

AIDS Walk Miami Co-Beneficiary Teams Program 2020 Guidelines and Application

Please complete and submit by **March 15, 2020** to jwelsh@careresource.org,
Contact Jonathan Welsh, Assistant Director of Communications & Development, (305) 576-1234, EXT. 249.

OVERVIEW

In recognition of the need for our community organizations to work together to end the HIV/AIDS epidemic, AIDS Walk Miami 2020 will benefit partnering organizations. Our goals are to:

1. Increase funding to support programs and services focused on HIV/AIDS prevention, treatment, and outreach services and/or on LGBTQ+ equality;
2. Promote local organizations and nonprofits across South Florida focused on these goals;
3. Give local organizations and nonprofits the opportunity to raise additional funds to support their work.

In order to reach these goals, approved organizations and nonprofits can form teams of walkers, and **90% of the funds raised by those teams will be awarded back to the organization / nonprofit**. (Ten percent will be retained by AIDS Walk Miami to help defray a portion of event production costs.)

ELIGIBILITY

HIV/AIDS or LGBTQ+-specific organizations and nonprofits providing HIV/AIDS and/or LGBTQ+ equality-specific services are eligible if they operate within Miami-Dade or Broward County.

Eligibility requirements:

- Funding must be used for HIV/AIDS and/or LGBTQ+ equality-related services, including fundraising and administrative costs;
- Teams must send in their applications by March 15, 2020;
- Teams must register by March 30, 2020 on aidswalkmiami.org;
- Team leaders must serve as part of the larger AWM organizing committee;
- Team leaders must attend bi-weekly AWM committee conference calls;
- Teams must register with a minimum team goal of \$1,000;
- Teams must promote AIDS Walk Miami through their own social networks.

CRITERIA AND AGREEMENTS FOR AWARD

Co-beneficiary team members must adhere to the same deadlines and rules as other teams in order for the funds to qualify.

LOGO USAGE: teams must agree that prior to using AIDS Walk Miami logo or name in any fundraising materials, *must have prior written approval from Jonathan Welsh.*

DONATION ACCEPTANCE AND CASH HANDLING:

In order to maintain AIDS Walk Miami's integrity and ensure GAAP (Generally Accepted Accounting Principles) compliant accounting for AIDS Walk Miami revenues, **ALL FUNDS MUST BE PAYABLE TO "AIDS WALK MIAMI."**

Receipt or deposit of funds raised from AIDS Walk Miami-related fundraising efforts by any co-beneficiary team (in cash, or in the form of a check made payable to the co-beneficiary organization) is in violation of the guidelines. Any team that receives or deposits such funds will have its participation in the program terminated and will be banned from future participation.

All contributions must be received by AIDS Walk Miami either in our office at 3801 Biscayne Blvd, Suite 220, Miami, or via the AIDS Walk Miami online fundraising platform, by **5 PM May 29, 2020** in order to count toward the team total and be considered for award eligibility. **No exceptions.**

DISPUTE RESOLUTION:

AIDS Walk Miami retains the authority to cancel this agreement at any time if a participating organization/co-beneficiary team violates any policy set forth in the agreement. AIDS Walk Miami is the sole arbiter of any disputes concerning eligible walkers and of funds to be distributed.

DATES AND DEADLINES

Application forms available beginning: February 17, 2020

Application forms due: March 15, 2020

AIDS Walk Miami email notification of approval sent on or after: March 23, 2020

Team registration on aidswalkmiami.org: March 30, 2020

All donations must be received by AIDS Walk Miami by: 5PM May 29, 2020

Checks for teams issued: September 2020

APPLICATION COMPONENTS:

1. Organization summary
2. Mission statement
3. Description of HIV/AIDS program to be funded
4. List of current staff and board
5. Financial information
6. Agreement
7. Signed W-9
8. Signed 990
9. IRS 501 (c)(3) determination letter confirming tax-exempt status.

APPLICATION

1. Organization Summary

Organization Name: _____

Program(s) to be funded: _____

Executive Director: _____

Phone: _____

Email: _____

Contact Information:

Name: _____

Title: _____

Phone: _____

Email: _____

Address: _____

City: _____

State: _____

Zip: _____

Web: _____

Organization Federal EIN#: _____

2. Mission Statement

3. Description of HIV/AIDS and/or LGBTQ+ program(s) to be funded

4. List of Staff and Board (in alphabetical order, sorted by Last, First)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

5. Financial Information

What percentage of your organization's total budget is for HIV/AIDS related services?

What percentage of your organization's total budget is for LGBTQ+ equality related services?

6. Agreement

Through this agreement and my signature below, our agency is confirming participation as a co-beneficiary team for AIDS Walk Miami 2020. I have read and agree to the Program Guidelines as contained in this document. We agree to abide fully by the Program Criteria and Agreements for Award.

We understand that our organization's participation as a co-beneficiary team is not confirmed until we receive official email notification from AIDS Walk Miami. (Notification is anticipated to be sent on or after March 23, 2020).

Digital signature is acceptable.

Authorized Signature:

_____ Date: _____

Name: _____

Title: _____