

Atlanta AIDS Partnership Fund

Request for Proposals – “Application for Funding” – CY '08 Grant Cycle

Section I: Funding Request Identification

Organization's Name: Open Hand (Project Open Hand/Atlanta, Inc.)

Organization's Address: 176 Ottley Drive, N.E.

Organization's City: Atlanta

Organization's State: Georgia

Organization's Zip Code: 30324

Organization's Phone: 404-872-8089

Organization's Fax: 404-872-9301

Grant Contact Person's Name: Katherine Otto

Grant Contact Person's Title: Grants Manager

Grant Contact Person's Phone: 404-419-3303

Grant Contact Person's Email: kotto@projectopenhand.org

Priority Area for requested funding: Client Services

Program name for requested funding: Prepared Meals Program

Amount of Requested Funding: \$45,000.00

Total Program Budget \$1,288,414.92 (2007 projection)

Total Organizational Budget \$8,120,050

Potential Personal Visit or Meeting Scheduling Preferences:

You may be required to visit with members of the Allocations Committee and staff. Please indicate here your preferred date and time: You must select only one day and time.

(Please choose a weekday between Monday, September 17, – October, April 17, 2007.

Date: 9/24/07 Time: 10 - 12 pm 12 pm - 2 pm 2 pm - 4 pm

Section II: Proposal Body

Type a narrative that includes each of the following headings: (Not to exceed five pages total for this section.)

1. Description of the need for this project/program

A. Nature of the Problem: Clients who are seriously ill and who do not have the financial means to support themselves have to make tough choices with the little money they may receive from Social Security or Medicare - choosing between using the money for essentials such as shelter, utilities, or food. As some medications require food for appropriate absorption and toleration by the body, this practice is detrimental to their health and causes further complications.

A 2003 supplement (1) to the journal "Clinical Infectious Diseases" listed several nutritional issues may arise during the course of HIV infection:

- Severe malnutrition and weight loss, particularly loss of lean tissue.
- Development of fat redistribution syndrome which may impact use of antiretroviral therapies.
- Development of metabolic abnormalities including dyslipidemia, increased triglycerides, low high-density lipoprotein cholesterol levels, abnormal carbohydrate metabolism, and insulin resistance (2) which may also increase the risk of diabetes and cardiovascular conditions. Also, alterations in bone metabolism. (3)
- Drug-food interactions which influence absorption/serum concentration of medications and side effects, impact viral resistance/suppression – determining effectiveness and tolerability of Highly Active Antiretroviral Treatment (HAART) regimens.
- Anorexia, pain, nausea, vomiting, malabsorption, and diarrhea arising from infections or drug therapies.
- Impact of vitamin or mineral deficiencies, poor nutritional status, food safety and other factors.

The U.S. Department of Health and Human Services/Health Resources and Services Administration's Bureau of Primary Health Care recognizes the key relationship between nutrition services and appropriate care for persons with HIV/AIDS in its 1996 publication "Health Care and HIV: Nutritional Guide for Providers and Clients". (4)

Appropriate nutrition helps:

- support treatment effectiveness – given the documented need for combining certain medications with food
- manage/treat disease and pathological issues such as malnutrition and wasting; and
- prevent disease progression thereby decreasing health care costs and hospital stays as well as improving quality of life and life expectancy.

B. Scope of the problem - local data justifying an increasing need for food among local persons living with HIV/AIDS: The Southeast AIDS Training and Education Center's recent presentation on the Preliminary Findings of the 2007 Atlanta HIV Consumer Survey (5) to the Priorities Committee of the Atlanta Eligible Metropolitan Area (EMA) HIV Health Services Planning Council reported "food pantry" as the third highest service "needed but not received". The presentation also included a preliminary analysis of the utilization of Ryan White Title I CARE Act funded services in the 20-county EMA, which showed 10.9% of the

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RW population served during CY 2006 - 1,170 persons - received "food bank/home-delivered meals" at least once during that period. 15% of them were new clients to the Title I provider. During that same period, 15.6% of the RW population served - 1,680 persons - received nutrition counseling. 21.5% of those persons receiving nutrition counseling were new clients to the Title I provider.

Local AIDS Service Organizations and health care providers continually recognize and support the need to coordinate nutritional support for people living with symptomatic HIV/AIDS through ongoing collaborations with, and referrals of their clients to, POH services. This is demonstrated by the 886 people infected with HIV/AIDS who received more than 303,000 of Open Hand's prepared meals or pantry groceries in 2006, and those who continue to receive and request our services in 2007. (6) The number of persons with symptomatic HIV/AIDS served by Open Hand in 2006 represents an 18% increase over the number served in 2005. Of POH's clients with HIV/AIDS, 80.8% live at or below the federal poverty level, and an additional 18.1% with gross incomes between 101% - 200% of poverty.

2. Description of this project/program

A. What does the program do? This year, Open Hand (POH) begins celebrating its twentieth year supporting a comprehensive Continuum of Care within the Atlanta EMA by providing an essential service for clients who have neither the financial resources nor the strength to cook for themselves. POH continues to serve as the only provider of freshly prepared, home-delivered meals for persons and families living with symptomatic HIV/AIDS in metropolitan Atlanta.

POH's Registered Dietitians design meals to meet individual clients' dietary requirements including HIV/AIDS and/or comorbidities: 2-Gram Sodium, Modified, Mechanical Soft, Low Residue, Diabetic (no added sugar), Low Fat, Low Lactose, Liquid, Renal; as well as those that meet individual or cultural preferences: No Fish, No Red Meat, No Pork, and Vegetarian. They also provide an important additional level of support for clients' needs via individualized nutrition assessments and diagnosis, individualized nutrition education and counseling, contact with the primary care provider, and monitoring and follow-up of health outcomes impacted by nutritional status. These services allow for the early identification and treatment, as well as the prevention of progression, of many nutrition-related illnesses and conditions associated with HIV/AIDS.

B. What the requested funds will accomplish: Open Hand respectfully requests \$45,000.00 for our Prepared Meals Program, which provides two freshly prepared nutritious meals and a snack bag daily to medically certified, low-income, persons living with symptomatic HIV/AIDS in metropolitan Atlanta. The amount requested will provide 7,550 meals - equivalent to a full year's worth of meals for 10 clients and four months' worth of meals for an additional client.

C. Who does the program serve? POH serves clients without regard to sex, race, age, sexual orientation, religion, political affiliation, or national origin. POH's delivery includes any address within the I-285 perimeter and areas of Bartow, Butts, Carroll, Clayton, Cobb,

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DeKalb, Douglas, Fayette, Floyd, Gwinnett, Henry, Rockdale, Spalding, Troup, and Walton counties outside of the I-285 perimeter.

3. Project/program implementation plan, major milestone dates and expenditures

A. How the program is implemented and milestones: Open Hand collaborates with all metropolitan Atlanta AIDS Service Organizations to assure access to needed food and nutritional support for all persons living with symptomatic HIV/AIDS whose health complications impair their ability to provide or prepare meals for themselves. Caseworkers and healthcare providers refer and provide written certification of the symptomatic HIV/AIDS diagnosis and the level of nutritional support needed by clients. Meal delivery begins within 24 hours of determination of eligibility for the program.

Agency staff and approximately 100 volunteers per day meet the daily, ongoing milestones of preparing, packaging and delivering meals to each client. POH actively seeks partners such as civic organizations, churches and other nonprofit agencies in outlying areas to help expand services to more people living with symptomatic HIV/AIDS who are in need of nutrition services. POH's Registered Dietitians offer group nutrition education classes and individual nutritional assessments, diagnosis, nutrition care planning and counseling, follow-up and monitoring of health outcomes, and contact/information sharing with clients' primary care providers for improved management of clients' health status.

B. How the AAPF award will be used: Open Hand presents a budget in terms of unit cost, at the rate of \$5.96 per meal. Services donated by POH's volunteers allow 88% of the total agency budget to be spent on direct client services. A grant in the amount of \$45,000.00 will allow Open Hand to purchase food, juice, nutritional supplements, and containers for the preparation and delivery of 7,550 freshly prepared, nutritious meals - equivalent to a full year's worth of meals for 10 people and four month's worth of meals for an additional person living with symptomatic HIV/AIDS in metropolitan Atlanta. Support at this level would represent 3.49% of the total number of prepared meals Open Hand provides to persons living with symptomatic HIV/AIDS in metropolitan Atlanta, based on projections for 2007.

4. Specific objectives and outcomes expected from this project/program

Open Hand's objectives and outcomes are as follows:

Objective 1: To provide two meals and a snack bag daily to clients in metro Atlanta living with symptomatic HIV/AIDS.

Anticipated Outcome 1: Between 1/1/08 and 12/31/08, with an award of \$45,000.00, 7,550 meals will be cooked, packaged, and delivered to clients living with symptomatic HIV/AIDS.

Objective 2: To provide appropriately balanced nutritious meals and Medical Nutrition Therapy services to clients living with symptomatic HIV/AIDS in metropolitan Atlanta.

Anticipated Outcome 2a: At least 70% of POH clients answering the annual Client Satisfaction Survey will report specific positive results for their health since enrollment in the Prepared Meals Program.

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Anticipated Outcome 2b: At least 70% of clients who participate in individual Medical Nutrition Therapy services will have follow-up measure levels of hydration and lean body mass demonstrating improvement or maintenance since initial assessments.

Objective 3: Operate without a waiting list.

Outcome 3: Refrain from maintaining a waiting list by starting meal deliveries to clients within 24 hours after meeting enrollment criteria – referral by a health care provider or caseworker and in receipt of a completed medical certification form.

5. Plan for evaluating success/achievement of specific objectives and outcomes

Open Hand measures Objectives 1 and 3 by tracking in the Client Services data system the number of persons receiving services, the date of initial delivery, and the number of meals provided.

Objective 2a is measured by annual Client Satisfaction Surveys regarding the agency's performance and services. In 2006, the survey was redesigned and offered for the first time by telephone, and web survey, in addition to paper copy delivered with clients' meals. In order to measure impacts of services offered, questions were added concerning any improvements in specific health measures their health care providers had told them of since receiving the meals, as well as their personal opinions of the impact of receiving meals. Aggregate results indicate 59.8% of clients found the meals provided by POH helped them to live in their own residence, while 23.6% of clients reported the meals helped their family stay together. Additionally, clients with HIV/AIDS receiving prepared meals reported their health care providers had told them:

- 25.6% - their blood pressure had improved.
- 20.7% - their cholesterol levels had improved.
- 11.1% - their blood sugar (blood glucose) levels had improved.
- 2.4% - their triglycerides had improved.
- 2.4% - their physicians lowered the number of and/or dosage of medication required.

These clients also reported the following health improvements as a result of the meals they receive from POH:

- 67.1% - the meals help them maintain a healthy weight.
- 26.8% - the meals help improve their ability to attend doctor appointments.
- 50% - the meals help increase their energy level.
- 37.8% - the meals help improve their mood.
- 47.6% - the meals make it easier for them to take their medications.
- 43.9% - the meals help decrease their level of stress.

POH's dietitians obtain baseline and follow-up measures of height and weight, and measure tissue fat stores and lean body mass for all clients living with HIV/AIDS who participate in individual assessments and other Medical Nutrition Therapy services, to measure the impact of POH services on individual clients' health (Objective 2b).

All methods of program evaluation are compiled by key staff (department heads, grants manager) and used by the Board of Directors to monitor and assure quality for clients and stakeholders.

Section III: Success Factors

Type a narrative that includes each of the following headings: (Not to exceed four pages total for this section.)

1. Community ownership

A. How do agency staff and Board members reflect the population served by the program?

Open Hand currently has 96 employees and 22 Board members - supplemented by more than 1,000 faith-based, university, high school, corporate, community, and civic groups who provide up to 100 volunteers each day. In 2006, these members of the community volunteered 47,000 hours to assist staff in preparing, packaging, and delivering freshly cooked, nutritious meals to individuals whose health has impaired their ability to provide meals for themselves, including 886 unduplicated HIV/AIDS clients who received prepared meals and pantry meals. The large, diverse mix of people allows for solicitation of feedback from a wide variety of people in the quest for improved services.

Staff:

Gender	Number	Percent
Male	50	52.1%
Female	46	47.9%

Clients with HIV/AIDS:

Gender	Number	Percent
Male	632	71.3%
Female	249	28.1%
Transgender	5	0.6%

Race-----

Race	Number	Percent
African-American	50	52.1%
Caucasian	45	46.9%
Asian-Pacific Isl.	1	1.0%

Race-----

Race	Number	Percent
African-American	670	75.6%
Caucasian	213	24.0%
Other	3	0.3%

Ethnicity-----

Ethnicity	Number	Percent
Hispanic/Latino	0	0 %
Non-Hispanic/Lat.	96	100 %

Ethnicity-----

Ethnicity	Number	Percent
Hispanic/Latino	24	2.7%
Non-Hispanic/Lat.	862	97.1%

Board:

Gender	Number	Percent
Male	10	45.4%
Female	12	54.6%

Income-----

Income Level	Number	Percent
< Poverty level	716	80.8%
101-200% poverty	160	18.1%
201-300% poverty	8	0.9%

Race-----

Race	Number	Percent
African-American	4	18.2%
Caucasian	17	77.3%
Asian-Pacific Isl.	1	4.5%

Age-----

Age Group	Number	Percent
0-12 years	18	2.0%
13-24 years	29	3.3%
25-44 years	358	40.4%
45-64 years	460	51.9%
65+ years	21	2.4%

Ethnicity-----

Ethnicity	Number	Percent
Hispanic/Latino	1	4.5%
Non-Hispanic/Lat.	21	95.5%

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B. How persons from the target population are involved in planning, decision-making, implementation and evaluation. Also how target population feedback is obtained.

POH's clients with HIV/AIDS provide feedback and guidance to the agency via the several means: a Consumer Advisory Board, the annual Client Satisfaction Surveys, and the Client Grievance Procedure. Clients provide feedback and make suggestions regarding any level of POH services through several mechanisms. The Consumer Advisory Board (CAB) to provide clients with the opportunity to assist the agency in relation to the services offered to those living with symptomatic HIV/AIDS. Annual Client Satisfaction Surveys ask clients for input regarding the questions about the taste and appearance of meals in an effort to elicit information that is used to change, modify, or eliminate menu items and groceries that do not appeal to clients. The surveys also ask clients to rate their experience with Client Services, Nutrition Services, and Delivery staff members. Newer questions on the Client Satisfaction Survey provide the opportunity for clients to indicate how POH services including the prepared meals and Medical Nutrition Therapy services have impacted their health, their ability to maintain their own independent living situations, and other aspects of quality of life. A client may also make a suggestion or remark regarding POH services through the Client Grievance Procedure.

2. Sound financial management

The Chief Financial Officer and Accounting Manager are guided by an established Accounting Policies and Procedures Manual, which follows Generally Accepted Accounting Principles (GAAP). An independent audit is performed annually, and includes an A-133 Audit which is more in-depth due to federal funding. Open Hand's most recent audit concerns 2005 and 2006. Annual audits are also performed by the Ryan White office, the HOPWA office, City of Atlanta Community Development Block Grant, and Atlanta Regional Commission. The CFO presents financial statements to the board finance committee monthly for their input and review, and the committee also oversees investment policies for the agency. Internal controls are in place to ensure the management of finances - and the agency as a whole - is handled properly in a professional and timely manner.

3. Diversity of funding for this project/program

A. Other funding for this program: Thus far, in calendar year 2007, Open Hand's Prepared Meals Program has received \$4,937.49 in funding specifically from The United Way Community Impact Fund, and \$8,174.36 from The United Way Specific Care Fund.

B. Efforts to ensure diversity of funding resources and funding sustainability. Also, funding sources: Open Hand is committed to meeting the increasing needs of this population, therefore our annual fundraising plans are extensive, seeking both continuation - where possible - of current funding sources and solicitation of new funding sources on an ongoing basis. Through an array of events such as Dining Out for Open Hand, AIDS Walk, Party in the Kitchen, Share Our Strength's Taste of the Nation, and Epicurean Circle events, along with direct mail and telemarketing campaigns and solicitations, POH's funding is diversified with no one category dominating funding sources.

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The projected composition of funding sources for the current year is:

Contracts/Fee for Service (Good Measure Meals).....	70%	Government.....	12%
Foundations.....	4%	Corporate.....	4%
Individuals, including Special Events, Annual Giving, Faith-Based.....			10%

Although POH has throughout the years cultivated strong partnerships with an array of funders, receipt of future funding is not guaranteed, thus our efforts must continue. We consistently research new funding sources and develop ideas for fundraising in order to maintain and grow our current services to meet significant needs within the community. Sustainability and funding issues are addressed in monthly long-range planning meetings of the Executive Director and Board, as well as the Development Committee.

C. In-kind resources:

The total value of in-kind contributions in 2006 was \$361,658, or 4.67% of the total agency "income". Members of the community volunteered approximately 47,000 hours to assist staff in preparing, packaging, and delivering freshly cooked, nutritious meals to individuals whose health has impaired their ability to provide meals for themselves. More than 1,000 faith-based, university, high school, corporate, community, and civic groups partner with Open Hand, providing up to 100 volunteers per day.

Open Hand also collaborates with other food service agencies, such as the Atlanta Community Food Bank, to reduce costs and streamline operations. POH purchases raw food product at discounted rates, which helps keep meal costs to a minimum and thereby allows the agency to provide more meals to more clients.

4. Significant collaborations with other organizations/agencies in the planning and implementation of this project/program

How the agency works with other community organizations to achieve program objectives, and specific tasks performed: To support the comprehensive system of care, Open Hand works with all AIDS Service Organizations and numerous health care providers and case managers in the Atlanta Eligible Metropolitan Area, such as Fulton County Department of Health and Wellness, DeKalb County Health Department, Grady Health System Infectious Disease Program to coordinate needed services for persons and families affected by HIV/AIDS. POH coordinates nutrition services with other organizations and providers as follows:

- * POH Registered Dietitians provide in-service training for case managers regarding Medical Nutrition Therapy and signs/indicators of problems that may warrant nutrition intervention.
- * The dietitian conducts nutrition education and counseling with persons living with symptomatic HIV/AIDS at onsite clinics of AID Atlanta, Crawford Long Hospital Infectious Disease Program, and St. Joseph's Mercy Care Services.
- * The dietitian also conducts nutrition education classes at HOPWA housing facilities and other residential facilities and agencies such as The Edgewood, Matthew's Place, Legacy House/Village, and Jerusalem House, as well as visits clients in their own homes to assess and to guide them concerning individual nutritional needs.

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- * POH's Client Services Coordinators provide fact sheets, contact information regarding nutrition services/programs.
- * POH staff members work with case managers and health care providers to receive referrals, obtain the appropriate documentation to enroll clients for nutritional services, and coordinate nutrition support according to individual client needs.
- * When communicated to primary care providers, the information shared regarding clients' nutrition-related concerns may assist health care providers in managing an individual's disease process/health status and lead to further links to needed care/services for clients.

Section IV: Additional Organizational Information

Type a narrative that includes each of the following headings: (Not to exceed two pages total for this section.)

1. Organization's Mission

Open Hand helps people prevent or better manage chronic disease through comprehensive nutrition care which combines home-delivered meals and nutrition education as a means to reinforce the connection between informed food choices and improved quality of life.

2. Organization's History

Open Hand (POH) is a well-respected, locally operated non-profit organization which was founded twenty years ago by a small group of concerned citizens who began preparing and delivering freshly cooked, nutritious meals for 14 people living with AIDS who were too sick to cook for themselves. As the AIDS epidemic continued to grow, so did the need for nutrition services among individuals living with symptomatic HIV/AIDS - to hundreds of meals each day. Along the way, Open Hand next utilized donated kitchen space from St. Bartholomew's Episcopal Church, then moved to Bass High School, before moving into our current facility in 1996. In response to the needs within the metropolitan Atlanta community, POH decided to "make more room at the table" in 2000, expanding our mission to provide prepared meals and nutrition services for homebound seniors and individuals with critical illnesses or disabilities unrelated to HIV/AIDS, who do not qualify for any other existing meal program. POH is now the largest producer and distributor of home-delivered meals in the country and the only organization in Georgia devoted exclusively to meeting the nutrition needs of people with critical, chronic or terminal illness. Our annual budget is now four times what it was in 1996 and our average daily meal count is 4,500 – more than 10 times that of 1996. Recently, Open Hand updated its mission in an effort to emphasize our focus on helping clients to improve their health and/or prevent further complications and disability through the provision of quality nutrition programs and services.

3. Organization's Programs

Open Hand is a nonprofit organization which provides Comprehensive Nutrition Care for a diverse population of men, women and children with unique nutrition needs. Our programs and services are designed to help clients meet their personal goals and objectives for good health and to assist clients and healthcare providers in the early identification and treatment, as well as the prevention of progression, of many nutrition-related illnesses.

Open Hand's registered dietitians plan balanced menus and select products according to the level of nutrition care determined for each client's needs. They also offer Medical Nutrition Therapy (MNT) services. Designed by the American Dietetic Association, services including assessment, diagnosis, intervention, evaluation/monitoring, documentation, and communication with client's primary care provider offer clients with nutrition-sensitive disease the opportunity to improve their health through better food choices and modified behaviors (such as physical activity).

Our Prepared Meals Program provides two freshly cooked meals, combined with snacks or supplements, to meet the daily nutrition needs of low-income men, women and children who

Section V: Endnotes

are dealing with a critical, chronic, or terminal disease; and homebound seniors. Prepared meals are designed by our registered dietitians to meet individual clients' dietary requirements/health conditions: 2-Gram Sodium, Modified, Mechanical Soft, Low Residue, Diabetic (no added sugar), Low Fat, Low Lactose, Liquid, Renal; as well as individual or cultural preferences: No Fish, No Red Meat, No Pork, and Vegetarian.

The Dependent Children's Meals Program provides meals to the dependent children of POH clients, regardless of the child's health status. Open Hand initiated this program upon learning that clients who were parents were dividing their daily meals with their children in order to assure the child received proper nutrition. As natural as the parental instinct to assure their children's needs are met before their own, utilizing the provided meals in this way is ultimately detrimental to the health and well-being of both the child and the client. By providing nutritious meals for both clients and their children, this program aims to maintain both the clients' health and the well-being of the children, preventing malnutrition, and supporting their healthy growth and development.

The Pantry Program provides a weekly supply of nonperishable groceries to low-income, medically-eligible clients who have the ability to prepare their own meals, but who do not have the strength or income to purchase their own groceries.

The Emergency Nutrition Supplement Program provides meal replacement snacks and nutrition supplements to low-income, medically-eligible men, women and children being served by the Grady Infectious Disease Program during extended waits for their health care appointments. Patients who have had dental procedures at Grady may receive mechanical soft meals provided through this program.

The Atlanta Collaborative Kitchen (TACK) provides unemployed or underemployed adults, who often enter the program undereducated with a history of homelessness and employment instability, with training and hands-on experience in culinary arts, job and life skills, preparing and assisting them to attain and retain career positions earning livable wages and benefits in the hospitality/food service industry. The program yields benefits for both its participants, who leave behind poverty and homelessness as they enter the workforce with the skills and confidence to remain productive members of the community, and the many others throughout metropolitan Atlanta who receive nutritious food appropriately prepared by the students for distribution via hunger relief agencies.

4. Organization's Target Audiences

Project Open Hand's meals programs and nutrition services:
 persons living with symptomatic HIV/AIDS and/or other chronic/critical illnesses and disabilities, and their dependent children
 homebound seniors

The Atlanta Collaborative Kitchen:
 unemployed and underemployed individuals desiring career path employment within the foodservice/hospitality industry

Section V: Endnotes

Endnotes of references cited in Section II. 1 and Section II. 2.

- (1) J. Nerad et al: "General Nutrition Management in Patients Infected with Human Immunodeficiency Virus". *Clinical Infectious Diseases* 2003(36):S52-S62.
- (2) M Gelato: "Insulin and Carbohydrate Dysregulation". *Clinical Infectious Diseases* 2003(36):S91-S95.
- (3) K Mondy and P Tebas: "Emerging bone Problems in Patients Infected with Human Immunodeficiency Virus". *Clinical Infectious Diseases* 2003(36):S101-S105.
- (4) Bureau of Primary Health Care, HRSA, DHHS. *Health Care and HIV: Nutritional Guide for Providers and Clients*. May, 1996.
- (5) "Unmet Needs, Service Utilization and Consumer Needs: Preliminary Findings" presented by Southeast AIDS Training and Education Center at the June 26, 2007 meeting of the Priorities Committee of the Metro Atlanta EMA HIV Health Services Planning Council.
- (6) Open Hand's Ryan White CARE Act Data Report for December 2006 and sum of quarterly totals from Ryan White quarterly reports for February 1, 2006 - January 31, 2007.

Section VI: Mandatory and Optional Attachments Checklist

Organization's Name: Open Hand (Project Open Hand/Atlanta, Inc.)

Mandatory Attachments

Please include the following mandatory attachments, **in this order**, after this page.
Please check-off that each of these attachments are included in your "Application for Funding."

- One-Year Budget for Project/Program** for which funding is requested (showing all anticipated sources of revenue to support the project and all expected expenses). Please use model budget included in Guidance package as example when completing your budget *pgs 17-18*
- Current Year's Budget for Total Organization** (including all anticipated sources of revenue and expenses) *pgs 19-24*
- Year-to-Date Financial Report for Total Organization** (as current as possible, but not older than 90 days, showing revenues and expenses against current year's budget) *pg 25*
- Annual Audit Report for Total Organization for Past Year** (if an Audit Report is not available then please include End-of-Year Financial Statements for the past year, in whatever form you deliver these to your Board, and your IRS form 990 for the past year.) *pgs 26-55*
- Listing of current Board of Directors** *pgs 56-57*
- Copy of Organization's most recent 501(c)(3) Tax Exempt Determination Letter** *pg 58*

Optional Attachments

You are not required to provide any additional attachments. However, if you referred to any document in your narrative (i.e.: curriculum, educational materials, pre- or post-tests, evaluation instruments, etc.), please list them here and attach them after this page:

1. Client Satisfaction Survey *pgs 59-62*
2. 2006 Client Satisfaction Survey Results *pgs 63-69*
3. _____
4. _____
5. _____

Project Open Hand – Prepared Meals Program – 2007 Organization Budget
 (2008 Budget Discussions begin in the fall)
 Atlanta AIDS Partnership Fund Request: \$45,000.00
 85% of funding is unrestricted (excluding Ryan White CARE Act funding)

Application for Funding Budget – FY '08 Grant Cycle

	Total Budget	Contracted Services	Federal & Local Govt.	Corporate	Foundation	Other Private	In-Kind Goods	AAPF Request	Total
Budgeted Meals Programs 2007 Income		\$2,655,232	\$2,397,061	\$ 277,500	\$ 271,250	\$ 822,998	\$ 400,000	\$ 45,000	\$ 6,469,041
Agency Revenues for Non-POH Meals Programs									
TACK			\$ 63,788	\$ 317,200		\$ 1,500			\$ 382,488
Good Measure						\$1,214,850			\$ 1,214,850
Total Agency Revenue		\$2,655,232	\$2,460,849	\$ 594,700	\$ 271,250	\$2,634,048	\$400,000	\$ 45,000	\$8,066,379
Budgeted Meals Programs 2007 Expenses									
Personnel Salaries & Fringes	\$3,363,226								\$ 3,363,226
Program Costs (i.e., educational materials, utilities, copying, sheets, etc.)									
Food & Packaging Costs	\$ 1,746,185						\$ 400,000	\$ 45,000	\$ 1,746,185
Equipment Costs	\$ 30,720								\$ 30,720
Food Supplies Costs	\$ 47,700								\$ 47,700
Distribution Costs	\$ 191,070								\$ 191,070
Building & Utilities Costs	\$ 163,573								\$ 163,573
Liability	\$ 106,484								\$ 106,484

Project Open Hand will expend all Atlanta AIDS Partnership award money for the purchase of Food & Packaging expense (i.e., direct program costs).

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Project Open Hand – Prepared Meals Program – 2007 Organization Budget
 (2008 Budget Discussions begin in the fall)
 Atlanta AIDS Partnership Fund Request: \$45,000.00

Insurance & Workers Comp Costs													
Postage, Office & Misc.	\$ 117,223												\$ 117,223
Subtotal	\$ 2,401,955			\$ 400,000							\$ 45,000		\$ 2,401,955
Contract Fees (i.e., include audit, legal, other consultant fees, etc.)													
Outside Fees/ Services – Other	\$ 87,471												\$ 87,471
Other Costs (i.e., transportation, emergency assistance, maintenance, travel, etc.)													
Non meal-delivery Travel	\$ 43,675												\$ 43,675
Volunteer Expenses	\$ 6,000												\$ 6,000
Development	\$ 67,500												\$ 67,500
Capital Expenditures	\$ 8,000												\$ 8,000
Marketing	\$ 77,640												\$ 77,640
Subtotal	\$ 202,815												\$ 202,815
Total POH Meals Programs Expenses	\$6,693,445			\$ 400,000						\$ 40,000			\$ 6,693,445
Non-POH Meals Program Agency Expenses													
TACK	\$ 294,060												\$ 294,060
Good Measure	\$ 1,132,545												\$ 1,132,545
Grand Total Expenses	\$8,120,050												\$ 8,120,050

Project Open Hand will expend all Atlanta AIDS Partnership award money for the purchase of Food & Packaging expense (i.e., direct program costs).