

HIV/AIDS GRANTMAKING IN TROUBLED TIMES: AN OVERVIEW & ANALYSIS

by Paul A. Di Donato, JD
Executive Director
Fundors Concerned About AIDS

INTRODUCTION

Despite over twenty years of HIV/AIDS on the national and international scene, both the pandemic itself *and* the responses to it continue to be in a state of increasing complexity and profound change. For example, there is both good news and bad news every day regarding advances in treatment, prevention and awareness, advocacy campaigns and other efforts to help those infected or affected by HIV.¹ There is also a growing list of both positive and negative “lessons learned” regarding the role of government, multilateral organizations, philanthropic entities and communities in the collective attempts to address and eventually eradicate this disease and its many social, political and economic consequences.²

One of the profound developments in HIV/AIDS in the last decade is that, both in the United States and especially in resource poor nations in the developing world, HIV/AIDS has become inextricably entangled with many of society’s most challenging problems: poverty, sexism, racism, homophobia, sexuality, substance abuse and even global geo-political and security concerns. These pervasive health, social and economic consequences of HIV/AIDS are now beginning to be better appreciated and understood by policy makers, funders and other key decision-makers and opinion leaders. This is critical as it is an essential step, even a pre-condition, towards mounting a truly comprehensive and effective multisector campaign against HIV/AIDS. Yet, it is equally true that these same, larger issues with which HIV/AIDS is now clustered have proven stubborn themselves to interventions and sustainable solutions.

In the United States, there has been significant progress on many fronts, especially since the early days of the epidemic here. For example, more people in the United States are surviving longer with HIV/AIDS than ever before, as successful drug regimens have led to an overall 70% decline in the death rate due to AIDS since 1995.³

Yet, there are more troubles on the domestic horizon than there seem to be solid solutions at hand:

¹ Kaiser Family Foundation. Daily HIV/AIDS Report. www.kaisernetwork.org/dailyreports/hiv

² Funders Concerned About AIDS. FCAA Bibliographies.
www.fcaaid.org/publications/Publications_Fca_FcaBib.htm

³ Kaiser Family Foundation. Fact Sheet: The HIV/AIDS Epidemic in the United States. December 2004:
www.kff.org/hiv/aids.htm

- Though the efficacy of targeted HIV prevention campaigns and needle exchange/harm reduction programs has been proven time and time again,⁴ ideological battles spilling over from America's "culture wars" are now at odds with sound research and public health science, and thus hindering in dramatic ways further progress in these areas.⁵
- Not surprisingly, one result is a slight rise overall in annual HIV infections in the United States and some dramatic rises in specific populations.⁶
- HIV/AIDS trends are especially disturbing in the African American community (especially among African American women) and among gay and bisexual men of all colors.^{7, 8, 9}
- It is also estimated that approximately 25% of those infected with HIV/AIDS in the United States do not know their serostatus.¹⁰
- Even looking at the treatment frontier, the domestic progress of recent years has shown itself to have very real limitations, as statistics regarding health status and access to quality AIDS care for people of color and women living with HIV/AIDS demonstrate. Treatment regimens remain very costly. And, proposals are on the table on both Washington, D.C. and many state capitals threatening to cut not only key HIV/AIDS programs, but also Medicaid upon which many People Living With HIV/AIDS depend for care.¹¹

Compounding the challenges in the domestic landscape, there is also now an odd competition of sorts between global AIDS issues and domestic AIDS issues. One obvious manifestation of this is in U.S. media coverage. Despite an ample supply of important and pressing HIV/AIDS issues *both* at home and abroad, limited media space in the United States set aside for HIV/AIDS coverage has increasingly gone to global issues in the last few years.¹² This fact coupled perhaps with some weariness or fatigue over the domestic HIV/AIDS issue has led to a lull in both information on and concern about domestic issues. Indeed, advocates and activists in communities of color, the gay

⁴ NORA. FY 2005 HIV/AIDS Appropriations Recommendations. April 2004: www.aidsaction.org/legislation/nora.htm

⁵ Union of Concerned Scientists. Scientific Integrity in Policymaking. Cambridge, MA: February 2004.

⁶ Kaiser Family Foundation. Fact Sheet: The HIV/AIDS Epidemic in the United States. December 2004: www.kff.org/hiv/aids.htm

⁷ Kaiser Family Foundation. Fact Sheet: African Americans and HIV/AIDS. February 2005: www.kff.org/hiv/aids.htm

⁸ Kaiser Family Foundation. Fact Sheet: Women and HIV/AIDS in the United States. December 2004: www.kff.org/hiv/aids.htm

⁹ Kaiser Family Foundation. Fact Sheet: The HIV/AIDS Epidemic in the United States. December 2004: www.kff.org/hiv/aids.htm

¹⁰ Kaiser Family Foundation. Fact Sheet: The HIV/AIDS Epidemic in the United States. December 2004: Fleming P, et al. Estimated Number of Perinatal HIV infections, United States, 2000, XIV International Conference on AIDS, Barcelona, Spain. Abstract Tu-PeC4773, July 2002.

¹¹ Kaiser Family Foundation. Integrating HIV Prevention Services into the Clinical Care Setting in Medicaid and Ryan White CARE Act Programs: Legal, Financial, and Organizational Issues. December 2004.

¹² Kaiser Family Foundation. AIDS at 21: Media Coverage of the HIV Epidemic 1981-2002. March 2004.

community, and especially communities of gay men of color increasingly are questioning the “convenience” of this current state of affairs in these socially and politically conservative times.¹³

Globally, there are also important signs of progress coupled with daunting challenges. Innovative interventions have taken place in countries from Thailand to Senegal to Haiti. Efforts are underway to create health care infrastructure so that anti-retroviral treatments can be made practical and effective in resource poor nations. Advocacy campaigns in countries like South Africa have enjoyed great success in moving governments to implement real and long overdue change. There is a growing recognition that HIV/AIDS is a truly historic disaster that requires governments, the United Nations, the private sector, organized philanthropy, and communities to take concerted action.¹⁴

The task however remains staggering, as demonstrated by the sheer scope of the epidemiological data. Around the world, an estimated 39.4 million people are living with HIV.¹⁵ In 2004 alone, an estimated 4.9 million people became newly infected with HIV.¹⁶ It is estimated that in 2004, 3.1 million died globally from AIDS. In too many places, the pandemic rages out of control as new infections and deaths continue to occur at astounding levels. In some countries, such as Swaziland, the HIV/AIDS prevalence rate is 38.8%, the highest in the world.¹⁷

While AIDS is having its most devastating effects in Africa, other regions also endure significant growth in the pandemic. In Latin America and the Caribbean combined, over 2 million people are estimated to be living with HIV/AIDS.¹⁸ In Asia, an estimated 8.2 million people are living with HIV/AIDS.¹⁹

Even these frightful statistics do not capture the nuances of the many challenges faced in developing nations to address HIV/AIDS successfully, including challenges related to/intertwined with:

- Health and public health system infrastructure
- Reproductive health and care as well as rights and protections
- Other significant disease morbidity and mortality trends, especially in the areas of malaria and tuberculosis
- Starvation and longer term food security issues
- War, internal conflicts and strife as well as related refugee issues

¹³ Black AIDS Institute. *The Time Is Now: State of AIDS in Black America*. Los Angeles, CA: 2005.

¹⁴ UNAIDS. *AIDS Epidemic Update*. December 2004.

¹⁵ UNAIDS. *AIDS Epidemic Update*. December 2004.

¹⁶ UNAIDS. *AIDS Epidemic Update*. December 2004.

¹⁷ UNAIDS. *AIDS Epidemic Update*. December 2004.

¹⁸ UNAIDS. *AIDS Epidemic Update*. December 2004.

¹⁹ UNAIDS. *AIDS Epidemic Update*. December 2004.

- Economic and community development
- Debt burden and debt relief
- Stigma, discrimination and violence related to HIV/AIDS directly, or indirectly as a result of gender, sexual orientation, age and/or substance use status and human rights violations

Funding for HIV/AIDS

Though resources are not the only ingredient to successfully tackling the HIV/AIDS problem, they are of course instrumental. Here too, there is good and bad news to report.

A substantial share of the total funding committed to HIV/AIDS in the United States comes from the U.S. government, which spends more money on its domestic HIV/AIDS epidemic than any other nation. In Federal Fiscal Year (FY) 2005, U.S. government funding for HIV/AIDS totaled \$19.7 billion, including mandatory spending for programs like Medicaid, and discretionary spending for HIV prevention and other programs.²⁰

As significant as this domestic spending level is, HIV/AIDS advocates and experts repeatedly document many unmet resource needs right here in the United States. These include unmet needs for HIV/AIDS prevention, treatment and care, housing, social services, and research in the U.S. In his FY 2006 budget request, President Bush proposes \$21 billion for HIV/AIDS—a 7% increase. This is rather misleading, as most of this increase is in mandated (domestic) programs, such as Medicaid. The President's 2006 FY request actually flat funds or decreases some essential discretionary domestic HIV/AIDS programs in the areas of prevention, housing and care.²¹ Advocates of the National Organizations Responding to AIDS (NORA) continue to call on the U.S. government to spend much more on HIV/AIDS programs than the President's FY request, including millions more for the Centers for Disease Control and Prevention (CDC), The Housing Opportunities for Persons with AIDS program, the Ryan White Care Act, the AIDS Drug Assistance Program (ADAP), and the National Institutes of Health (NIH).²²

Globally, resources are increasing to address HIV/AIDS. Budgeted funding in 2003 to address HIV/AIDS in resource poor countries was estimated to total \$4.8 billion up

²⁰ Kaiser Family Foundation. U.S. Federal Funding for HIV/AIDS: The FY 2006 Budget Request. February 2005: www.kff.org/hiv/aids.htm

²¹ Kaiser Family Foundation. U.S. Federal Funding for HIV/AIDS: The FY 2006 Budget Request. February 2005: www.kff.org/hiv/aids.htm

²² NORA. FY 2005 HIV/AIDS Appropriations Recommendations. April 2004: www.aidsaction.org/legislation/nora.htm

from an estimated \$3.9 billion spent in 2002.^{23, 24} While increased global investment from all sectors against HIV/AIDS is welcome news, UNAIDS now estimates that, to successfully address HIV/AIDS in all 135 low and middle-income countries, approximately \$12 billion is needed in 2005 and \$20 billion will be needed by 2007.²⁵

Internationally, the gap between need and available funding, services and other programming to address the pandemic is a chasm. Though governments of many wealthy nations have, in some cases, dramatically increased funding to fight global AIDS, the “baseline” starting point has been so low for so long, that billions more dollars annually are still needed to address the problems at hand. And now domestically in the United States, we see the gap between need and available resources widening in troubling ways that can only bode poorly in the struggle against HIV/AIDS.

To address the startling growth of the HIV/AIDS crises noted above, as well as the gap between available resources from all sectors and documented needs, much more funding (and support of all types) is absolutely essential from all sources, including governments, multi-lateral organizations, individuals and *organized philanthropy*. This is as true for programs in the United States as it is for global initiatives-- HIV/AIDS is *not* yet a resolved or managed issue in this country.

U.S. Philanthropy and HIV/AIDS

In the history of the HIV/AIDS pandemic, private funders, including private, family, and community foundations, corporate grantmakers, and grantmaking charities, have often stepped in to meet some of these resource challenges noted above.²⁶ In so doing, grantmakers have helped catalyze support for needed programs and new initiatives and campaigns, including many that government either cannot or consistently will not fund. Grantmakers have helped launch pioneering research for new treatments, vaccines and microbicides, support for scientifically-based and effective sexual and reproductive health education, support for needle exchange and other harm reduction efforts, global advocacy for access to HIV medicines, and empowerment of those communities most vulnerable to HIV infection and AIDS.^{27, 28}

²³ Kaiser Family Foundation. HIV/AIDS Policy Fact Sheet: Global Funding for HIV/AIDS in Resource Poor Settings. January 2004.

²⁴ UNAIDS. Report on the State of HIV/AIDS Financing. June 25, 2003.

²⁵ UNAIDS. AIDS Epidemic Update. December 2004.

²⁶ Funders Concerned About AIDS. U.S. Philanthropic Commitments for HIV/AIDS. March 2005.

²⁷ Council on Foundations. Foundation News and Commentary. March/April 2004.

²⁸ Funders Concerned About AIDS. Philanthropy and AIDS: Assessing the Past, Shaping the Future. April 1999.

Time and again, private funders have also sustained or initiated important endeavors that have been beyond the political or economic will of governments. This has included funding for HIV/AIDS interventions and programs among those who are unjustly stigmatized due to poverty, substance use, incarceration, homelessness, gender, race, age or sexuality. Grantmakers have also played an essential role in funding public policy work and advocacy to hold governments and the private sector accountable.

U.S. philanthropic commitment to HIV/AIDS can be raised to new levels. New grantmakers can be encouraged to engage in HIV/AIDS funding. Current HIV/AIDS grantmakers can be supported in their ongoing collaborations and commitment. The potential returns, in terms of human lives saved and suffering avoided, is worth all expanded philanthropic investment. If we are to eventually win the war against HIV/AIDS, the field of philanthropy must continue to make meaningful, thoughtful contributions, and provide ongoing and in some instances new leadership at every level. FCAA is committed to supporting grantmakers in this endeavor in as many ways as we possibly can.

Following are some of FCAA's general suggestions for keeping grantmakers focused on the efforts against this pandemic.

Stay the course in HIV/AIDS grantmaking. Now more than ever, philanthropy needs to continue and augment its HIV/AIDS funding efforts to support the full spectrum of programs from direct services and HIV prevention initiatives to public policy, community organizing and infrastructure building. Proven HIV/AIDS programs that serve demonstrated, continuing needs still require and deserve funding. In some cases such proven programs must be tested and tried in other settings to ensure their universality or to develop useable variations appropriate for all populations, regions, etc.

HIV/AIDS epidemiological trends, both domestically and internationally, make as strong a case as ever for philanthropic commitment to combating HIV/AIDS. Current economic and political realities create stronger arguments for grantmakers to serve their historic role, as both pipelines for precious flexible funding and critical strategic counterweights to ill-informed and/or poorly executed policies and initiatives of government actors here or abroad.

Provide sustained philanthropic leadership in HIV/AIDS and define such leadership broadly. Leadership can take many forms. In addition to grantmaking, funders can play critical roles in the efforts to eradicate HIV/AIDS by serving on non-profit boards of directors or government-convened planning committees (as exist in the Ryan White and Centers for Disease Control and Prevention funding arenas), serving a convenor role for AIDS organizations, experts and others, offering in-kind support, offering other types of technical

assistance to either NGOs or government entities and working with elected and appointed officials and the media to counter apathy and mobilize responses to the issue. In times of more limited funds for grants, these other forms of leadership become even more critical and useful.

Continue to build the corporate response to HIV/AIDS. An excellent example of robust continued support for HIV/AIDS grantmaking can be found in some sectors of corporate America. In addition to financial contributions to HIV/AIDS organizations, businesses contribute valuable expertise and in-kind resources. Many corporations have also developed a sound track record of encouraging employees to get involved in HIV/AIDS volunteer efforts in the community. Others have also implemented initiatives to ensure a comprehensive workplace response to HIV/AIDS, including anti-discrimination policies, manager and labor leader training, employee education and adequate benefits for people living with HIV/AIDS. Private foundation funders can also find important and valuable collaborators among their corporate funder peers.

This corporate response is just now spreading to businesses around the globe as corporations based in or doing business in the developing world see the very direct and disastrous economic impact of HIV/AIDS, alongside the human toll, in those settings.^{29, 30, 31} For more information on corporate involvement in HIV/AIDS issues, visit the Business Responds to AIDS/Labor Responds to AIDS website (www.hivatwork.org) as well as the corporate section of the FCAA website (www.fcaaid.org/about/About_the_Corp.htm).

Integrate HIV/AIDS grantmaking into broader funding categories. The mission and/or funding priorities of most of the leading HIV/AIDS grantmakers encompass serving vulnerable and underserved populations. This has enabled many funders to strategically “reposition” HIV/AIDS for ongoing and often enhanced support because of the interrelationship between HIV/AIDS and those most vulnerable and underserved communities. For many, HIV/AIDS funding has become a necessary component of a more comprehensive response to community problem solving.

There are many more funders that prioritize these populations and the issues that affect them than currently fund HIV/AIDS. This presents an important opportunity for increased investment and involvement by grantmakers who have not previously seen themselves as “AIDS funders.” This is becoming increasingly true with time as AIDS now threatens to actually undermine

²⁹ World Economic Forum. Business and HIV/AIDS: Commitment and Action? A Global Review of the Business Response to HIV/AIDS 2004-2005. January 2005.

³⁰ Funders Concerned About AIDS. AIDS Is Your Business Update. March 2005.

³¹ Funders Concerned About AIDS. AIDS Is Your Business Update. September 2003.

decades of investments by grantmakers on many issues, especially in the developing world. As noted in a recent issue of Foundation News and Commentary devoted to HIV/AIDS, "AIDS is no respecter of persons. It has far-reaching effects in nearly every area foundations fund: human rights, healthcare, medical research, technology, public policy, advocacy, discrimination, welfare, labor, disability, poverty, homelessness, immigration, education, the environment, aging, reproductive rights, lesbian, gay, community, religion, art, family, children, women, and care at the end of life."³²

Do not shy away from public policy issues or funding of AIDS advocacy.

FCAA educates grantmakers about important HIV/AIDS public policy issues, specifically because such issues bare tremendous relevance to philanthropic efforts on HIV/AIDS. AIDS grantmaking takes place in a context of existing government programs and particular public policy environments both domestically, in other countries and at an international level. FCAA also provides information and technical assistance to grantmakers regarding the needs and progress of HIV/AIDS advocacy efforts, so that private funding of such work not only continues but grows. In these times, retrenchment in the public policy arena is not conjecture, but reality. Nothing short of a full remobilization of grantmaker involvement in HIV/AIDS advocacy is essential if we are to prevent the erosion of millions of dollars in public monies and secure advances rather than retrenchment in HIV/AIDS prevention, civil and human rights and treatment and health access.

Assist organizations involved directly and indirectly in HIV/AIDS to build capacity and effectiveness. Many of the organizations that serve the communities dealing most with HIV/AIDS have limited access to the resources and support necessary to achieve and maintain organizational stability, growth, effectiveness and sustainability. Grantmakers interested in long-term and far ranging community problem-solving have an opportunity to make an important contribution to these goals through capacity building and organizational development projects in the HIV/AIDS arena. These include not only grants for general operating expenses, but also funds for strategic planning, infrastructure enhancement, other forms of capacity building (technology enhancement, public relations, etc.) board leadership development and staff training and development.

Funders can and should also play a role in examining whether HIV/AIDS programs and organizations should be refocused, redefined, and/or merged with other projects or agencies. Another intriguing avenue that some HIV/AIDS groups have explored is to expand their work beyond AIDS. Whatever the viable option for a particular organization, representatives of all the stakeholders

³² Clyde AR. The Face of HIV/AIDS, Foundation News and Commentary. March/April 2004. p 1.

in an organization best make these decisions, from clients and staff to funders and community leaders.

Examine carefully the perceived limitations to international grantmaking and, if possible, get involved in the global crisis. The global HIV/AIDS pandemic is a crisis of enormous proportions. HIV/AIDS now overarches all international development issues in many parts of the globe: it contributes to poverty, discrimination, economic underdevelopment and a range of health and social problems. In the United States, a small proportion of philanthropic dollars -- approximately 16% -- are for international grants.³³ A larger proportion of funders are capable of participating in the global crisis through international grantmaking than are currently doing so.

There is no question that international grantmaking is challenging and complex, and there remain a host of questions about how to best be involved in the international HIV/AIDS pandemic. Funders of varied sizes have begun to make important contributions in this realm. Often the perceived limitation to international grantmaking is just that, perceived, and is not actually a restriction. One approach is to think globally about the HIV/AIDS pandemic and act locally. There are a growing number of organizations based in the United States doing work internationally on HIV/AIDS. These organizations allow for participation by funders in the international HIV/AIDS pandemic while still making "domestic" grants.

Develop collaborative relationships with other public and private funders.

There are many benefits to effective collaboration in solving important community problems. Funder collaborations with other grantmakers, the public sector and non-profits while challenging, are often an effective strategy to maintain ongoing support for HIV/AIDS programs and services. In addition, such efforts can often provide a vehicle for creative and risk-taking grantmaking that individual grantmakers may not be capable of on their own. There are several successful collaborative models that can be looked to for guidance in this area, both in the HIV/AIDS arena as well as other areas.³⁴

³³ Foundation Center. International Grantmaking III: An Update on U.S. Foundation Trends, 3rd Edition. October 2004.

³⁴ See Funding News section of FCAA website for examples of innovative collaborative models of funding. www.fcaaid.org/funding/funding_grant.htm

THE FUNDING CHALLENGE - IDEAS AND OBSERVATIONS FOR GRANT SEEKERS

For grant seekers, many old HIV/AIDS funding challenges not only continue unabated, but perhaps are worse now than at any point in the last five or more years.

Government cutbacks of HIV/AIDS organization funding (at the federal, state and local level domestically) are now quite real and are already having significant impacts on the entire HIV/AIDS organization infrastructure in the United States. Sadly, organizations weakened by such cutbacks are often poorly positioned to seek private dollars. Though grantmakers should understand the implications of such cuts and respond in some way, funders (and savvy grant seekers alike) know that private philanthropy dollars cannot and will not replace lost public dollars in equal proportions.

For organizations outside the United States seeking funds from U.S.-based institutions, large challenges remain. Only a portion of U.S. grant dollars go to organizations based outside of the United States.³⁵ And, new regulations on international grantmaking either imposed or suggested by the U.S. government may have a chilling effect on international grantmaking for the next few years.³⁶

Another issue is that HIV/AIDS is perceived by some as competing, perhaps "too successfully," with other important programs dealing with such issues as poverty, hunger, substance abuse, breast cancer, unemployment and crime. This competition is perceived both in the private and public funding worlds. This situation is also made more challenging for grant seekers and for grantmakers by the fact that there are many individual AIDS-related organizations or HIV/AIDS projects within other organizations. Increasingly, non-AIDS specific organizations are entering this fray. Thus, the resulting competition for private and public HIV/AIDS dollars is intense. As other issue areas are also experiencing federal and other public funding cutbacks, this competition will only be heightened.

Apathy may be one of the biggest challenges in the domestic AIDS funding arena. As the general public, the most in the media and many elected and appointed government officials see HIV/AIDS as less of a domestic crisis than it once was, dollars for HIV/AIDS initiatives will naturally be harder to come by. The result is less interest in the issue, lower turnouts for AIDS charity events, fewer volunteers at AIDS organizations, to name but a few consequences. A remobilization of energy and attention on domestic HIV/AIDS issues is certainly needed. Such a campaign cannot be

³⁵ Foundation Center. International Grantmaking III: An Update on U.S. Foundation Trends, 3rd Edition. October 2004.

³⁶ See International Programs, Council on Foundations. www.cof.org

accomplished by any one actor or sector. The time may have come for “AIDS Public Relations Consortiums” in communities where most if not all of the HIV/AIDS agencies and some key funders and community leaders jointly develop new awareness and “anti-apathy” campaigns, for example.

THE ROAD TO GRANTS

How can HIV/AIDS grant seekers approaching private philanthropic institutions meet these and other challenges head on and secure grants in support of their work? This Foundation Center *National Guide to Funding in AIDS* provides one very valuable tool in that effort. Coupled with other Foundation Center data, this Guide offers a great deal of valuable information that grant seekers should and must use in their efforts to explore the universe of HIV/AIDS private philanthropic funding.

An additional resource that grant seekers may find of use is Funders Concerned About AIDS' AIDS website (www.fcaaid.org). Though FCAA's work is produced with and for the grantmaking community, it can be just as valuable for grant seekers as well.

Below are some general suggestions for grant seekers to provide context to the data that follows in the body of this guide. At FCAA, our Board of grantmakers and the many grantmakers associated with FCAA in some capacity are often dismayed at the basic “101 grant seeking steps” that grant seekers *fail to follow*. These suggestions were crafted with those experiences in mind:

Step 1: Carefully Identify and Thoroughly Research Your Funding Prospects

For successful grantsmanship, you must spend the necessary research time up front. Be aggressive in developing a comprehensive list of potential funders. Be strategic in pinpointing those particular foundations and corporations whose stated funding or community relations interests most closely correspond with your organization and proposed activities.

Make sure the funder accepts unsolicited proposals or Letters of Inquiry (LOIs). Except in rare cases, it is almost never a good idea or a successful strategy to send a "cold" proposal.

While *The National Guide to Funding In AIDS* is an excellent resource that should be studied often and carefully in your grant seeking activities, your research should go further as well. The funding sources listed in this book comprise a small fraction of the entire universe of foundations and corporations with grantmaking programs in the United States. Strategic grant seekers should broaden the search to include other Foundation Center publications and other resources as well. Programs based outside the United States should also explore European and other Non-U.S. grantmakers as well.

It is absolutely imperative that you request Annual Reports and Guidelines from potential grantmakers as part of your research work. This information is free and may be requested by telephone, fax, mail, or increasingly, via e-mail, and is often available for downloading on foundations' websites. *Read these materials closely and follow all instructions carefully. Failure to do so could doom hours or days worth of work needlessly.*

Some guidelines and annual reports will list HIV/AIDS as an overarching program interest. Others may not list HIV/AIDS in this way. If a funder has made grants in this area, you will be able to deduce that fact best by carefully reviewing its grantee list in its annual report, or in checking its entry in this or another relevant guide.

Step 2: Target Funding Prospects Carefully and Creatively

Again, it is important to be aggressive in seeking out prospects which have an interest not only in HIV/AIDS specifically but also in broader subject areas under which your program might fit, whether it be minority or women's health, gay issues, health care, bio-medical research, social services, housing, substance abuse/harm reduction, the arts, public policy, or other. For example, if you are developing a facility or other program for homeless people living with HIV/AIDS, you would want to check for prospects which have a stated interest not only in AIDS, but also in housing, homelessness, community development, health care, and/or capital campaigns. Your additional (non-HIV) research sources might include *The Foundation Directory*, printouts on grants for hospices, homelessness, housing and transportation, etc. Additional reference materials would be state and regional foundation directories.

Remember that subject areas of interest for the HIV/AIDS grant seekers are more likely to be described as health and medical care, medical research, alcohol and drug abuse, harm reduction, hospices, mental health, social or human services, children and youth, minorities/people of color, gays and lesbians, women, and housing. A great deal of past HIV/AIDS grantmaking activity will be categorized as being within these "areas of interest." ("Areas of interest" is a term funders use to describe their funding parameters.) Your job is to identify how any of your particular programs or projects might fit within a funder's stated interest. Increasingly funders are seeing their AIDS grantmaking as part of other categories, so creativity is recommended. At the same time, a careful review of guidelines is necessary to avoid bad strategic decisions and overly creative stretches.

Step 3: Prioritize and Pace Your Funding Prospects Strategically; Address Your Funder Audience Precisely

A common mistake grant seekers often make is sending requests to any prospect whose interest might remotely relate to a project, or as noted above, sending proposals that

clearly fall outside of geographic or other parameters of the funder. It is best to at least begin a campaign to fund a project or an organization by approaching a limited number of grantmakers, where you have done research to substantiate that there is a relatively good fit between an agency's mission and specific program objectives and the funder's interests, priorities and funding capacities.

Focus first on funders that offer the closest match and where there is evidence of previous HIV/AIDS or related funding. If resources and time allow, and the need exists, you can broaden this search in an effort to be more creative about making new linkages with old or potential new funders on HIV/AIDS. The only exception to this rule might be approaching a grantmaker with whom you (or a key staff person or Board member) of your organization have a close affiliation. In this case, you might be particularly well positioned to broaden that grantmaker's funding vision to include HIV/AIDS programming.

It is also important to remember that different types of funders (private, corporate, family and community) have varying modes of fund distribution and rationales for funding, and thus may require substantially different approaches.

Private funders, for example, often have a time-limited involvement that is intended to help an organization or program further its goals until additional ongoing resources can be found.

Corporate funders are often less policy driven and may focus more on public relations strategies, marketing goals and strategies and employee involvement.

Family foundations, which generally are run at the discretion of the donor, the donor's family or designated trustees, may have very specific issues or geographic interests that must be investigated when a grant seeker is considering an approach.

Community foundations -- which are particularly good prospects for HIV/AIDS funding proposals because HIV/AIDS logically falls within their interest in the health or general well-being of the communities where they are located -- only make grants to organizations that serve the population in a specific geographic area. Do not waste their time or yours requesting annual reports and guidelines from community foundations and submitting proposals to them if they are outside of your targeted geographic area.

Step 4: Be Clear on Your Own Organizational Priorities and the Fit Between Proposal and Funder

Some funders will be willing to consider providing unrestricted grants to existing HIV/AIDS organizations or seed grants, which are also generally unrestricted, to newly

launched organizations or programs. Of course, most nonprofits find general support grants the most desirable. They are both flexible and responsive to the need to find some way to support core organizational functions, and their related costs, upon which all other programming depends. But many funders never provide such grants. *Such a funder will not be swayed by an especially good argument for your project if they simply never provide general operating grants.*

Some funders will consider grants for organizational capacity building. This could include grants for technical assistance for staff on a host of topics, board training, strategic planning, merger negotiations with other AIDS organizations and other activities that promote the long-term viability and efficiency of an agency or its value-added programs to the community. For such funders, it is important to stress how such activities specifically will enhance your organization's overall effectiveness and sustainability.

While it might be obvious to many, it is worth reiterating over and over again: strong organizations have a better potential for delivering strong programs and services than do weaker organizations operating in a constant state of upheaval. HIV/AIDS is a crisis; our response to it does not need to be in constant organizational "crisis mode." Many HIV/AIDS service and response organizations are now ten years old or older. Now might be the time to look very closely at organizational management and development and similar issues -- both as a source of funding as well as preparation for sounder funding proposals in the future.

Some funders only provide funds for specific program initiatives or to support existing programs. If this is the case, then that is what the proposal should call for. It is important to note that much funding is frequently time-limited and will rarely cover all the expenses of a program. The major note of caution here is do not plan or create new programs just to secure new or additional funding. Plan and develop new programs if they are necessary for the population you serve, non-duplicative of services or programs provided by other agencies, compliment and support your mission, and fit your organization's capacity and infrastructure. The validity and importance of the new program should drive your efforts, not potential funding. If this principle is not followed, not only will your proposals likely reflect this fact, but, even if your grant seeking is successful, you could create larger problems for your organization in the process, especially if or when that funder moves on to other organizations.

It is also well worth thinking ahead strategically about mid and long-term program viability. In requesting support for new initiatives or for existing programs, look beyond the present funding you are requesting. Should you be successful in obtaining funds now for these programs, where will the future funding come from? Leveraging funds is extremely important and should be considered at every step of the grant seeking process. Increasingly, potential funders want to hear grant seekers' ideas

(perhaps even concrete plans) in this area to convince them that they are not funding a project that will disappear if and when they decide to end their role in it.

The operative word here is focus. Be clear about your organizational needs and priorities as well as your strengths and weaknesses at the staff, board, programmatic and other levels. Focus on what is most essential and critical for your organization at this time. Once you decide what kind of support is most important to your organization, let that decision direct your choices for funding sources and the construction of your grant proposal.

Step 5: Seek Out Other Organizations as Collaborators

Regardless if your project is a collaborative effort or not, you should know the other HIV/AIDS players in the community or the relevant issue area. Who else is doing this same work? Who else is working in this service, care, prevention and/or advocacy area with this population? How do your current and proposed programs differ from and/or complement these other programs? Are all of these programs really necessary? Why is it not possible to develop a collaborative program? By asking and answering these questions, you increase your own credibility with your overall knowledge of the community and the other organizations and programs in the field.

Due to growth of the epidemic domestically and the increase in both private and public sector funds to fight it, more and more HIV/AIDS organizations and programs have come into existence over time. Some are multi-service organizations while others address very particular dimensions of the epidemic. Although this is a welcome difference from those earlier years when the vast burden of the fight against HIV/AIDS fell on the shoulders of so few, many funders are now concerned and sometimes bewildered by the sheer number and growth of HIV/AIDS organizations and programs. While they may appreciate the particular needs that each project addresses, grantmakers fear that some may not be coordinating their services with other organizations and that unnecessary and costly duplication or overlap is occurring or might occur, especially in epicenters of the epidemic.

You can wisely anticipate this concern by seeking out other appropriate organizations as collaborators on particular projects, where both agencies have expertise and the capacity to contribute to a project's success. If collaboration is not feasible or attractive, other forms of information sharing or referral still should be possible. While taking steps to ensure some level of cooperation, in and of itself, will not guarantee funding, you will certainly enhance your likelihood of success by proposing it. It may be that the collaboration discussion even leads to a conclusion that an organization should not pursue a particular project or should combine other projects with those of another agency!

Step 6: Make a Strong Case for Support

There is intense competition for the limited pool of foundation and corporate philanthropic resources. It is incumbent on wise HIV/AIDS grant seekers to make the strongest case possible to potential funding sources:

- Decide whether the best initial approach is a brief letter describing the proposal versus a full-fledged proposal. Another possibility for initial contact is a telephone call or brief e-mail inquiry, though staff members at many understaffed foundations may not be able to return calls or e-mails from new grant seekers. A third possibility is to send a concept paper, though this is generally only an option if the foundation specifies such a requirement in their written guidelines. If you have misjudged the possible fit between your proposal and the grantmaking program in question, a rejection of a one-page letter versus a denial of a 10-page proposal with attachments saves you a great deal of time and wasted effort;
- Develop a coherent, concise, well-written proposal. There are many good guides and courses you can use. A good guide to proposal writing is *Practical Abundance: A Comprehensive Guide to Fundraising and Development* by Frank Abdale and Kay Mitchell. Available from ANSA at 1030 15th Street NW, Suite 860, Washington, DC 20005.
- The best general format (although there is no set formula) tends to be a brief cover letter (transmitting the proposal, summarizing it and stating the amount requested), proposal narrative (executive summary, needs or problem statement, project description, budget), and appendix (board list, IRS non-profit designation letter, financial documents, support letters, other relevant materials usually only if funder requests them in advance);
 - Draw from acknowledged experts and sources to make your case. For example, seek out a select number of letters of support from authorities, ideally known to your potential funder, who can attest to the qualifications of your organization to carry out the program for which you are seeking support. You can either quote from these letters in your proposal or attach the best to your proposal. It is important to keep in mind that while any letter of support is usually better than none, a generic form support letter is easy to spot. A truly helpful support letter speaks specifically to your organization and the program to be funded, the capacity of your organization to implement and deliver the program, the expertise of the personnel in the program, the importance of this specific effort to the overall HIV/AIDS response locally, nationally or globally, and the role the supporting agent (or the supporting agency) will play in the proposed program;
- Whenever possible, link your potential program outcomes to changes or improvements in the overall status of your community or targeted constituencies. For

example, if you are planning a prevention education campaign aimed at teenagers in a low-income community, you will also be enhancing overall health and wellness in that neighborhood as well as contributing to other larger worthy efforts, such as community and individual empowerment. Also, proposals should state goals and quantitative (measurable) objectives that will enable the funder to evaluate the grant seeker's progress at the end of the grant cycle. Included in the proposal should be evaluation criteria and methods that allow the funder to understand whether the organization or program has made a difference; and

- Use the personal case story of an existing or prospective client or recipient of the benefit of your existing or proposed program to give a human face to your proposal (or, if this is not possible, use a description of an average client). You can do this easily in a few paragraphs as an introduction to the proposal or with the program description. (Of course, unless you have specific permission from the individual, you must protect the identity/confidentiality of that individual.) You can also tie this area into an explanation of how your organization or program's constituents are involved in the organization or program and its planning and feedback process.

Step 7: Be Prepared to Spend Time on Grantsmanship and to Be Persistent

Securing foundation and corporate support can be frustrating. You may receive declination letters with no apparent explanation. A funder might request additional information pertaining to your application, conduct a site visit, and still decline your request. In these instances, do not take their actions as personal rejections. If the reason is not readily apparent, inquire on the telephone or in writing as to why your request was turned down. A variety of reasons might be given, and some may not have anything to do with your organization or your request. For example, a funder might decline a request if they have already committed their entire budget for the year or are funding a similar effort already. Anger or frustration expressed at the funder is not the best way to gather this information or interest that funder in possible future requests from you or your organization.

Declinations should be viewed as part of building a relationship with the potential funder (as long as the request was not completely out of the funder's areas of interest and the grant seeker can re-apply at a later date). As in many cases, grant seeking is about creating and maintaining relationships, and thus fostering as many positive relationships with current and potential funders is key to successful ongoing grant seeking

Declination information is always helpful. If there was truly a fit between the funder's stated interest and your program plans, feedback will help you to design a stronger program and submit a better proposal the next time around. This is particularly hard for so many front-line HIV/AIDS organizations, where it is sometimes hard to see

beyond the daily demands of work. However, your services will be needed tomorrow and next year, and new funds will be needed then as well.

An outside, non-partisan evaluation of your basic generic proposal might be very helpful as well. Hopefully you thought of this before you submitted the proposal. If not, it is essential if you are declined. Talk to a development officer in another non-competing organization in your community or to a development officer in your field in another community. It may also be a good idea to regularize this process annually. This ensures not only outside feedback into your proposal process, but also ensures that you will revisit your stock proposal often as well. Most importantly, once received, such feedback from the grantmaker is only useful if it is followed or otherwise incorporated into your fundraising work.

If you feel that your organization could use a "refresher" course for grant writing, you should contact your local Foundation Center Cooperating Collection to inquire about the availability of such courses there or through other organizations that provide assistance to nonprofit organizations.

Step 8: Develop Long-Term Relationships with Your Current and Potential Funders

Grantmakers can be very helpful in a variety of ways. They are subject experts, knowledgeable about their field of interest and other related organizations active in your community. They are also funding experts. You may even find that there is a sympathetic program officer who is willing to provide you with advice during the proposal submission phase. Once a grant is awarded, you certainly can seek out their counsel on other prospective funders and other issues that might arise. They have a commitment to and an investment in your organization's success at that point. Additionally, when creating a relationship with a funder, check with your board of directors, major donors and other funders with whom you have a relationship (where appropriate) to see if anyone has contacts at the prospect foundation.

One word of caution: overly aggressive relationship-building and lobbying, such as contacting board members of foundations where you have submitted proposals is usually not a good idea. Often the board member will simply refer the call to the staff person assessing your grant in the first instance, and, in the process, the appearance of an attempt at "end running" the staff can be damaging.

Another caution: grantmakers generally do not like surprises, including hearing bad news about your organization or program from third party sources, such as a newspaper article! Therefore if you encounter serious obstacles in implementing your funded project or in your organization's efforts in general, it is always wise to inform your funders earlier rather than later. They may even be able to provide some helpful advice or specific assistance.

Keep your grantmakers informed. Invite them to your events. See that they are on your mailing list, receiving your newsletters, press releases and bulletins. You may want to keep funders educated about the state of the epidemic through special e-mail alerts, newsletters and press releases geared solely towards this group. With their permission (and input into specific press releases) credit funders for their support in interviews and discussions with the media and your other funders. And share your good news and your success stories with them before you return with a request for additional funding.

Finally, make sure that you are in compliance with your funders' requirements regarding interim and final reports. Once successful in obtaining funding and building a relationship with a funder, it is an unfortunate and almost always unnecessary squandering of good will and investment to miss reporting deadlines. Do not have your funders chasing you for information and reports.

Organized in 1987, Funders Concerned About AIDS is an Council on Foundations-recognized Affinity Group within U.S. philanthropy. FCAA mobilizes philanthropic leadership and resources, domestically and internationally, to eradicate the HIV/AIDS pandemic and to address its social and economic consequences. As the only organization of its kind, FCAA develops programming and offers an array of services and products to a constituency of over 1,800 grantmakers and hundreds of government and multi-lateral agency officials-- who in turn fund thousands of diverse organizations engaged in HIV/AIDS bio-medical research, prevention, public policy, advocacy and direct care and service in the United States and throughout the world.

To assist the entire U.S. philanthropic sector in its efforts to fully understand, anticipate, and effectively respond to long-standing and emerging HIV/AIDS funding needs and opportunities in the United States and globally, FCAA offers a wide array of programming and unique services and products.

FCAA strives to achieve its mission, goals and objectives through research and publications; its website; briefings, dialogues and other presentations; technical assistance to the philanthropic sector; collaborations with funding and other philanthropic institutions, government entities and others; and media outreach.