

# **MAKING SURE YOUR APPLICATION MATTERS**

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# GOALS OF THIS WEBINAR

Provide  
general writing  
tips

Introduce you  
to the proposal  
writing

**IF YOU HAVE A QUESTION**

**Email**

**Delatorrej@michigan.gov**



# CALL OUTLINE

- Letter of Intent
- Agency Capacity
- Program Plan
- Budget

# LETTER OF INTENT



Intent to Apply

Alignment of goals between  
funder and application

What services offered to  
who, where

# AGENCY CAPACITY





• History of Agency

• Work with targets

• Memorandum of Agreement

# LINKAGE-TO-CARE/COORDINATION OF SERVICES

- Focus on access to medical and supportive services
- Direct or indirect and explain
- Who, what, and illustrate



# EVALUATION AND QUALITY ASSURANCE



Not punitive

Build capacity

A detailed view

# PROGRAM PLANNING!



# STATEMENT OF NEED



Who, how, what's the need, and what gaps

Segment, illustrate locally

Be specific using local data

# PROPOSED INTERVENTIONS



● YOUR response to the results of your assessments

● Describe the activities, format, and model that you propose

● Evidence (theory, evaluation, illustrate effectiveness)

● Describe and provide rationale for adaptations

● Include outcomes

# SERVICE DELIVERY



Where

How are you going to enroll individuals to your program

Who is going to implement the program?

# GET S.M.A.R.T. WITH YOUR GOALS

## S-Specific

(Who, what, location, requirements)

## M-Measurable

(a way to measure progress like how much, many)

## A-Attainable

(do you have the capacity?)

## R-Realistic

(willing and able)

## T- Timely

(grounded on solid timeframe)

# SAMPLE WORK PLAN

| Sample Work Plan/Time Line   |  |                          |             |             |             |             |             |             |             |             |             |             |             |
|--|--|--------------------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|
|  | Responsible Party                                      | Time Line for Completion |             |             |             |             |             |             |             |             |             |             |             |
|  |  | O<br>c<br>t              | N<br>o<br>v | D<br>e<br>c | J<br>a<br>n | F<br>e<br>b | M<br>a<br>r | A<br>p<br>r | M<br>a<br>y | J<br>u<br>n | J<br>u<br>l | A<br>u<br>g | S<br>e<br>p |
| <b>Objective 1:</b> <i>By September 30, 2000 facilitate 10 home parties for 100 seronegative African American MSM residing in Gotham City.</i> |  |                          |             |             |             |             |             |             |             |             |             |             |             |
| <u>Activity 1.1</u> Recruit and hire project coordinator   | HIV prevention program manager                         | X                        |             |             |             |             |             |             |             |             |             |             |             |
| <u>Activity 1.2</u> train project coordinator  | HIV prevention program manager                         |                          | X           | X           |             |             |             |             |             |             |             |             |             |
| <u>Activity 1.3</u> recruit home party hosts   | project coordinator                                    |                          |             |             | X           | X           |             |             |             |             |             |             |             |
| <u>Activity 1.4</u> develop promotional materials  | project coordinator and party hosts                    |                          |             |             | X           |             |             | X           |             |             | X           |             |             |
| <u>Activity 1.5</u> schedule and advertise home parties  | project coordinator and party hosts                    |                          |             |             | X           |             |             | X           |             |             | X           |             |             |
| <u>Activity 1.6</u> develop evaluation tool  | project coordinator and evaluation specialist          |                          |             |             | X           |             |             |             |             |             |             |             |             |
| <u>Activity 1.7</u> hold home parties  | project coordinator and party hosts                    |                          |             |             |             | X           | X           |             | X           | X           |             | X           | X           |
| <u>Activity 1.8</u> complete activity logs for each home party   | project coordinator                                    |                          |             |             |             | X           | X           |             | X           | X           |             | X           | X           |
| <u>Activity 1.9</u> enter data into HIV Event System   | project assistant                                      |                          |             |             |             | X           | X           |             | X           | X           |             | X           | X           |
| <u>Activity 1.10</u> compile and analyze data from evaluation tool   | project coordinator and evaluation specialist          |                          |             |             |             | X           | X           |             | X           | X           |             | X           | X           |
| <u>Activity 1.11</u> write and submit quarterly narrative report   | project coordinator and HIV prevention program manager |                          |             |             | X           |             |             | X           |             |             | X           |             | X           |
| <u>Activity 1.12</u> report progress and outcome to Board of Directors   | HIV prevention program manager                         |                          |             |             | X           |             |             |             |             | X           |             |             |             |

# YOUR BUDGET NARRATIVE



What you are spending money on?



How are you spending the money?



Reasoning for the expenditures

**ANY QUESTIONS?**

**Send your questions to**  
**[DelatorreJ@Michigan.gov](mailto:DelatorreJ@Michigan.gov)**

**THANK YOU AND HAVE A  
WONDERFUL DAY !**