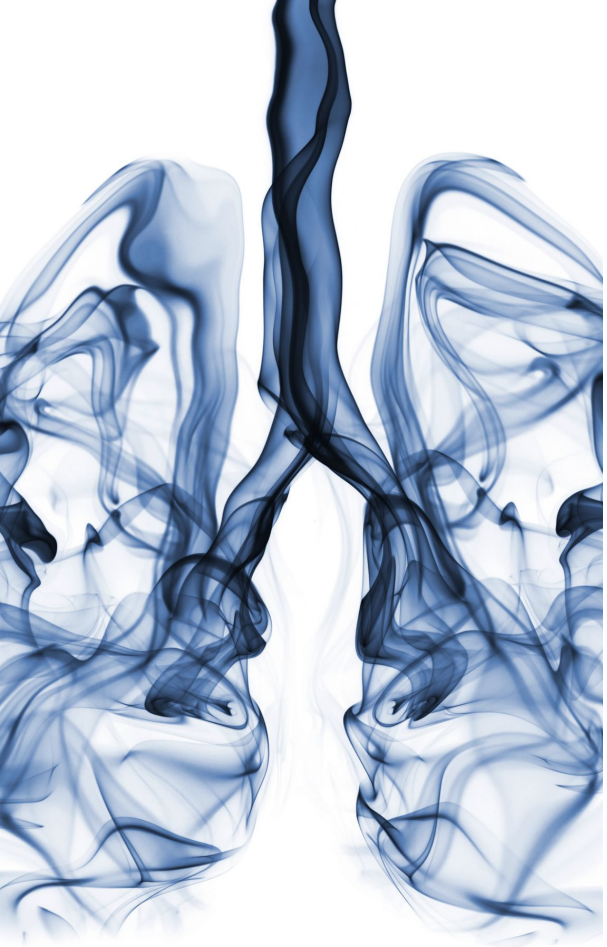


From Project Goals to Grant Budgets

Practical lessons from the TB Elimination Alliance Mini-Grant Program

HBU B Informed Session- Creating a Grant Budget

Presented by: Chibo Shinagawa, AAPCHO, TB Elimination Alliance; Jean-Jacques Kayembo, Congolese United Foundation

October 20, 2026

Agenda

15 min • TEA budget lessons

TEA Mini-Grant Program

Community-led funding and what a fundable project budget needs

10–15 min

Community experience

Building and managing a real mini-grant budget

10 min

Discussion & Q&A

Audience questions and facilitated conversation

Our Mission

The TB Elimination Alliance is a national partnership of community leaders dedicated to eliminating TB and LTBI among communities at increased risk for TB through education, raising awareness, and innovation.

Our Vision

Healthy communities free of tuberculosis.

About AAPCHO

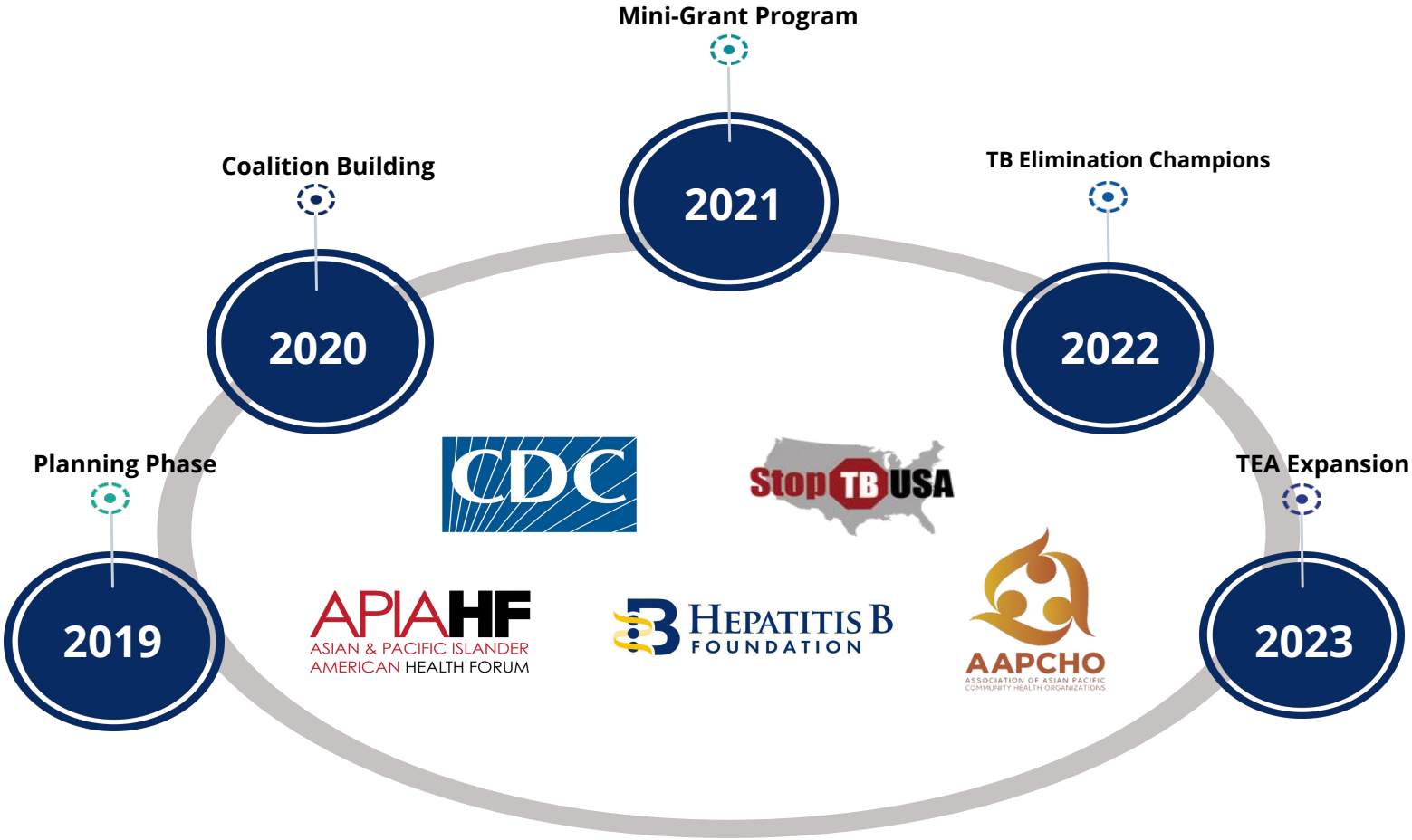
The Association of Asian Pacific Community Health Organizations (AAPCHO) was formed to create a national voice to advocate for the unique and diverse health needs of Asian American (AA), Native Hawaiian (NH) and Pacific Islander (PI) communities and the community health providers that serve their needs.



The Tuberculosis Elimination Alliance Mini-Grant Program

- The TEA Mini-Grant Program provides funding support to community-based organizations dedicated to serving communities at high risk for TB and LTBI.

- These mini-grants enable local communities to lead projects and initiatives that advance local innovation, capacity building, and promising practices in care that support lasting change and the elimination of TB.


Mini-Grant Program
2021
Coalition Building
2020
TB Elimination Champions
2022
Planning Phase
2019
TEA Expansion
2023
CDC
Stop TB USA
APIAHF
ASIAN & PACIFIC ISLANDER AMERICAN HEALTH FORUM
HEPATITIS B FOUNDATION
AAPCHO
ASSOCIATION OF ASIAN PACIFIC COMMUNITY HEALTH ORGANIZATIONS

Expanding The TEA Network: From Connection to Community Action

Tuberculosis Elimination Alliance (TEA) Impact Report | 2024-2026

The Tuberculosis (TB) Elimination Alliance is a national partnership of community leaders, changemakers, and health providers dedicated to eliminating TB disease and latent TB infection (LTBI) and improving health outcomes across the United States and the United States Affiliated Pacific Islands. TEA advances education, raises awareness, and drives innovation to reduce the burden of TB among communities that have been medically underserved. Through partnerships, responsive resources, and expanded access to testing and treatment, TEA works toward a future where no community bears an unequal burden of this preventable and curable disease.

Two Years of Progress

Across the first two years of its 2024-2029 strategic direction, TEA moved from building its network infrastructure to activating it through shared learning, communications, cross-sector partnerships, and community-led action.

Year 1 (2024-2025) focused on broadening TEA's reach, engaging new partners, strengthening communications, and establishing the Mini-Grant Program pipeline.





Year 2 (2025-2026) built on that foundation by investing in community-led projects, expanding learning opportunities, and strengthening relationships between community organizations, health departments, healthcare providers, and other partners working toward TB elimination.

2,000+	23%	$100,000	372	104
community members reached	Year 1 (2024-2025) network contact growth	invested in 10 community-led projects	TB/LTBI screenings completed	Mini-Grant Program applications

Our Strategic Direction

TEA's 2024-2029 strategy is guided by four interconnected priorities focused on achieving its mission to eliminate TB and LTBI among populations at risk through education, awareness, and innovation.

- Expand and deepen partnerships
- Strengthen community engagement and outreach
- Increase access to TB/LTBI testing and treatment
- Identify and share data-driven strategies and systems-level approaches

Twitter
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tbeliminationalliance.org

Community-Led Action: The Mini-Grant Program

Over two years, TEA moved from building an accessible grantmaking pathway to funding community-led action, enabling partners to design and deliver projects responsive to communities at increased risk for TB and LTBI.

> *As the TEA mini-grant program continues, TEA members and partners can implement community-centered, locally designed approaches to TB/LTBI prevention, treatment, and education. I look forward to partnering and working alongside members and partners.*
>
> Jeffrey B. Caballero, MPH
> AAPCHO Executive Director

Year 1: Building an accessible pipeline

52	~80%	10
applications received	applications to the new program	organizations selected

TEA established the Mini-Grant infrastructure needed to move funding into communities, including the Request for Proposals (RFP) process, outreach and information sessions, reviewer training, and evaluation criteria. Promotion through five partner newsletters expanded visibility of the opportunity to an estimated 8,000–10,000 recipients.

Year 2: Investing in community-led solutions

$10,000	$100,000	6	90%
award per grantee	total funding	key geographic regions	proposed projects with health department partnerships

Mini-Grants supported community-based solutions, supporting projects in outreach and education, provider learning, and quality improvement while strengthening grassroots partnerships and locally informed approaches to TB elimination.

TEA Mini-Grant Project Categories



The aim:

Locally relevant education, outreach and care improvement — built around community needs.

Start with the activities, not the numbers

1 Identify the need

Who are you trying to reach, and what barriers matter?

2 Define the activities

What education, outreach, training, or QI work will happen?

3 Estimate the resources

How much staff time, translation, travel, supplies, and support?

4 Connect costs to outcomes

How does each expense help deliver a measurable result?

Build the budget from the workplan

01 What needs to change?

02 What will we do?

03 What will it take?

04 How will we know?

A budget is the costed version of a project plan.

Read the budget alongside the activities

Delivery

Staff time

Coordinate the work and carry out TB/LTBI quality-improvement activities.

Capacity

Training

Refresh protocols and prepare staff to provide consistent education.

Reach

Travel & materials

Make outreach practical and accessible beyond clinic walls.

Which costs are essential — and which need more explanation?

Show the math — and explain the purpose

Personnel	**$25/hour × 40 hours = $1,000**	Who is doing the work, for how long, and toward which deliverable?
Transportation	**$200/month × 5 months = $1,000**	Whose travel is supported and why is it needed for outreach?
Team meetings	**8 meetings × an itemized per-meeting cost**	What is included: materials, space, refreshments, or other costs?

“Meeting costs — $2,500” isn’t enough

FIRST DRAFT

8 project meetings
Total: $2,500

WHAT TO ADD

Number of attendees
Cost per meeting + components
How meetings support implementation

Make it easy for someone unfamiliar with your project to understand the request.

A short budget review checklist

- ✓ Each cost maps to an activity in the workplan
- ✓ Calculations show rate, quantity and timeframe
- ✓ Staff effort and community access needs are realistic
- ✓ Narrative explains why the cost is needed
- ✓ Costs meet the specific funder’s rules

Case study: turning a $15,000 request into a plan



Total request: $15,000 • Which costs are essential to deliver the activities?

Three common clarification requests

1 What is included in “meeting costs”?

Do not provide only the total. Itemize the cost components, participants, frequency, and project purpose.

2 Is this training compensation or an incentive?

Distinguish trainer fees, staff time, stipends, and participant incentives; explain eligibility and calculation.

3 Do the numbers actually add up?

Check quantity × rate × frequency, category subtotals, direct-cost base, and indirect-cost calculation.

What makes a mini-grant budget stronger?

Aligned	Every expense directly supports a project goal or deliverable.
Realistic	Costs reflect actual staff effort, community context, and local prices.
Specific	Line items show what, how many, how much, and why.
Accessible	Plan for language access, participation barriers, and community trust.
Compliant	Check award rules, documentation, approval, and reporting needs.

CDC expects costs to be allowable, allocable, reasonable and necessary.

Three things to take into your next grant budget

1

Start with community needs

Let the workplan drive costs — not the other way around.

2

Show your reasoning

Use transparent estimates and specific justifications.

3

Budget for implementation

Include capacity, access, reporting, and contingencies allowed by the grant.

Thank you | tbeliminationalliance.org | tea@aapcho.org




2023 NATIONAL TB CONFERENCE
JUNE 12-15 ATLANTA, GA
NTCA
APHL
PARTNERSHIP
INNOVATION &
EQUITY





