

TITLE III: CAPACITY BUILDING GRANT PROGRAM

The Title III Capacity Building Grant program funds eligible entities in their efforts to strengthen their organizational infrastructure and enhance their capacity to develop, enhance or expand high quality HIV primary health care services in rural or urban unserved areas and communities of color. Capacity building grant funds are intended for a fixed period of time (one to three years) and not for long-term activities. Capacity building grants do not fund any service delivery or patient care.

For the purposes of this grant program, capacity building is defined as activities that promote organizational infrastructure development that lead to the delivery or improvement of HIV primary care services.

ELIGIBILITY

Eligible applicants must be public or private nonprofit entities that are or intend to become a comprehensive HIV primary care provider. Current Ryan White CARE Act service provider grantees are eligible to apply for funding if they have been a grantee for no more than three years and are serving communities of color, rural or underserved areas. Faith-based and community-based organizations are eligible to apply for these funds.

FUNDABLE ACTIVITIES

Title III Planning Grant activities fall into three infrastructure development categories; Management Systems, Service Delivery Systems, Evaluation Systems.

Some of the fundable activities under these categories can include but are not limited to:

- n Identifying, establishing and strengthening clinical, administrative, managerial, and management information system (MIS) structures;
- n Developing a financial management unit of the organization;
- n Developing and implementing a clinical continuous quality improvement (CQI) program;
- n Purchasing clinical supplies and equipment for the purpose of developing, enhancing, or expanding HIV primary care services;
- n Developing an organizational strategic plan to address managed care changes or changes in the HIV epidemic in your community;
- n A package of activities that includes the development of an organizational strategic plan for HIV care, education of Board members regarding the HIV program, and staff training and development regarding HIV care.

The Ryan White Comprehensive AIDS Resources Emergency (CARE) Act programs work with cities, States and local community-based organizations to provide services to approximately 533,000 individuals each year who do not have sufficient health care coverage or financial resources for coping with HIV disease. The majority of CARE Act funds support primary medical care and essential support services. A smaller, but equally critical portion is used to fund technical assistance, clinical training and research on innovative models of care. The CARE Act, first authorized in 1990, is currently funded at \$1.9 billion.

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