Texas Health Impact Cohort 2025

Texas Pride Community Foundation

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2025 Texas Health Impact Cohort Application

Texas Pride Community Foundation (TPCF) is committed to the full inclusion of all qualified organizations. As part of this commitment, TPCF will ensure that people with disabilities, people experiencing technology gaps, and people needing to submit an application in a language other than English are provided reasonable accommodation.

If reasonable accommodation is needed to participate in the grant application process please contact Robert Salcido, TPCF Program Director, at roberts@texaspridecf.org before continuing.

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Texas Pride Community Foundation (TPCF) está comprometida con la plena inclusión de todas las organizaciones calificadas. Como parte de este compromiso, TPCF se asegurará de que las personas con discapacidades, las personas que enfrentan brechas tecnológicas y las personas que necesiten presentar una solicitud en un idioma distinto al inglés reciban adaptaciones razonables.

Si necesita una adaptación razonable para participar en el proceso de solicitud de subvenciones, comuníquese con Robert Salcido, Director del Programa TPCF, al correo roberts@texaspridecf.org antes de continuar.

Texas Pride Community Foundation (TPCF) is proud to launch our second cohort of the Texas Health Impact Cohort (THICohort), sponsored by the Positive Action AMP program from ViiV Healthcare. The 3-year cohort will begin in January 2026 with quarterly cohort virtual connections and an annual in-person convening. **We are seeking organizations to support the health and well-being of people living with HIV and people with reasons for prevention through innovative, community-led solutions that address disparities in the epidemic and link people to care.**

The THICohort program centers on three key areas:

- Networking

- Linkage & Engagement
- Advocacy

Through these efforts, the program aims to advance outcomes such as increased engagement and access to care, enhanced trust in healthcare systems, reduced stigma, and amplifying the voices of people living with HIV.

The program aims to engage the following communities:

- Black men (gay, bisexual, queer, and trans)
- Black, Latinx, and indigenous women (cis & trans)
- Young people living with HIV
- Latinx men (gay, bisexual, queer, and trans)

Texas Pride Community Foundation's work reflects the dynamic and diverse makeup of our LGBTQ+ communities and is intentionally broad to address their full suite of dreams and needs. Our Core Ideologies center on equity and justice in all we do. Furthermore, our grantmaking prioritizes a focus on historically under-resourced communities to spur innovation, build grantee capacity and expand access, especially in rural and border communities as well as our urban centers.

Application Details

- Opens: Monday, August 25, 2025, at 9:00 a.m. CT
- Deadline: Friday, October 24, 2025, at 11:59 p.m. CT
- Who Should Apply: Grassroots organizations doing HIV work, especially those serving rural, underserved, and under-resourced communities

What TPCF Does NOT Fund

- Applications from individuals.
- National organizations or their local affiliates, except for programs developed at the local level to meet local needs in Texas.
- Initiatives outside the State of Texas.
- Endowment funds.
- Annual campaigns, capital campaigns, donor recognition events, event sponsorships.
- Applications from government agencies.
- Organizations that do not support transformational change and inclusivity of all LGBTQ+ individuals as well as racial equity in Texas.
- More than one application per organization per year.

- Academic research.
- Organizations that do not have a 501(c)3 designation or do not have a Fiscal Sponsor.

Organizational Details

Organization Name*
Organization Name.

This is a text box field, which limits an applicant to a few sentences. This field automatically appears on every form in your process and the answer will carry over to each form.

Character Limit: 100

Applicant's Name (Last, First)*
Character Limit: 250

Are you the Senior Leader/Chief Executive Officer/Executive Director?*
Choices
Yes
No

Applicant's Title*
Character Limit: 250

Applicant's Email Address*
Character Limit: 250

Applicant's Phone Number*
Character Limit: 250

Mission Statement*
Character Limit: 10000

Year organization was founded*
Character Limit: 250

Organization Physical Location (City/Town)*
Character Limit: 250

What is your service area?*
Character Limit: 1000

Does your organization operate a brick-and-mortar facility?*
Choices
Yes
No

Do you have paid staff?*
If yes, additional questions will populate at the end of this section.

Choices
Yes
No

Is your Senior Leader/CEO/Executive Director Black, Indigenous, or a Person of Color (i.e. BIPOC)?*
Choices
Yes
No

Is your Senior Leader/CEO/Executive Director a TGNB or Gender Expansive Person?*
Choices
Yes
No

Does your organization have a Federal 501c3 nonprofit designation?*
Choices
Yes
No

Does your organization operate under a fiscal sponsor?*
If yes, additional questions will populate at the end of this section.

Choices
Yes
No

Annual operating budget last fiscal year:*
Character Limit: 20

Annual operating budget this fiscal year:*
Character Limit: 20

Current year organizational budget*

Please upload of a copy of your current year organizational budget.

File Size Limit: 1 MB

Are you a smaller office, unit, or program within a larger organization?*

Choices

Yes
No

Do you currently have or are you also seeking funding from other sources this year?*

If yes, additional questions will populate at the end of this section.

Choices

Yes
No

Have you applied for funding through Texas Pride Community Foundation in the past?*

Choices

Yes
No

Have you received funding from TPCF in the past?*

Choices

Yes
No

Does your organization currently have HIV related programming?*

Choices

Yes
No

Estimate number of unique LGBTQ+ Texans your local organization served in the last 12 months*

Character Limit: 250

Estimate number of unique LGBTQ+ Texans your local organization will serve in the next 12 months*

Character Limit: 250

Does your organization track demographic data for the community you serve?*

If yes, additional questions will populate at the end of this section.

Choices

Yes

No

Program Descriptions & Narrative Questions

If selected, what areas of focus does your programming currently support or would it support?*

Check all that apply

Networks for People Living with HIV or vulnerable to HIV.
(vulnerable to HIV means those who may be at increased chance/risk of acquiring HIV for a mix of reasons which can be different depending on their location and social determinants.)
and/or
Networks for organizations

Linkage and Engagement, with a focus on supporting and expanding linkage, re-linkage and ongoing support services that break down barriers to care.
and/or
Linkage and Engagement, with a focus on responsive HIV prevention programming for people considered impacted by or vulnerable to HIV.

Advocacy, with a focus on breaking down HIV and related stigma.
and/or
Advocacy, with a focus on building awareness of HIV prevention resources and care for all people vulnerable to HIV.

Choices

Networking
Linkage & Engagement
Advocacy

If selected, what specific outcomes would your program include?*

Check all that apply.

Choices

Increased engagement and access to care
Enhanced trust in healthcare systems
Reduced stigma

Amplifying the voices of people living with HIV

If selected, which communities would your program aim to engage?*

Check all that apply.

Choices

Black men (gay, bisexual, queer, and trans)
Black, Latinx, and indigenous women (cis & trans)
Latinx men (gay, bisexual, queer, and trans)
Young people living with HIV or vulnerable to HIV

Please describe your project/program.*

Please describe your proposed project, goals, core strategies, and how you intend to reach and engage your proposed demographics.

Character Limit: 3000

Organizational Experience and Community Engagement*

Why is your organization best suited to reach your project's target demographic?* Please highlight and describe your organization's background and/or commitment to serving your proposal's main demographic.

Character Limit: 3000

Staffing

Describe how the proposed project will be staffed and/or managed.

Character Limit: 1000

Name and Title of Project Lead*

Character Limit: 250

Success and Tracking*

TPCF encourage different kinds of success. Describe what success looks like for your organization and how you would track it.

Character Limit: 2000

Is this program/project:*

Choices

Adaptation/expansion of an existing project
New project/programming

Additional Comments*

Please include here any other relevant information not covered in the other sections of this proposal. If nothing applies, please write "No additional comments."

Character Limit: 3000

Staffing

Number of full-time paid staff members*
Character Limit: 250

Number of part-time paid staff members*
Character Limit: 250

Fiscal Sponsor

Fiscal Sponsor Organization Name*
Character Limit: 250

Fiscal Sponsor 501c3 EIN#*
Character Limit: 250

Fiscal Sponsor Contact Person*
Character Limit: 250

Fiscal Sponsor Contact Number*
Character Limit: 250

Fiscal Sponsor Email Address*
Character Limit: 250

Fiscal Sponsor MOU/Partnership Agreement
If not available at this time, a copy will be required prior to funding.

File Size Limit: 1 MB

Funding Sources

Please list other funding sources you currently have or have applied for this year:*
Character Limit: 500

Demographic Data

Population Served: DISABILITY
Enter percentage for people living with a disability served in relation to the total number of people served.

Character Limit: 250

Population Served: PLHIV*

Enter percentage for People Living with HIV served in relation to the total number of people served.

Character Limit: 250

Population Served: RACE/ETHNICITY (%)

Enter percentage for each race/ethnicity served in relation to the number of people stated in the question above.

Black or African American	
Hispanic or Latina/o/x Origin	
Asian	
American Indian/Indigenous	
Native Hawaiian or Other Pacific Islander	
White (non-Hispanic)	
Other Race/Ethnicity	
Total	

Population Served: AGE (%)

Enter percentage for each age range served in relation to the number of people stated in the question above.

0 to 12	
13 to 17	

18 to 24	
18 to 24	
25 to 34	
35 to 64	
65+	
TOTALS	

Populations Served: IDENTITY (%)

Enter percentage for each identity served in relation to the number of people stated in the question above.

Lesbian	
Gay	
Bisexual	
TGNB	
Queer	
Intersex	
Other Identity	

Total	

Application Completion Questionnaire

The following section will help us improve our processes and grant making.

How long did it take you to complete this application?*

Choices

30 minutes or under
30 - 60 minutes
60 - 90 minutes
90 - 120 minutes
120 minutes or more

What barriers or challenges did you encounter while completing this grant application?

Character Limit: 500

Any additional feedback for Texas Pride Community Foundation:

Character Limit: 1000