



## **THE SOAR TRAINING SERIES**

**SUSTAINING ORGANIZATIONAL ABILITY AND RESOURCES**

# **APPLICATION FORM: Regionally-Based Grant Writing Trainings**

### **DEADLINES**

**Atlanta, GA South-East Conference – July 15<sup>th</sup>, 2009**  
**San Francisco, CA West-Coast Conference – August 12<sup>th</sup>, 2009**

To register for the West-Coast or the South-East Regional Conferences under SOAR, hosted by the Division of Technical Assistance, Training and Treatment (TATT) of the National Minority AIDS Council complete and sign the application form and submit the following information for each registrant. Registration is on a “first-come, first-registered” basis. The deadline for submitting your registration for the South-East Regional Conference in Atlanta, Georgia is **July 15<sup>th</sup>, 2009** and the deadline for the West-Coast Regional Conference in San Francisco, CA is **August 12, 2009**.

Hotels for the conferences will be posted on the NMAC website ([www.nmac.org](http://www.nmac.org)) by the end of July 2009 or call NMAC for details at 202-483-6622, ext. 317 for Alaysia Phillips or Myrtelina Gonzalez at ext. 310.

NMAC will not offer on-site registration for South-East and West-Coast Conferences. Please register immediately as available occupancy may be closed well before the deadlines posted in this application.



**APPLICATION FORM**  
**West-Coast or the South-East Regional Conferences**

Name: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Fax: \_\_\_\_\_

Select which Regional Conference you want to attend.

West-Coast    \_\_\_\_\_  
South-East    \_\_\_\_\_

**Training Workshops**

Both conferences offer two (2) days of training on Organizational Sustainability. Participants will have the option of selecting. Please select one training workshop for each of the two-day trainings.

A) Day One of Training (Please select one):

Financial Management/Accounting Systems and Tools    \_\_\_\_\_ (2 hours)

Proposal Development/Evaluation and Need Assessment    \_\_\_\_\_ (2 hours)

B) Day Two of Training: (Please select one):

Fund Development/Sustainability    \_\_\_\_\_ (2 hours)

Program Development/Logic Modeling    \_\_\_\_\_ (2 hours)



Does your Organization or Agency Provide HIV/AIDS Prevention or Treatment Services to African Americans?

Yes \_\_\_\_\_ No \_\_\_\_\_

Briefly Describe the Services Your Organization or Agency Provides.

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

Which of the following best describes your agency's funding sources?  
(Check all that apply)

- \_\_\_\_\_ CDC (directly funded)
- \_\_\_\_\_ SAMHSA
- \_\_\_\_\_ State Health Department
- \_\_\_\_\_ Private Foundation
- \_\_\_\_\_ HRSA
- \_\_\_\_\_ OMH
- \_\_\_\_\_ Other: \_\_\_\_\_

Indicate the type of area served:

Rural \_\_\_\_\_ Urban \_\_\_\_\_ Suburban \_\_\_\_\_

Please check the population your organization serves:

- |   |  |
|---|--|
| <input type="checkbox"/> AIDS Service Organizations | <input type="checkbox"/> Section 330 Community or<br>Migrant Health Center |
| <input type="checkbox"/> Faith-Base Organization    | <input type="checkbox"/> University or College                             |
| <input type="checkbox"/> Community-Based            | <input type="checkbox"/> Health Department                                 |
| <input type="checkbox"/> Substance Abuse Treatment  | <input type="checkbox"/> Advocacy Organization Center                      |
| <input type="checkbox"/> Publicly Funded Mental     | <input type="checkbox"/> Other non-Profit Health Center                    |
| <input type="checkbox"/> Hospital or Hospital       | <input type="checkbox"/> PLWH/A Coalition Based Clinic                     |

Please check the population Your Organizations serves:

- |   |  |
|---|--|
| <input type="checkbox"/> 24 yrs or less | <input type="checkbox"/> Heterosexual Men                |
| <input type="checkbox"/> 25-44 yrs      | <input type="checkbox"/> Heterosexual Women              |
| <input type="checkbox"/> 45-64 yrs      | <input type="checkbox"/> Gay/Bi-sexual Men               |
| <input type="checkbox"/> 65 yrs         | <input type="checkbox"/> Lesbian/Bisexual Women          |
| <input type="checkbox"/> HIV +          | <input type="checkbox"/> Men who have sex with Men (MSM) |
| <input type="checkbox"/> HIV-           | <input type="checkbox"/> Transgender                     |

Name of Participant(s) Attending (*Maximum of Two Participants Allowed*):

- 1- \_\_\_\_\_  
2- \_\_\_\_\_

Title of Participant(s) Attending:

- 1- \_\_\_\_\_  
2- \_\_\_\_\_

We are not accepting “call in” registrations. Applicants may submit the application via fax (202- 483-5387) or mail their registration forms to the following address:

South-East Conference  
Atlanta, GA  
National Minority AIDS Council  
SOAR Training Series  
Attention: Alaysia Phillips  
1931 13th Street, N.W.,  
Washington, D.C. 2009

202-483-6622 Ext. 317  
[aphillips@nmac.org](mailto:aphillips@nmac.org)

West-Coast Conference  
San Francisco, CA  
National Minority AIDS Council  
SOAR Training Series  
Attention: Myrtelina Gonzalez  
1931 13th Street, N.W.,  
Washington, D.C. 2009

202-483-6622 Ext. 310  
[mgonalez@nmac.org](mailto:mgonalez@nmac.org)



For additional information about the Regional Conferences, contact Training Specialist, Jaime Gonzalez in the Division of Technical Assistance, Training, and Treatment at 202-483-6622, ext. 322 or [jgonzalez@nmac.org](mailto:jgonzalez@nmac.org).

