



Community Impact Program

2018 United States Funding Opportunity Announcement by Gilead Sciences, Inc.

BACKGROUND

Gilead Sciences, Inc., is a leading biopharmaceutical company that discovers, develops and commercializes innovative medicines in areas of unmet medical need. We strive to transform the promise of science and technology into therapies that have the power to cure diseases or revolutionize the standard of care. Today, our medicines are helping people diagnosed with HIV enjoy healthy lives—a significant percentage of whom are older than 50, a statistic that seemed impossible 30 years ago. In addition to working relentlessly to develop numerous therapies that improve the lives of people living with HIV, we've worked to raise awareness of how HIV intersects with social determinants of health and understand that we need to address more than just HIV to have an impact on the epidemic.

As part of our commitment to end the epidemic, Gilead has long supported community-led programs for people living with HIV (PLWH), and we seek to further understand the evolving needs of aging PLWH.

Today, with many scientific advances and therapeutic options, those living with HIV who are on effective treatments can expect a median life expectancy of more than 70 years of age. Current data indicate that nearly 50% of PLWH in the United States are 50 years old or older, and that number is estimated to increase to nearly 70% by 2020.

As PLWH live longer, they not only face the expected challenges associated with the natural aging process, but may also experience significant challenges decades before their peers not living with HIV. Experts agree that the topic of aging with HIV is complex; assessing the specific impact of the disease itself distinct from treatment effects, general aging, comorbidities and other confounding factors is difficult, and researchers continue to explore these issues. However, many aging PLWH are facing immediate challenges, including a constellation of risk factors for comorbidities as well as mental health and social needs that affect their quality of life.

Our health care systems and care models will need to adapt to the needs of the growing aging population living with HIV. For example, integrated care models to provide coordinated communication between primary care providers, geriatricians, infectious disease physicians and other specialists would help to optimally manage the complexities of comorbidities to achieve better health outcomes. Education, empowerment techniques and social engagement for PLWH will also be important for maintaining quality of life as they live longer.

In many ways, the HIV/AIDS epidemic has transformed how we perceive and address the intersection of health care, research and patient participation. Gilead believes that a sustained focus on improving systems and supporting patients and affected communities will lead to more

appropriate clinical and supportive care for aging PLWH, which in turn will improve health outcomes and increase quality of life.

GUIDING PRINCIPLES

Through effective treatment and continued support, aging PLWH can live a long and fulfilled life. The following principles should guide continued action for a positive future and the fight against HIV:

- **HIV is not solved.** We must continually demonstrate the need for commitment and improvements to HIV care.
- **Meaningful involvement of PLWH is essential.** Progress is made through listening to and acting on the needs of those living and aging with HIV.
- **Innovation must lead to impact.** Innovation is most meaningful if it provides tangible solutions to real problems.
- **Positive action sustains progress.** A focus on positive change is motivating and most productive.

PROGRAM AND PURPOSE

Through this new funding opportunity, Gilead seeks to build upon what is known in the field and community, with a focus on leveraging the power of partnerships to drive progress toward sustainable programs and effective policies for PLWH who are 50 years old or older. Each step toward this goal will improve quality of life for PLWH as they age. This is a critical time to develop innovative social programs and systemic policies that help aging PLWH achieve positive health outcomes.

The key goals of this current funding opportunity are to identify and evaluate potential programs and interventions in the following areas:

Coordinated Care & Management of Comorbidities

Navigating the healthcare system may be difficult for aging PLWH given the complexities of care required when managing comorbidities. Systems, policies, projects and service models that increase coordinated care delivery and access will be strongly considered. Patient-centered education, training and patient empowerment tools that instill competence and confidence to manage complex conditions also will be considered. Potential projects may include a wide range of interventions that provide increased access and engagement for aging PLWH that ultimately increases their overall health and well-being. The following are examples:

- Models that provide co-location of support services and medical services for aging PLWH
- Intentional training for nurses specializing in geriatrics to lead the care coordination for aging PLWH
- CME/CE trainings for infectious disease physicians, pharmacists and allied healthcare providers on incorporating geriatric care principles into their practice(s)
- Patient education and empowerment trainings on self-management and the direction of their care

Wellbeing, Social Engagement and Support Services

Many aging PLWH experience stigma, survivor guilt, and trauma over losing loved ones to the epidemic. Social engagement and support networks are critical to combat the associated isolation, depression, anxiety, and PTSD. Multiple research studies show that depression is the prime predictor of non-adherence to necessary medical therapies in aging PLWH. Potential projects may include a wide range of interventions that focus on the mental, physical and emotional wellbeing of aging PLWH, to include the following:

- Evaluation of successful local support models, such as patient-centered medical homes or naturally occurring retirement communities (NORC), and how they may be scaled or replicated
- Network models of social engagement opportunities (either virtual or in-person), use of social media affinity apps that provide support with basic daily needs, facilitation of counseling/peer support, building functional support networks, and other activities that combat isolation and associated depression; counseling and therapy models to address self-stigma and build resilience, confidence, and empowerment among aging PLWH
- Improved access to mental health services through increased targeted screening and treatment

Policy and Advocacy

Meaningful participation by key constituents creates the political will necessary to bring change to policy and practice, and creates opportunities for shared resources and information exchange. Successful proposals will leverage coalitions or partnerships, preferably anchored by a strong coordinating organization with the proven capacity for program development and ability to engage stakeholders from across sectors, to accelerate progress and ensure sustainability of the program mission. Potential projects may include a wide range of policy proposals and advocacy efforts including the following:

- Research on the economic benefit of “whole health” initiatives, such as the cost savings to the broader healthcare system by providing access to healthy nutrition and social support programs
- Advocacy efforts to ensure community involvement in policy discussions and proposed interventions
- Support for the establishment of an institute with other potential supporters dedicated to engaging the unique needs of aging PLWH; such an institute will become a primary resource for valid informational and educational materials as well a forum for discussion among all stakeholders, issuing status reports on HIV and aging
- Support for development of rigorous and relevant indicators, evaluation and other data to demonstrate the value of community-based interventions to serve aging PLWH (this could be part of the institute program described above)

ELIGIBILITY CRITERIA

Organizations that meet the following requirements are eligible to apply for funding under this FOA:

- Nonprofit status: IRS determination letter confirming current 501(c)(3) tax status or equivalent
- Proven track record of sound financial stewardship and ability to deliver impactful programming
- Institutional infrastructure, including administrative capacities

- Core content expertise and strong grounding in existing data and methodologies
- Knowledge of social change approaches
- Strong network and partnership capacity and ability to collaborate effectively
- Letters of support or memorandums of agreement from collaborators/partners
- Patient-initiated efforts that occur in collaboration with the applicant agency are strongly supported

SELECTION CRITERIA

Successful proposals will clearly articulate how the program meets the following criteria:

- An understanding of the state of the field, and how the proposed approach can make a unique and important contribution to aging PLWH
- Clear program logic and a timely approach to address an identified unmet need
- Staff expertise and experience in line with project scope
- Work plan that targets root causes, adheres to best practices, and sets clear and achievable goals
- Appropriate and practical resourcing and budgets
- Strategy for achieving the broadest reach, and/or building an approach replicable on a broad scale
- Dissemination plan to share learning from grant-funded activities
- Original, innovative ideas and proven excellence in program development and implementation
- Staff expertise and experience in line with project scope
- Appropriate and practical resourcing and budgets to support project goals

MEANINGFUL INVOLVEMENT OF PEOPLE LIVING WITH HIV (MIPA)

Competitive proposals will identify how meaningful involvement of people living with HIV, specifically aging PLWH, is reflected throughout the proposed program as well as the organization's leadership and staff. MIPA asserts that:

- People living with HIV are subject matter experts
- Those most affected by the issues are integral in helping to find solutions
- Involved PLWH should reflect the local community affected by HIV
- Efforts to ensure involvement should emphasize populations often ignored or excluded

EVALUATION AND REPORTING

Grantee organizations will be required to submit narrative and financial reports to Gilead for the purposes of monitoring progress toward project goals and ensuring budget adherence. Through both the reporting process and related data collection, Gilead hopes to create opportunities to learn from both the successes and challenges faced by our partners and to assess ways to increase the impact of future programs.

GRANT AWARDS

Individual awards will range between \$100,000 and \$750,000, with a grant period of 1-3 years. Budget requests should be proportional to program scope and reflect reasonable, good-faith estimates of the true operational costs related to the proposed project. Indirect costs of 10% may be requested on top of direct program costs (see appendix A to learn more about Gilead's indirect cost policy). Applicants may allocate up to 10% of the grant award outside of indirect cost to engage an independent program evaluator to conduct program evaluation.

USE OF GRANT FUNDS

Gilead funding may be used for:

- Planning and demonstration projects
- Replication or expansion of successful interventions
- Policy and statistical analysis in line with programmatic goals
- Strategic communications, including education
- Community engagement and coalition-building
- Program research and evaluation

Gilead funding cannot support:

- Medications or purchasing of medications
- Direct medical expenses, including labs
- Existing deficits
- Basic biomedical research, Gilead-sponsored clinical research or clinical trials
- Projects that directly influence or advance Gilead's business, including purchase, utilization, prescribing, formulary position, pricing, reimbursement, referral, recommendation or payment for products
- Individuals, individual health care providers or physician group practices
- Events or programs that have already occurred
- Government lobbying activities
- Organizations that discriminate on the basis of race, color, gender, religion, disability, sexual orientation, or gender identity or expression

HOW TO APPLY

Solicited grant proposals must be submitted online; the application can be found at <http://www.gilead.com/responsibility/corporate-contributions/north-america/how-to-apply>.

When submitting your application, please include "HIV Age Positively" in the program title and check the program tag "HIV Age Positively".

KEY DATES & DEADLINES

Deadline to submit grant proposals: September 28, 2018

Intent to fund announcement by: November 1, 2018

Pre-implementation planning: November 1, 2018–December 31, 2018

Grant period begins: January 1, 2019

Mid-year reports due: July 31, 2019

INQUIRIES

Questions related to the Funding Opportunity Announcement should be directed to grants@gilead.com.

DISCLAIMER STATEMENT

- Gilead reserves the right to approve or disapprove any application for any reason in its sole discretion.
- Award of a grant in any one cycle does not imply that a subsequent grant will be awarded without further application and approval.
- Application to the Corporate Grants program is not a promise of funding.

ABOUT GILEAD SCIENCES

Gilead Sciences, Inc. is a research-based biopharmaceutical company that discovers, develops and commercializes innovative medicines in areas of unmet medical need. The company strives to transform and simplify care for people with life-threatening illnesses around the world. Gilead has operations in more than 35 countries worldwide, with headquarters in Foster City, California.

APPENDIX A - Indirect Cost Guidelines

Indirect costs are overhead expenses incurred by the applicant organization as a result of the project but that are not easily identified with the specific project. Generally, indirect costs are defined as administrative or other expenses that are not directly allocable to a particular activity or project; rather they are related to overall general infrastructure operations. Indirect costs are sometimes referred to as “overhead costs” and more recently by the government as “facilities and administrative costs.” Examples include executive oversight, accounting, grants management, legal expenses, utilities, technology support, and facility maintenance.

Gilead prefers, whenever possible, that specific allocable costs of an applicant organization’s project should be requested and justified in the proposal as direct costs, including those for dedicated ongoing project management, facilities and support (further definitions are provided below).

As a company we seek to fund the actual cost of the proposed project, and to support the efficiency and effectiveness needed for improving the care of patients living with life-threatening diseases around the world. Gilead will consider supporting a consolidated indirect cost fee on a case-by-case basis, provided that it constitutes 10% or less of the total proposed project cost.

For the purpose of funding the grants, Gilead has established basic definitions and guidance to be used by our applicants and prospective applicants (see below).

Through our philanthropy and grants programs, Gilead does not match the indirect-cost rates that the federal government may pay to its applicants and contractors. We recognize that this means that our applicants may need to engage in cost-sharing between projects, tap into unrestricted funds, or conduct other fundraising activities to cover unbudgeted operation costs.

Direct and Indirect Cost Definitions

Direct Costs	Indirect Costs
<p>⇒Salaries of employees directly attributable to the execution of the project</p> <ul style="list-style-type: none"> ○ Includes project management ○ Includes administrative support solely dedicated to the project <p>⇒Fringe benefits of employees directly attributable to the execution of the project</p> <ul style="list-style-type: none"> ○ Includes project management ○ Includes administrative support solely dedicated to the project <p>⇒Travel for employees directly attributable to the execution of the project</p> <p>⇒Consultants whose work is directly attributable to the execution of the project</p> <p>⇒Supplies directly attributable to the execution of the project</p> <p>⇒Sub-awards directly attributable to the execution of the project</p> <p>⇒Sub-contracts directly attributable to the execution of the project</p> <p>⇒Equipment acquired for and directly attributable to the execution of the project</p> <p>⇒Facilities newly acquired and specifically used for the grant project (excludes existing facilities). Examples include:</p> <ul style="list-style-type: none"> ○ A new field clinic ○ New testing laboratories ○ Project implementation unit office <p>⇒Utilities for facilities acquired for and directly attributable to the execution of the project</p> <p>⇒Information technology acquired for and directly attributable to the execution of the project</p> <p>⇒Internal legal and or accounting staff and/or external legal counsel or accountants directly attributable to the project</p>	<p>⇒Facilities not acquired specifically and exclusively for the project (e.g. Foundation, Institute, or University headquarters)</p> <p>⇒Utilities for facilities not acquired for and not directly attributable to the project</p> <p>⇒Information technology equipment and support not directly attributable to the project</p> <p>⇒General administrative support not directly attributable to the project. Examples are as follows:</p> <ul style="list-style-type: none"> ○ Executive administrators ○ General ledger accounting ○ Grants accounting ○ General financial management ○ Internal audit function ○ IT support personnel ○ Facilities support personnel ○ Scientific support functions (not attributable to the project) ○ Environment health and safety personnel ○ Human resources ○ Library & information support ○ Shared procurement resources ○ General logistics support ○ Material management ○ Executive management ○ Other shared resources not directly attributable to the project ○ Institutional legal support ○ Research management costs <p>⇒Depreciation on equipment</p> <p>⇒Insurance not directly attributable to a given project</p>