living with HIV/AIDS? \_\_\_\_\_

Explain how your organization will expand or improve its HIV/AIDS prevention or treatment services through attending this training: \_\_\_\_\_

Briefly describe the services your organization/agency provides.

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Indicate the type(s) of area(s) are serviced: (Check all that apply)

- Rural
- Urban
- Suburban

Please check the population(s) your organization serves. (Check all that apply)

Orientation/Gender:

- Heterosexual Men
- Heterosexual Women
- Gay/Bi-Sexual
- Lesbian/Bisexual Women
- Men Who Have Sex with Men (MSM)
- Transgender
- Other: \_\_\_\_\_

HIV Status:

- HIV+
- HIV-

Age:

- 24 yrs or less
- 25 – 44 yrs
- 45 – 64 yrs
- 65 yrs +

Race/Ethnicity:

- African American/Black
- Asian Pacific/Islander
- Hispanic/Latino
- Alaska Native/Native American
- Other: \_\_\_\_\_

Which of the following describes your organization? (Check all that apply)

- AIDS Service Organization
- Section 330 Community or Migrant Health Center
- Faith-based Organization
- University or college
- Community-Based Organization
- Health Department
- Substance Abuse Treatment Center
- Advocacy Organization
- Publicly Funded Mental Health Center
- Hospital or Hospital-Based Clinic
- PLWH/A Coalition
- Other: \_\_\_\_\_