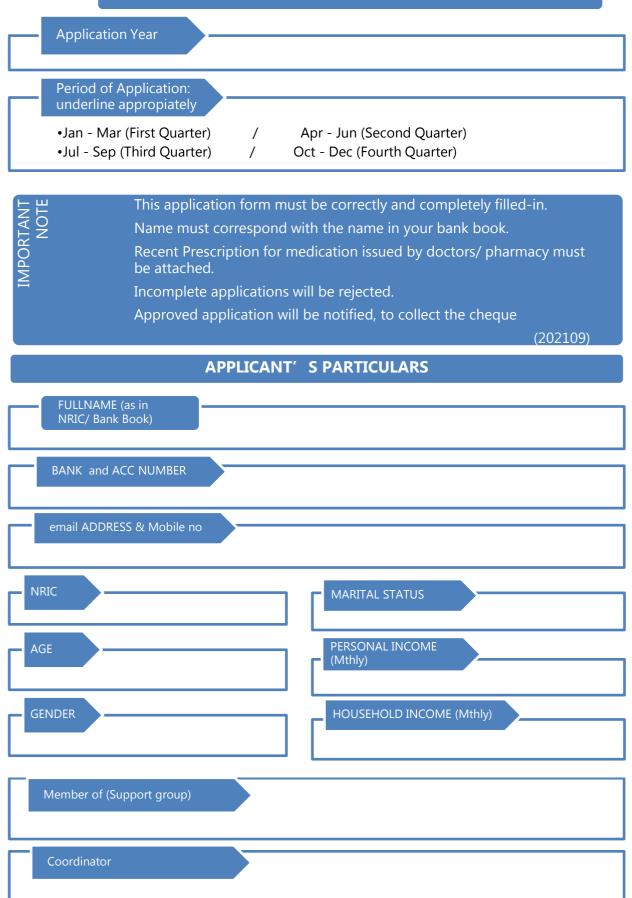


PADDY CHEW EMPOWERMENT FUND





GIPA CONTRIBUTIONS GUIDELINES

- 1 PLHIV who has come out in the public and approved by EXCO
- 2 Participated in AfA media outreach and public awareness campaignson issues surrounding HIV as well as AfA
- 3 Represent AfA in national committees as a resource person where applicable
- 4 Act as spokesperson in campaigns to change HIV-related attitudes and behaviors
- 5 Encourage formation of new support groups (including resource mobilisation and program sustainability)
- 6 Organize and participate in fund-raising activities (including preparation of budgets and accounts)
- 7 Offer support to activities e.g. interviewees for media engagement as PLHIV (anonymous), skilled volunteers, HEW speakers (anonymous), members of committees e.g. MSM, DAN, CAR
- 8 Participate as a facilitator in counselling related programs (including preparation of reports of activities)
- 9 Provide leadership of a peer support group, including:

Encourage participation of new members and seek outside support resources

Submission of monthly reports of support group activities

Submission of monthly support group claims

Planning and proposal of new programs for support members

Minimum of 20 hours of volunteering time contributed at any AfA events or facilities

- 10 Join peer support group as active member, share experience and knowledge with others e.g. Support Group Members
- 11 Participate in any research survey and outreach as subject
- 12 Participate in any PLC empowerment talks
- 13 Minimum of 20 hours of involvement time at any AfA organized events /talks /support group gathering
- 14 Others (please specify)



Ref #	Details of Activities Involved	Date(s)	Time (Start)	Time (Ends)	Durations	Remarks
Total GIPA Hours (to be completed by Staff)						

APPLICANT' S DECLARATION

- •I declare that the particulars and documents furnished in respect of this application are true and correct.
- •I am currently not receiving any form of financial assistance elsewhere.
- $\bullet I$ give my consent for AfA to obtain and verify information from or with any sources as AfA
- •I understand that if I am found to have been receiving other form of assistance which I fail to declare, my application will be considered void.
- •I am aware that the information given in this application will be dealt with full confidentiality.

Applicant's Signature

Date

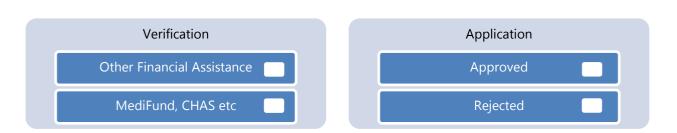


COORDINATOR'S INPUT. Additional information regarding applicant:				

Coordinator' s Signature

Date

FFICIAL USE



APPLICATIONS WINDOW PERIOD

Jan - Mar (First Quarter)	•Submit by 5 April
Apr - Jun (Second Quarter)	•Submit by 5 July
Jul - Sep (Third Quarter)	•Submit by 5 Oct
Oct - Dec (Fourth Quarter)	•Submit by 5 Jan