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## AIDS Walk San Francisco Co-Beneficiary Teams Program 2019 Guidelines

Please complete and submit by **May 10, 2019** to [patriciao@aidswalk.net](mailto:patriciao@aidswalk.net)  
Questions? Please contact Patricia O'Brien at 415.615.9255 (WALK).

### OVERVIEW

The Co-Beneficiary Teams Program is a key part AIDS Walk San Francisco.

The Co-Beneficiary Teams Program was created out of the desire to directly involve as many qualifying AIDS Service Organizations (ASOs) as possible in this iconic event involving thousands from across the Bay Area. Our goals are to:

1. Increase funding for programs and services addressing the greatest unmet needs in the fight against HIV/AIDS;
2. Help organizations across the Bay Area achieve their individual HIV/AIDS related service goals; and
3. Provide a vehicle for small and medium-sized community-based HIV/AIDS organizations to raise additional funds to support their work **with no financial risk to themselves**.

In order to achieve these goals, approved agencies can form teams of new and returning eligible walkers, and **80% of the funds raised by those eligible walkers will be awarded back to the agencies**. (Twenty percent will be retained by AWSF to help defray a portion of event production costs). The Co-Beneficiary Teams Program is designed to expand the number of fundraising walkers without drawing from the existing base of AIDS Walk participants or teams whose fundraising supports the lead beneficiaries.



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## ELIGIBILITY

HIV/AIDS-specific organizations and nonprofits providing HIV/AIDS-specific services are eligible if they operate in the following California counties: Alameda, Contra Costa, Marin, San Francisco, San Mateo, Santa Clara and Sonoma.

Eligibility requirements:

- Proof of 501(c)(3) status or a fiscal sponsor with such status.
- Funding must be used for HIV/AIDS related services, including fundraising and administrative costs.
- If your agency had an operating deficit of 5% or more in its operating budget in either of the past two fiscal years, an explanation of how the agency is addressing this issue is required.
- Eligible walkers are defined as those who have not walked as independent walkers OR as a member of any team other than that of your agency in any of **the last three years (AIDS Walk 2018, 2017, and 2016)**. Current staff/board members are eligible walkers regardless of past participation.



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## CRITERIA AND AGREEMENTS FOR AWARD

Members of each co-beneficiary team must adhere to the same deadlines and rules as all other teams in order for the funds to qualify.

LOGO USAGE- teams agree that, prior to using the AIDS Walk San Francisco name or logo in any of its fundraising materials, written permission for such usage will first be secured from AIDS Walk San Francisco on event letterhead and signed by the Event Director. Similarly, all organizations and teams, prior to promoting, conducting or authorizing any fundraising event in support of its AIDS Walk team, *must secure advance written permission from AIDS Walk San Francisco.*

## DONATION ACCEPTANCE AND CASH HANDLING:

To maintain the program's integrity and to assure accurate GAAP (Generally Accepted Accounting Principles) compliant accounting for AIDS Walk San Francisco revenues, **ALL FUNDS MUST BE PAYABLE TO "AIDS WALK SAN FRANCISCO."** No funds may be turned in to the agency or organization for processing through its own account(s).

Receipt or deposit of funds raised from AIDS Walk San Francisco-related fundraising efforts by any Co-Beneficiary team—in cash, or in the form of a check made payable to the participating organization—is a 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 San Francisco, either in the office or via the event's online fundraising platform, by **5 p.m. on Friday, August 9, 2019** in order to count toward the team total and be considered for award eligibility. **No exceptions.**

## DISPUTE RESOLUTION



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AWSF retains the authority to cancel this agreement at any time if a participating organization violates any policy set forth in the agreement.

AWSF is sole arbiter of any disputes concerning eligible walkers and of funds to be distributed.

## **DATES AND DEADLINES**

Application Forms available beginning: April 9, 2019

Application Forms due: May 10, 2019

AWSF email notification of approval sent on or after: May 17, 2019

Checks for teams issued: October 2019

## **APPLICATION COMPONENTS:**

- I. Organization Summary
- II. Mission Statement
- III. Description of HIV/AIDS Program to be funded
- IV. List of Current Staff and Board
- V. Financial Information
- VI. Agreement
- VII. Signed W-9



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## APPLICATION

### I. Organization Summary

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

Program to be funded: \_\_\_\_\_

Executive Director: \_\_\_\_\_

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

Program Director: \_\_\_\_\_

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

Correspondence contact and title (if applicable):

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

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Web: \_\_\_\_\_ Your organization's Federal EIN#: \_\_\_\_\_

Please provide your IRS 501(c)(3) determination letter confirming tax-exempt status.

### II. Mission Statement

### III. Description of HIV/AIDS Program to be funded

### IV. List of Staff and Board (in alpha sort by Last, First)



**V. Financial Information**

Please submit your most recent audited financial statements with your application.

If your agency had an operating deficit of 5% or more in its operating budget in either of the past two fiscal years, an explanation of how the agency is addressing this issue should be submitted as an attachment to this form.

What are your organization's total budgeted operating expenses for fiscal year 2019?

\_\_\_\_\_

What percent of your budget is for HIV/AIDS related services? \_\_\_\_\_

What were your organization's total actual operating expenses for fiscal year 2018?

\_\_\_\_\_

**VI. Agreement**

*Through this agreement and my signature below, our agency is confirming participation as a Co-Beneficiary Team for AIDS Walk San Francisco 2019. 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 AWSFF. (Notification is anticipated to be sent on or after May 17, 2019)**

Digital Signature is acceptable.

Authorized Signature:

\_\_\_\_\_

Date: \_\_\_\_\_

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



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Title: \_\_\_\_\_