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The State of Foundation HIV and AIDS Funding in California

Issues and Trends Among the Largest Funders

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Highlights of Key Points

Introduction and Research Method

AIDS Partnership California (APC), a collaborative enterprise of Northern California Grantmakers (NCG), is a statewide group of funders working to arrest the escalating rate of HIV in California, inform sound policy decisions, and strengthen the systems of HIV prevention, care, and treatment. The purpose of this report is to help APC better understand what the state's largest and most visible HIV/AIDS funders are doing with respect to funding HIV/AIDS in California.

Blueprint Research & Design, Inc. conducted telephone interviews with 18 foundations, the State Office of AIDS and the Universitywide AIDS Research Program. We also received 26 (of 55 sent) surveys from the state's largest foundations. The data in this report should be interpreted with caution, since this is *not* a comprehensive funding scan of the issue. The grantmakers in our sample granted about $6.8 million to HIV/AIDS issues in the state last year. Yet at least $813.7 million came to the state from federal, state and other national foundations (and includes neither Medicare, Medicaid, or Social Security dollars, nor individual or corporate giving dollars). Rather than providing a full landscape of HIV/AIDS funding, this research paints a small picture of a select group of California foundations and their HIV/AIDS funding within their home state of California.

Key Research Findings

Of those funders who were able to predict next year's funding, 50% expect that their funding for HIV/AIDS will keep steady, 30% expect their funding to increase, while 20% expect their funding to decrease.

These funders fund a multitude of issues within HIV/AIDS. Among the different issues, Awareness and Prevention, and Social Services received the most grant dollars, with 68% of all funds granted going to these two domains. Research received no grant dollars last year, and Treatment and Clinical Care received the next smallest share, at 7%. For these issue areas, these small proportions might seem troubling. Along these same lines, various population groups (racial/ethnic groups, gender, age, exposure category and geography) received shares of grant dollars not always comparable to their representation in cumulative AIDS cases and trend data.

These findings, however, should not lead to the conclusion that certain groups are necessarily under or over-funded because these groups are also represented in the "general population" category; this research asked for grant dollars "targeting" these population groups. And because there is no comprehensive analysis of federal, state, individual and national foundation dollars to these population groups, the full funding picture of these groups is not well-known. Foundations also, arguably, might have a strategic role in certain domains. Given the magnitude of the

issue, it would be unrealistic to expect that foundations take on all domains with equal weight. A full funding scan of the HIV/AIDS issue, including all private and public sources, should be conducted to inform discussion about where foundations should focus their resources.

Concerns and Issues Regarding HIV/AIDS Funding

Many interviewees also noted that when the disease first surfaced it was a gay, white male disease, but that the demographics of the disease have shifted, with communities of color and women increasingly affected. Therefore, some believe resources now need to be allocated differently. Others however, said that the primary focus needs to remain on gay men, stressing that the epidemic in California still predominantly affects gay men. It is important that this vibrant debate does not result in funders turning their HIV/AIDS funding into a zero-sum game as they may be inclined to do, particularly in the face of cutbacks.

Some funders often cited specific data to support their reasons for a necessary shift in focus (or, conversely, the need to maintain the status quo), but other funders could not differentiate between California-specific data and national trends, or cumulative AIDS cases, living AIDS cases, and trend data. For a program officer or foundation trustee, the full picture of HIV/AIDS-related data seems to be fragmented, with no easily accessible, central source of analysis and discussion of all available epidemiological data. There is an opportunity for the philanthropic community to support centralizing the data, make meaning of them and lead discussions about their implications by, for example, partnering with the State Office of AIDS and/or local health jurisdictions.

Funders had other concerns about how education, prevention and awareness efforts are funded and implemented, particularly with federal government-level influence. Meaningful education and awareness is difficult when the current climate insists on supporting abstinence-only programs, avoiding issues of sex and sexuality, promoting testing as a prevention strategy at the expense of other strategies, and blocking syringe access programs (although not necessarily in California). Many funders are concerned that continuing policies such as these will only make the epidemic worse. Given that the federal climate actually has little impact on how state and federal prevention funds are used in California, funders would benefit from education about how community based organizations may or may not be constrained by their various funding sources.

A number of years after the first reports of “funder fatigue,” significant malaise still exists in California’s HIV/AIDS funding community. Most often, funders claimed that while their individual foundations are not fatigued (although some have stopped funding the issue), many of their colleagues are. These funders believe that new and different pressing issues affecting the LGBT community take away attention and funding, and that the shift toward viewing AIDS as a chronic disease has contributed to “flat and uninspired” foundation funding. Some voiced concern that with the changing face of demographics and more communities of color becoming infected, donors have turned off.

Of the 18 foundations we interviewed, only four foundations have an HIV/AIDS program area, and only two have specific HIV/AIDS priorities residing in other program areas. Two of the funders we spoke with are no longer funding HIV/AIDS, and two have significantly scaled back their HIV/AIDS funding. Those that do fund HIV/AIDS tend to have responsive, rather than proactive, grantmaking programs, meaning that they made their HIV/AIDS grants only in response to proposals that they receive. This approach results in HIV/AIDS grants portfolios that are not aligned with a particular intended HIV/AIDS strategy.

Moreover, the HIV/AIDS funding community may want to consider whether it is the case that this approach leads to desultory funding practices that fail to achieve lasting impact. Since funders are in the unique position of having a bird's eye view of the field, and because they are not mired in the day-to-day realities of the disease, they have the time and resources to invest in strategy. Some funders do not believe that they have the expertise in the issue because they are not on the front lines of the disease, but a strategic approach does not preclude foundations from working with nonprofits to develop the strategy. Funders and grantees can work together to create a grantee-driven strategy.

Given that foundation funding is such a small piece of overall HIV/AIDS funding in California, funders need to know how they can most effectively use their knowledge and money to have the biggest impact. The opportunity for APC lies in helping the foundation community understand where the potential for this biggest impact resides. Backed with universal data on funding to the issue, an aggregated data source, focused discussions on implications, and a grantee-driven strategy, APC can help renew focus and stimulate dollars. This research has uncovered many exciting opportunities for dialogue, and APC can position itself as the center for ideas and innovation and help lay groundwork in devising the most appropriate strategy that foundations in California could undertake to make the biggest impact on this disease.

Introduction

AIDS Partnership California (APC) is a statewide funders' collaborative working to arrest the escalating rate of HIV in California, inform sound policy decisions, and strengthen the systems of HIV prevention, care, and treatment. As a collaborative enterprise of Northern California Grantmakers (NCG), APC began its work (as the AIDS Task Force) as an early response to the HIV/AIDS epidemic in California, at a time when very little public funding of the issue existed. After seeing changes in funding for services, APC evolved into the entity it is today, a collaborative guided by an advisory committee and funded by private and community foundations, corporate philanthropists, and the California State Office of AIDS. Currently, APC focuses on funding emerging issues, public policy grantmaking, and capacity building for HIV/AIDS organizations in California.

NCG contracted with Blueprint Research & Design, Inc. to research what the state's major foundations are currently doing with respect to HIV/AIDS. This work included examining foundations' current funding practices, assessing future opportunities, and identifying potential challenges within the field of HIV/AIDS in California.

Research Method

The key questions guiding our research included:

- To which grant purposes, populations and geographic areas did HIV/AIDS grant dollars go?
- How do grantmakers set their HIV/AIDS funding priorities? How do they determine whether they will be strategic or responsive in funding this issue?
- What are the critical issues in HIV/AIDS funding? What are the gaps?
- What are future HIV/AIDS funding plans?
- What is the current HIV/AIDS funding climate in California?

Our research consisted of:

- Telephone interviews with major California funders, to gather in-depth information about the funders' HIV/AIDS funding and their general impressions of trends in the field.
- An online survey, to gather the quantitative funding details of major funders in California, based on their most recently completed fiscal year.

We interviewed 18 people from California's major grantmaking foundations and sent emails to a pre-selected list of 55 California foundations that were known for funding HIV/AIDS and/or that were large funders, inviting their participation in an online survey. We received 26 responses, of which 14 made HIV/AIDS grants in their most recent fiscal year (see a complete list of those interviewed and surveyed in Appendix A). To understand the larger context and other issues in HIV/AIDS funding, we also interviewed people from the State Office of AIDS and the

Universitywide AIDS Research Program; the grantmaking figures in this report do not include data from these entities.

Foundations Interviewed and Surveyed

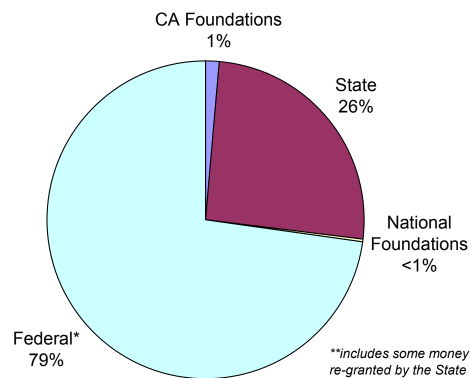
	Interviews	Survey
Private Foundations	10	18
Corporate Foundations/Giving Programs	2	2
Community Foundations	6	6
State Office of AIDS/ Universitywide Research Program	2	0
Total	20	26

Although our interview sample of 20 funders is an incredibly small numerical representation of the over 6,000 foundations in California, the vast majority of all grant funding comes from only a few large funders (53% of all grant dollars given by California foundations comes from just 50 of the largest foundations[2]). Our survey sample represents foundations that comprise just under one-third of all foundation grantmaking by California grantmakers[3] and includes nine of the twelve largest California funders of HIV/AIDS.[4]

Important Caveats

It is important to keep in mind that there are still certain limitations to the data. We received many incomplete responses to the survey, resulting in a somewhat nebulous picture. For this reason, it would not be meaningful or appropriate to compare these data from California with larger national trends.

CA Foundation Funding to HIV/AIDS in Context



It is also important to realize the limitations brought by the scope of this report. The research questions for this report are focused on the state's largest and most visible HIV/AIDS funders—it is *not* a complete funding picture of HIV/AIDS in California. Rather, this research paints a picture of a select group of California foundations and their HIV/AIDS funding within their home state of California.

[2] The Foundation Center, based on 2003 grantmaking data.
[3] Ibid.
[4] *US Philanthropic Commitments to HIV/AIDS,* Funders Concerned About AIDS. 2003.

To get a sense of how the funders in our research pool fit in the overall picture of HIV/AIDS funding in California, last year, the major California foundations granted over $10.2 million to HIV/AIDS issues, of which $6.8 million went to organizations in California. This is clearly a drop in the bucket for a disease with the scope of HIV/AIDS. In fiscal year 2004-05, the State Office of AIDS within California's Department of Health Services distributed $133.7 million to the issue (not including Medi-Cal), and another $12 million came from the Universitywide AIDS Research Program. Federal non-entitlement money coming to California totaled approximately $381 million (some of this federal money is funneled through the State Office of AIDS, so some of this is included in the State's count).[5] Foundations elsewhere across the country granted at least $2.2 million in 2004 to organizations in the state.[6] And none of these figures includes Medicare, Medicaid, or Social Security funding to HIV/AIDS, or individuals' donations or corporate giving to the issue.

Although foundation funding pales in comparison with government money, it is still significant. Foundations can and often will fund the areas that government money will not subsidize, such as grassroots organizing, lobbying or advocacy, or explicit and/or controversial prevention strategies. Foundations are not simply there to "fill the gap"; foundations may have a unique role in funding HIV/AIDS issues. Research such as this can help the California nonprofit and philanthropic community better understand the landscape of opportunities, spark important conversations about the most appropriate role for the philanthropic sector, and identify strategic opportunities for entities like APC.

The Current Landscape of Foundation HIV/AIDS in California

A full 25 years after it was first diagnosed, the HIV/AIDS epidemic is still heavily afflicting the State of California. From 1981 to 2003, California accounted for 15% of the nation's AIDS cases,[7] making the state second in the nation in cumulative AIDS cases, behind only New York. As infection rates remain high and new drugs make it easier for people to live with AIDS, the number of people living with AIDS in California continues to increase. Today, over 150,000 Californians are living with HIV.[8]

Clearly, HIV/AIDS is still affecting many lives, even though HIV has become significantly less lethal with the advent of new drugs. But there is the real sense among many people in the AIDS funding community that malaise has set in, that funders are less interested in funding AIDS programs now than they were in the past. This may have

[5] All federal numbers are from 2004 budgets, and are broken down as follows: $256,850,921 from the Ryan White CARE Act (all titles); $15,857,593 from the Substance Abuse and Mental Health Services Administration; $1,682,844 from the Office of Minority Health, $74,536,880 from the Centers for Disease Control and Prevention; $32,150,270 from the Housing Opportunities for People Living with AIDS Program. *Source:* StateHealthFacts.org. Created by The Henry J. Kaiser Family Foundation. http://www.statehealthfacts.org/cgi-bin/healthfacts.cgi?action=profile&area=California&category=HIV%2fAIDS&subcategory=HIV%2fAIDS+Funding

[6] The Foundation Center's research database contains only about half of the grantmaking dollars granted by US Foundations, so the total amount is likely even much more than this.

[7] AIDS Hotline.org. California's HIV/STD Referral Database. http://www.aidshotline.org/crm/asp/refer/statistics/stats_race.asp

[8] Universitywide AIDS Research Program, press release, November 30, 2005.

[10] www.statehealthfacts.org

to do, our interviewees suggested, with the fact that many people are beginning to view AIDS as more of a chronic disease than a terminal one. But, they point out, this does not mean funders should simply redirect their energies toward other issues; rather, the truly innovative ones will seize upon the newly-ascribed, chronic nature of the disease to devise new strategies suited for our time.

Research Findings

All twenty of our interviewees told us that they have done at least a little bit of HIV/AIDS funding over the past 25 years, since the beginning of the AIDS epidemic. Many proudly spoke of the role they played in the early 1980s at the inception of the epidemic, and of how they have been long-time funders of HIV/AIDS work.

However, not all of these funders are still committed to funding HIV/AIDS today. Those funders that have lessened their HIV/AIDS funding tend to be community foundations that have moved on to other strategic priorities. Two community foundations no longer make any specific HIV/AIDS grants at all; two others have recently scaled back their HIV/AIDS funding *almost* entirely, though they stressed that some funding certainly does occur through their donor advised funds, and they do make the occasional discretionary grant for things like community organizing around HIV/AIDS issues (these two funders had, until recently, done some major HIV/AIDS funding). Private foundations were much less likely than community foundations to have scaled back or eliminated their HIV/AIDS grantmaking.

Of foundations interviewed, the number that no longer fund HIV/AIDS: 2

Of foundations interviewed, the number that have scaled back their HIV/AIDS funding: 2

Setting Priorities in Funding HIV/AIDS

Program Areas for HIV/AIDS

HIV/AIDS funding tends to be folded into other foundation program areas. In most cases, foundations had no specific HIV/AIDS program area; only four foundations do. Most often, HIV/AIDS funding falls under foundations' health or human services program areas. Some foundations have gay and lesbian and vulnerable populations program areas, but these were less common than general health program areas. Some community foundations also have donor-advised funds for gay/lesbian/transgender issues, and they say that much of their HIV/AIDS funding comes from these funds.

Just as the issue is subsumed under the larger Health or Human Services program areas, often HIV/AIDS funding is subsumed under other higher-level priorities, such as a general concern for racial and ethnic health disparities. The foundations therefore fund HIV/AIDS organizations because they are doing good work, for example, to reduce racial and ethnic health disparities, and this is a direct fit with their foundation's overarching health priorities.

Responsive Versus Proactive Grantmaking

In the foundation world, the age-old dilemma of how best to distribute grant dollars in order to achieve the maximum impact begets a certain tension between engaging in *responsive* or *proactive* grantmaking. Over the past few years, prodded by a vast network of experts, consultants, academics, and evaluators, foundations around the world have been emulating the techniques used by venture capitalists as part of an effort to maximize their impact, to leverage innovation, and to invest in "what works." In many realms of grantmaking, funders are beginning to think about and define social problems in these ways, and then to devise new business-like, proactive strategies to combat these social ills. For this reason, one of our guiding research questions was, "are California foundations thinking about HIV/AIDS issues proactively or responsively?"

Of foundations interviewed, the number that have specific HIV/AIDS funding programs: 4

We found that HIV/AIDS grantmaking by California's major funders is more likely to be responsive than proactive, meaning that they review and fund proposals as they come through their door, rather than choose a cohort of organizations to fund. The majority of those we interviewed—eleven funders—said that they made their HIV/AIDS grants only in response to proposals that they receive. While no doubt foundations put strategic thought into crafting RFPs and guidelines, their grant portfolios tend not to implement a particular intended strategy.

One interviewee's comments expressed a common viewpoint in support of the responsive approach:

> "Because we aren't on the ground, foundations should not be leading the process. Folks on the ground have the best perspective on what needs to be done. What they need is money. They have the best view; they need funding. We'll screen, of course, but we are just the funders. We're not the experts; we're not on the ground. It won't always be this way, but for now we subscribe to [this] perspective."

Of foundations interviewed, the number that have solely responsive grantmaking programs: 11

Of foundations interviewed, the number that have proactive grantmaking programs: 4

Conversely, another foundation stated its reason for proactive HIV/AIDS grantmaking:

> "These kinds of trend analysis stuff [are] much more what we're about than transactional grantmaking [is]…When you look at $500,000, it's just not enough money. You are overwhelmed by how much money is spent on the issue. With such a massive problem, [if you act strategically], where your relatively insignificant dollars [go] can make a difference."

In order to use their dollars more strategically, some funders turn to funding through AIDS Partnership California (APC). Most of the funders we interviewed, however, are not members of APC (and have not been in the past). While joining a funding collaborative is one way to use grant dollars more strategically, an important question is whether such collaboratives end up supplementing or replacing funding to the issue. There is no clear answer to this question among the funders we spoke with; they were divided on whether joining APC (or other collaborative funding efforts) would supplement or replace their extant HIV/AIDS funding. Said one, “for this exact reason, we don’t want to collaborate. It would replace what we do.” Most funders, however, could not definitely say what the impact of joining a funding collaborative would be on their HIV/AIDS funding.

Funders’ Information Resources

When they want information about the epidemic, funders turn to a cornucopia of resources. For some funders, AIDS is a personal issue. They get their information from friends and family members. Others frequently turn to their grantees. Most commonly, people at the foundations serve on the boards of many of the important AIDS organizations. This provides them with a pipeline to knowledge, resources, and connections.

Funders did not overwhelmingly point to one centralized source of how they get their HIV/AIDS related information. The common ways funders acquire information about the epidemic are listed below:

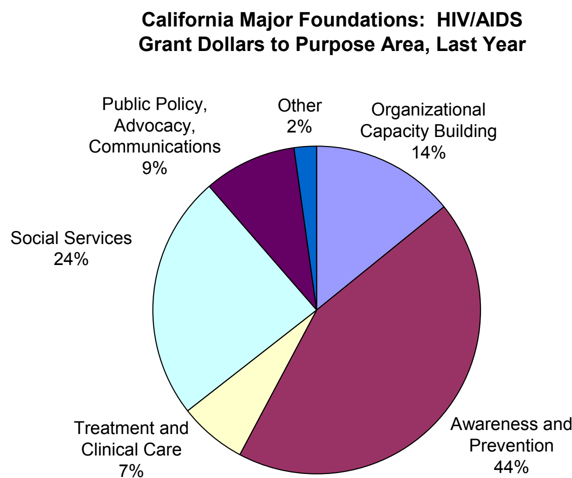
- From serving on boards of organizations
- Reports from Funders Concerned About AIDS (FCAA)
- Conducting community needs assessments
- San Francisco AIDS Foundation
- National AIDS Fund
- Communications with grantees
- International AIDS Conference
- NCG/AIDS Partnership California
- Donors
- Friends/family
- Patients
- Other health funders/colleagues
- Public agencies
- Project Open Hand
- Other conferences/meetings

Grant Purposes

The chart below depicts the distribution of HIV/AIDS grant dollars dedicated to various purposes. This chart should be interpreted with caution, given that many survey respondents did not report all their grant dollars when breaking down their funding by grant purpose. The chart, therefore, represents only about two-thirds of the HIV/AIDS grant dollars from California's major funders (those that participated in our survey). Appendix B contains raw data tables which include grant amounts reported in the survey.

Awareness and Prevention and Social Services received the most grant dollars, with 68% of all funds granted going to these two domains. Research received no grant dollars last year; Treatment and Clinical Care received the next smallest share, at 7%.

Although Organizational Capacity Building, Policy/Advocacy/Communications, Treatment and Clinical Care, and Research received relatively small shares of grant dollars, many of the major funders we interviewed reported that they *are willing to* fund these areas—in other words, these purposes are in many funders' guidelines, broadly speaking, and they would consider funding the right proposals.



Non-Monetary Support

Other than making grants, ten funders with whom we spoke have many other ways of providing support to HIV/AIDS organizations around California and the nation. Non-monetary support strategies mentioned by our respondents include:

- Holding grantee convenings and/or workshops (mainly informal)
- Holding a conference
- Branding/marketing support and advice

- Sponsorships
- Providing technical assistance
- Serving on boards
- Providing leadership training
- Helping with fund development
- Helping with organizational development

Half of the major funders hold informal convenings or workshops, making these forms of non-monetary support for HIV/AIDS by far the most common. Interviewees mentioned other forms of support just once or twice. Many of these opportunities, however, are offered across all program areas, and HIV/AIDS organizations can take advantage of these opportunities. In other words, these other means of support are not specifically tailored to HIV/AIDS organizations.

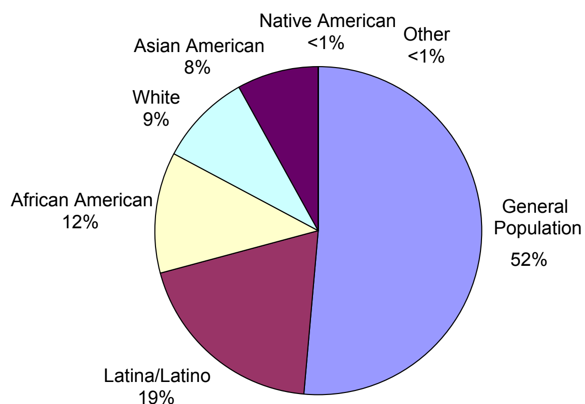
Corporate in-kind donations are another potential source of non-monetary funder support. However, our survey did not reveal any in-kind giving to HIV/AIDS issues in California.

Intended Populations

Because funders often strive to reduce health disparities, they tend to fund programs that have a specific lens when educating, researching, treating, or advocating for different demographic groups. Although it can be difficult to parse out the exact dollars to beneficiary populations, we asked funders to break down their grantmaking according to the various populations their grant dollars *directly benefit*, meaning the grant should "target" that population group. They broke down their dollars by race/ethnicity, exposure category, age, and gender.

When funders were asked to allocate their grant dollars across population groups, they left almost one-third of the grant dollars unreported. For this reason, these data must be viewed with caution, and should be viewed as a beginning point for a larger discussion about where and how HIV/AIDS grant dollars are allocated (see Appendix B for data tables with the raw grant dollars amounts reported.)

California Major Foundations: HIV/AIDS Grant Dollars to Racial and Ethnic Populations, Last Year



Race/Ethnicity

Of any specific ethnic group, Latina/Latino groups received the largest share, at 19%, followed by African-American at 12%, White at 9%, and Asian-American at 8%. Most grant dollars, 52%, went to the general population. Other (unspecified) and Native Americans both received less than 1% of the share of grant dollars.

To compare with cumulative AIDS cases in California, Latinos comprise of 21% of AIDS cases, African Americans 18% (although as of 2004, this ethnic/racial group had the highest case rate per 100,000 people)[10], Whites 57%, Asian American 2%, and Native Americans less than 1%.[11]

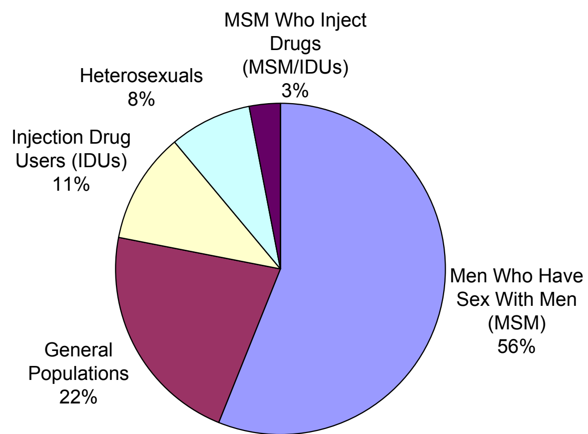
Share of HIV/AIDS Grant Dollars by Population, Compared with CA AIDS Cases

	Proportion of Grant Dollars Received in 2005	Proportion of California Cumulative AIDS Cases, through 2004[12]	Distribution of Persons Estimated to be Living with AIDS by Race/Ethnicity, at the End of 2004
African-American	12%	17.5%	18.9%
Asian/Pacific Islander	8%	2.3%	2.9%
Latino/Latina	19%	21.9%	28.7%
Native American	<1%	<1%	<1%
White	9%	57.5%	48.7%
General Population	52%		

Exposure Categories

Of all exposure categories, Men Who Have Sex with Men (MSM) (68% of the AIDS cases in California)[13] received the largest share of grant dollars, at 56% of reported grant funds. The next highest specific populations are injection drug users (IDUs) at 11% (10% of AIDS cases in California), heterosexuals at 8% (6% of AIDS cases in California), and MSM who inject drugs at 3% (9% of AIDS cases in California). (Data on

California Major Foundations: HIV/AIDS Grant Dollars to Exposure Categories, Last Year



[11] "HIV/AIDS Surveillance by Race/Ethnicity." Online Slideshow. Centers for Disease Control and Prevention. http://www.cdc.gov/hiv/topics/surveillance/resources/slides/race-ethnicity/index.htm
[12] www.statehealthfacts.org, compiled from the CDC
[13] San Francisco AIDS Foundation. http://www.sfaf.org/aidsinfo/statistics/transmission.html

living AIDS cases in California are not available.) No one reported grant funds directly targeting mother-to child transmission.

Share of HIV/AIDS Grant Dollars by Exposure Category, Compared with CA AIDS Cases

	Proportion of Grant Dollars Received in 2005[14]	Proportion of California Cumulative AIDS Cases, through 2004[15]
Men Who Have Sex With Men (MSM)	56%	68.0%
Intravenous Drug Users (IDUs)	11%	10.3%
MSM/IDUs	3%	9.9%
Heterosexuals	8%	5.5%
Mother-to-Child	0%	NA
General Population	22%	

Age Groups

Adults received the vast majority of grant dollars, at 86%. Teens received 7% and children 1%. In California, youth age 0-19 account for less than 1% of cumulative AIDS cases.

Share of HIV/AIDS Grant Dollars by Age Groups, Compared with CA AIDS Cases

<table>
<tr><th></th><th>Proportion of Grant Dollars Received in 2005</th><th>Proportion of California Cumulative AIDS Cases[16]</th><th>Estimated Proportion of Persons Living with AIDS, end of 2004[17]</th></tr>
<tr><td>Adults</td><td>86%</td><td>99%</td><td>99%</td></tr>
<tr><td>Teens</td><td>7%</td><td rowspan="2"><1 (children under 13)</td><td rowspan="2"><1 (children under 13)</td></tr>
<tr><td>Children</td><td>1%</td></tr>
<tr><td>General Population</td><td>6%</td><td></td><td></td></tr>
</table>

Gender

The majority of survey respondents did not provide enough information to analyze funding for gender groups and HIV/AIDS funding. Of those that did, however, programs serving males are reported to be receiving twice as much as those serving females. In California, males have accounted for 91% of all AIDS cases, females have accounted for 8%, and transgendered people have accounted for about 1%. It should be noted, however, that women's share of the AIDS population has been on the rise steadily since 1983.[18]

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[14] www.statehealthfacts.org, compiled from the CDC
[15] Ibid.
[16] Ibid.
[17] Ibid.
[18] "California AIDS Surveillance Report." Cumulative Cases as of March 31, 2006. California Department of Health Services, Office of AIDS, HIV/AIDS Registry Section.

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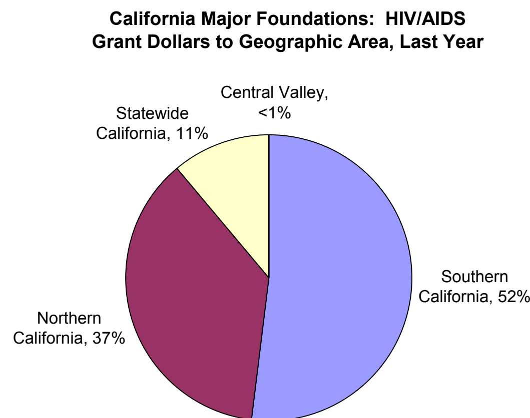
Geography

Southern California received the largest share of grant dollars, at 52%, while Northern California received 37% of grant dollars. The Central Valley received less than 1% of grant dollars, although some "statewide" funds—11% of the grant dollars—end up in the Central Valley (or in other areas for that matter).



Key Issues and Gaps in HIV/AIDS Funding Today

Some of the funders we spoke with exhibited a real passion for the key issues of the day. These are the issues that motivate them to keep pressing, despite fiscal cutbacks, to make an impact on this deadly epidemic. Everyone acknowledges that AIDS today is very different from the epidemic in the early 1980s. These changes have brought new challenges for foundations, new areas that need resources, and the people we spoke with discussed philanthropy's potential in addressing this issue.

The Shift of HIV/AIDS to a Chronic Disease

Many funders spoke with verve about "the end of HIV exceptionalism,"[19] and the policy changes that need to accompany the shifting paradigm of the disease as it becomes "more chronic and endemic, like cancer [or] diabetes." Early on, there was just a social service model, because the medical options were so limited. But as technology and science have advanced, "the medicalization of HIV has put it on more of a continuum," as one funder explained. People don't just wait to get AIDS and die. The lifecycle of the disease is shifting due to technology, so some funders are getting excited about new kinds of work. To many, access to health care and mental health services becomes even more critical. Many funders are taking a "full lifecycle view" of the epidemic

[19] Dr. Robert Leitch on "HIV Exceptionalism": "[In the early days of the epidemic] a unique coalition formed between the gay community, public health practitioners and civil liberty proponents [which strove] to avoid prevention measures that might "drive the epidemic underground." The traditional tried and tested public health measures of disease notification and contact tracing used for diseases such as typhoid, TB and syphilis were abandoned, and medical confidentiality was replaced by anonymity. The new strategy, based upon voluntarism, stressed mass education, counseling and the respect for privacy. This special approach to HIV/AIDS, as opposed to other infectious diseases, dubbed "HIV Exceptionalism" became the norm in the U.S." *U.S. Medicine*. July 2003. http://www.usmedicine.com/column.cfm?columnID=137&issueID=52

(because patients can now live much longer), and urge a return to some of the tried and true public health measures that have been used successfully with other chronic diseases. Many of these ideas are controversial, however, because a new "chronic view" of the disease might affect patient anonymity—because of this, some funders fear a backlash from their constituencies, based in a fear of driving the epidemic back underground, as it was when it first surfaced.

The Changing Face of HIV/AIDS in California: Gay Men and Communities of Color

Many of our interviewees (as well as many articles in popular newspapers)[20] note the changing face of HIV/AIDS in California, both nationwide and globally. They note that when the disease first surfaced, it was a gay, white male disease. Now the demographics of the disease have shifted, with communities of color and women (particularly in developing countries) increasingly affected in a disproportionate manner. For example, in California, African Americans made up over 18% of cumulative AIDS cases,[21] which is nearly triple their representation in California's overall population (at 6.7%).[22] Nationwide, African-Americans now account for 51% of *new* HIV diagnoses, up from 25% in 1985, and they also account for 55% of those who die from AIDS, though they make up just 13% of the U.S. population. Black women make up two-thirds of new HIV diagnoses among women, and black teens account for two-thirds of all cases among youth.[23]

The trend is similar for other communities of color in the California, in terms of disproportionate impact. Some funders, therefore, hold the perspective that given the disease's demographic trends, resources now need to be pumped into communities of color and border populations. Said one, "There is literally a health emergency among African Americans, men and women, in California. It needs to be addressed urgently."

But other interviewees said that the primary focus needs to remain on gay men (not distinguishing that many MSMs are men of color), stressing that the epidemic in California still mostly affects gay men in absolute numbers, and actually looks very different from the epidemic nationwide, which is experiencing more of the changing demographics of HIV/AIDS. "Our epidemic is still very much a gay epidemic, while at a national level it's more diffuse," said one.

Underserved Populations

When asked about areas that are under funded and currently needing attention, many interviewees mentioned particular populations that are underserved by current HIV/AIDS funding. One funder expressed the need for culture-specific and age-specific strategies to address HIV/AIDS: "Interventions have been based on a white gay

[20] Most recently, the *San Francisco Chronicle*'s June 2006 series, *AIDS at 25*.
[21] www.statehealthfacts.org
[22] U.S. Census. www.census.gov
[23] Fulbright, Leslie. "Disease Denial Devastating for African Americans: Blacks are Most Vulnerable." *The San Francisco Chronicle*. 5 June 2006

model [and] are not resonating in communities of color. We need culturally-specific strategies….there is also very little thought about prevention among youth."

Below is a list that includes the populations mentioned by our interviewees (the number in parentheses indicate the number of times the population group was mentioned. If there is no number in parenthesis, the population was mentioned just once).

- Communities of Color/"Minorities" (General) (5)
- Gay men (3)
- Women of color (3)
- Young MSM of color (2)
- Low wage workers (2)
- African-Americans
- Sex workers
- Farm workers
- Heterosexuals
- Homeless with AIDS
- Youth

Underserved Issues

Funders pointed to a variety of underserved issue areas within HIV/AIDS funding, with education, prevention, and awareness topping the list (mentioned by at least half of the interviewees). Said one funder:

> "One-quarter of those infected with HIV don't even know they are infected. We need a re-energized [movement] to reach young people. The paradigm of the disease in their heads is so different. They don't see people dying in their lives anymore. They see gunfire, gang deaths, and HIV doesn't seem all that bad anymore. That is a huge problem."

Funders believe that more resources need to be directed to education, prevention and awareness; moreover, they also believe *how* education, prevention and awareness efforts currently are funded and implemented, particularly with government-level influence, is also an area that needs attention. For example, funders believe that the current federal administration's insistence on abstinence-only sex education programs, as well as its avoidance of issues involving sex and sexuality, makes it difficult to deal with many of the stark realities of the disease. Syringe access programs are often blocked at government levels. The shift towards considering testing as a prevention strategy (to the exclusion of other strategies) has also helped erode meaningful awareness, prevention and education programming. Many funders we spoke to worry that continuing policies as these (although in reality they may not prevent efforts in California) will only make the epidemic worse.

Although funders reported that education, prevention, and awareness was underserved (or inadequately served), these issues received the most grant money from funders last year—almost twice as much money as the next highest category, Social Services.

Other underserved areas mentioned by our interviewees (the number in parenthesis is the number of times certain issues were mentioned; no number in parenthesis means the area was only mentioned once).

- Syringe access/harm reduction (3)
- Crystal methamphetamine use and related practices/drugs[24] (3)
- Transportation and housing (2)
- Advocacy (2)
- Co-morbidity, for example with Hepatitis C (2)
- Access to mental health services (2)
- Public policy work (2)
- Capacity Building
- Programs focusing on stigma and discrimination
- Emerging therapies to keep people alive
- Domestic vs. global AIDS focus
- Social services
- Case management
- Pet transportation for people with HIV
- Peer advocacy
- Treatment
- Social Services
- Food/meals
- Communications
- Research

[24] According to www.AIDS Hotline.org, California's HIV/STD Referral Database: "The association between meth and HIV transmission is related to: 1) the tendency of many people to engage in unprotected and uninhibited sex while under the influence of meth and 2) the risks associated with injection drug use for those who shoot speed. In terms of sexual transmission, many people when high on crystal do not use condoms and may have sex with many different sex partners during a speed run. And even if they do use condoms, the lengthy and rougher sex that often happens results in a much higher likelihood that the condom will break. Additionally, some men who have receptive anal sex while on speed are less sensitive to pain responses and may be inclined to have more aggressive sex for longer periods where injury is more likely to occur and the risk of HIV infection is increased."

General Climate for HIV/AIDS Funding in California

A few years back, several research studies revealed a concern about escalating HIV/AIDS "funder fatigue," meaning a decline in interest, energy, and funding to the issue. To gauge the present levels of fatigue in the funding community, we asked funders for their opinions and perceptions about the current climate for funding (among their foundation peers, as well as at the federal and state government levels). At this point in our conversations, many interviewees became very animated.

Influence of Dour National Climate

The current tone of HIV/AIDS education and prevention priorities (abstinence-only education, an unwillingness to speak frankly about sexuality, lack of syringe exchange funding, and the prevailing idea that testing is a prevention strategy to the exclusion of other strategies), coupled with current and impending federal budget cuts led our interviewees, almost without exception, to communicate a dour and dismal impression of the general climate for AIDS funding in the nation. "If the federal government doesn't hold up its end, how does the world expect the funding community to pick up the slack?" said one exasperated interviewee. "It's infuriating. We don't mind participating, but we can't do it all." Another interviewee said, "The Bush administration chooses what is funded and what isn't. They have acknowledged that there is a need, but the administration's heart is not there. It's all political expediency." Some funders stressed that they did not believe it to be case of a federal government vendetta against HIV/AIDS patients. They realize that government funding has been cut in so many areas, and that nonprofits are squeezed almost across the board. A commonly expressed sentiment was similar to this funder's words: "If we can get out of Iraq, there'd be some spare change left over."

Influence of California's Public Funding

Some funders cited reduced government funding in California as especially dispiriting, even though for the past few years, money from the State's general fund has increased, and in the next fiscal year is budgeted to increase again by by about one percent.[25] However, the concern is that funding for prevention and care is not rising in proportion to those living with HIV in California. Also, the Universitywide AIDS Research Program's budget is tied to the budget of the University of California system, which has seen its research budget cut by 25% over the past four years. UARP is hoping that its budget stays the same for next year, but given that much of its funds depend on the state and federal governments, it is steeling itself for decreases in the coming years.

Interviewees did not have the same concern about the quality of state-level HIV/AIDS programming as they did with the federal-level programming, and generally had positive things to say about the state's funding of HIV/AIDS. They remarked that in some ways, the epidemic is a bit easier to deal with in California, because its face hasn't changed as much as it has elsewhere in the country. Because infection in California still happens overwhelmingly among MSMs, the funding climate hasn't had to adapt or shift its priorities as much. Also, despite the impediments

[25] State of California Department of Health Services 2006 Budget Act

at the national level to addressing the epidemic in California, as well as the imminent decreases from the state's general fund, there is still a large amount of money coming from the state's general fund, which allows entities like California's State Office of AIDS more flexibility in what it can fund (two-thirds of the State Office of AIDS budget comes from the state's general fund, while one-third comes from federal sources).

Still, despite the greater flexibility for HIV/AIDS spending in the State of California, funders expressed an overall concern with "the fiscal picture of the state," which made many of them very wary.

Shifting Foundation Priorities

Four major California foundations recently either halted their funding of HIV/AIDS altogether, or slowed it significantly. "Fatigue is still there," said one interviewee, "And I hear it from our NGO partners." Said another, "Funder fatigue is endemic to the philanthropic sector. Those of us that have focused on HIV/AIDS, we start looking at other things. Our lives change, other influences happen. We need to take action elsewhere." For some funders, it is specific new issues (particularly within broader priority areas such as Health or a focus on LGBT populations) that cause them to move on. Some funders told us that they are seizing upon "marriage equality" as the next big issue for the LGBT community, which might necessitate a net loss of funds going to HIV/AIDS. Said one, "[The] current administration and the right wing's attacks on the LGBT community are so severe that we feel the need to respond there. It's a balancing act. How do we do that and maintain [our] commitments to HIV/AIDS?" In many cases, these funders lament, the answer seems to be funding cuts, or at the very least a depletion of attention and brainpower.

The foundations that still do fund HIV/AIDS are *also* growing concerned about funder fatigue among their colleagues, if not their own foundations. With prolonged lives of patients, and new target populations, comes a whole new set of needs among AIDS patients.

Some attribute the problem to people of the younger generation, who weren't there in the beginning of the epidemic, who did not have their groups of friends wiped out by the disease. Then there is a general perception that while HIV/AIDS is still a fearsome epidemic, it isn't the overwhelming crisis that it once was, mostly due to new, better drugs that are helping prolong people's lives significantly. Interviewees called the funding climate "flat and uninspired," and unable to adapt to the changes in patients' lives wrought by new medications. The funders who subscribe to this theory often decry their peers' tactics. They say that while they themselves are trying as hard as they can, other foundations look fatigued; some funders see new opportunities and priorities; others claim their peers have not dealt properly with innovation and have lost a modicum of energy and passion for the issue.

Some funders voiced a concern that these explanations of funder fatigue obscure more nefarious intentions: "As soon as the face of AIDS changed, with increases among communities of color, that's when donors turned off."

Other funders agree, but framed it slightly differently: "The leadership was old-time white gay men, who refused to tinker with the formula that had been established that had guaranteed funding for the particular organizations they felt strongly about, rather than adapt to the field and marketplace for service delivery and prevention…This is why philanthropy has moved on…innovation can't happen when you are protecting your slice of bread."

Finally, funders attribute fatigue among their colleagues to the current high philanthropic level of interest in alleviating HIV/AIDS in developing countries, fueled by the work of The Bill and Melinda Gates Foundation and the William Jefferson Clinton Foundation.

The Near Future of HIV/AIDS Funding: Projections for the Next Year

Most funders who were able to predict next year's funding told us that their HIV/AIDS grantmaking will either stay the same or decrease: half (50%) expect that their funding for HIV/AIDS will keep steady, and 20% expect their funding to decrease. Another thirty percent (30%) expect their funding to increase. None of our interviewees had shifted his or her focus to overseas HIV/AIDS work.

Foundations that expect to decrease their AIDS funding next year often say that this is because they will be decreasing their *overall* funding. That is, it is not solely HIV/AIDS funding that is being cut.

Next Year's HIV/AIDS Grantmaking

	Number of Foundations	% of all foundations	% of those foundations that know their HIV/AIDS grantmaking budgets next year
Unknown	4	29%	N/A
Decrease by 10% or More	1	7%	10%
Decrease Less than 10%	1	7%	10%
Stay About the Same	5	36%	50%
Increase by Less than 10%	1	7%	10%
Increase by 10% or More	2	14%	20%
Discontinue	0	0%	0%

These projections, our interviewees explained, hinge on a variety of factors that are beyond the control of program staff such as the fate of the economy and the stock market. Corporate foundations' funding amounts are also determined by how well their companies do in a given year.

Key Questions and Strategic Opportunities

Our research raises some questions for the HIV/AIDS funding community, and also suggests some strategic opportunities for APC.

Potential Funding Gaps

The research findings on funding to different population groups and grant purposes raise questions around possible disparities of funding. When comparing the share of grant dollars to certain populations, the shares often do not match up with the corresponding share of AIDS cases or infection rates. For example, African Americans received 12% of HIV/AIDS grant dollars but comprise of 18% of cumulative AIDS cases in California.

However, these populations are also represented in the "general population"—the issue here to consider is that foundations might not be strategically "targeting" their dollars to best meet the needs of these populations. But also importantly, these data are but one source of HIV/AIDS funding to population groups. Thoughtfully comparing the share of foundation dollars to AIDS cases or trends must include analyzing how other sources of money—federal, state, or individuals—are allocated. Without understanding the whole scope of HIV/AIDS funding to different populations, it is difficult to assess the degree to which certain populations might be underfunded. These data alone cannot tell us that African Americans, for example, are underfunded.

Along the same lines, the research revealed that only 7% of HIV/AIDS grant dollars went to Treatment and Clinical Care; zero dollars went to Research. For the estimated 150,000[26] people living with HIV or AIDS in California, these amounts may seem, at best, like a mere trifle.

Rather than jumping to the conclusion that certain areas are woefully under funded by the private funding community, APC could take this opportunity to commission research to examine further what foundations are funding that the government might not be—treatment and research, after all, have traditionally been the purview of government money, and it is an unreasonable expectation for foundations to take this on by themselves. Another opportunity would be to educate funders about the particular issues and needs of different populations, and how strategically targeting grant dollars (and subsequently tracking these grant dollars) can benefit the different population groups. Another opportunity would be to commission a full funding scan of the HIV/AIDS issue, including all private and public sources. This information would fill a large gap in available information on how our state is tackling this disease.

[26] Universitywide AIDS Research Program

Aggregating Data Sources and Providing Analysis

Complete data on how HIV/AIDS is universally funded is lacking, and at the same time, data on how the disease is progressing—while not lacking—are not easily interpreted nor accessible from one place. Some funders seem to be in touch with the many data sources regarding communities in which they support. They often cited specific data to support their reasons for shifting focus or focusing on certain populations or issues. Other funders however, could not differentiate between California-specific data and national trends, or cumulative AIDS cases, living AIDS cases, and trend data, and they cited nuanced, yet incorrect data. For foundation program officers and trustees, the picture is fragmented, and the data with accompanying discussion and analyses do not seem to be easily accessible in one place. The CDC and public health departments are collecting good epidemiological data and these data are aggregated to some extent by different HIV/AIDS organizations in California, but it is not the complete picture. The opportunity for APC would be to centralize and derive meaning from the data, and facilitate discussions about these data's true implications.

A single source of HIV/AIDS epidemiological data and analysis might help funders be more strategic in their grantmaking; likewise, funders could also benefit from better information about state and local policies regarding HIV/AIDS education, prevention and awareness programs. Given the way federal and state dollars are allocated, many community based organizations do have latitude in their sexual education programming and are not confined to, for example, abstinence-only programming. Here the opportunity for APC would be to help funders understand how community based organizations may or may not be constrained by their various funding sources.

Gay Men or Communities of Color? A False Choice

One of the key issues to emerge from our research was whether the changing face of HIV/AIDS required a different focus on population, i.e., a shift from gay men to communities of color. While some funders were quick to point out that both incidence rates and AIDS cases are disproportionately and uniquely affecting various communities of color, others were just as quick to point out that despite these trends, in California, HIV/AIDS cumulatively still impacts white gay men the most. Interviewees did not, interestingly, point out that many of those infected in communities of color are also MSM. Because the prevalence of the disease among these populations affects grantmaking budgets, this debate is not at all theoretical. It is important that funders do not turn their HIV/AIDS funding into a zero-sum game as they may be inclined to do, particularly in the face of cutbacks. The opportunity for APC is to help its members and the larger California funding community analyze and understand California data about MSM in communities of color and also to consider these important issues in a way that does not pit one population against another.

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Potential Regional Tunnel Vision

Not surprisingly, given the population spread of the state of California, most grant dollars are concentrated in northern and southern California, yet less than 1%, went to the Central Valley for HIV/AIDS purposes. No interviewees mentioned the Central Valley as a potential underserved area, either. Given the population explosion in the Central Valley, the HIV/AIDS funding community might be interested in further research about needs and resources necessary for organizations located and serving the Central Valley of California. While APC is a collaborative of northern California grantmakers, many of its members are interested in issues of the Central Valley, so an opportunity exists for helping members understand the unique issues for this region.

Questionable Engagement Level

Our interviewees did not unearth "energy" among a foundation community addressing HIV/AIDS. Although some interviewees exhibited passion and excitement about a particular issue they found pressing, in most cases, this did not connect to a foundation-level strategy for addressing HIV/AIDS. And for the most part, funders are not strategically targeting their grant dollars to specific populations or communities, nor are they tracking these data (since so many left these data unreported). The opportunity for APC is to explore whether those funders are experiencing isolation in their passion, and if so, what can be done to harness the "individual energy" into foundation-level and foundation community-level energy. How can APC position itself to re-energize the California funding community?

A Coordinated, Strategic Response

Most California funders do not have HIV/AIDS funding priorities and instead review and fund proposals that come to them under broader program areas. We heard funders say that since they are not on the front lines of the disease, it is important that communities come to them to define the most pressing issues. This viewpoint may be largely true, but the HIV/AIDS funding community may want to consider whether this approach leads to desultory funding practices that fail to achieve lasting impact.

Since funders—as a group—are in the unique position of having a bird's eye view of the field, and because they are not mired in the day-to-day realities of the disease, they have the time and resources to invest in strategy. For foundations to be humble and cognizant of the vast knowledge of their grantees is certainly important, but funders need not assume that their perspectives are less valuable than those of their grantees. This tightrope of tension between deferring to grantees and taking the initiative to devise funding strategies can certainly be walked with grace. A strategic approach does not mean foundations do not work with nonprofits. Funders and grantees can work together to create a grantee-driven strategy.

Given that foundation funding is such a small piece of overall HIV/AIDS funding in California, funders need to know how they can most effectively use their knowledge and money to have the biggest impact. The opportunity for APC is helping the foundation community understand where this biggest impact resides. Backed with universal data on funding to the issue, an aggregated data source, focused discussions on analysis and implications, and a grantee-driven strategy, APC can help renew focus and stimulate dollars. This research has uncovered many exciting opportunities for dialogue, and APC can position itself as the center for ideas and innovation and help lay groundwork for devising the most appropriate strategy that California foundations could undertake in order to make the biggest impact on this disease.

Appendix A

List of Interviewees

BJ Stiles, Academy of Friends
Katherine Crow, Alliance Healthcare Foundation
Alvertha Penny, California Community Foundation
Alicia Dixon, The California Endowment
Kevin Farrell, California State Office of AIDS
Fatima Angeles, The California Wellness Foundation
Diane Sanchez, East Bay Community Foundation
Timothy Sweeney, Evelyn and Walter Haas Jr. Fund
Roger Doughty, Horizons Foundation
John Edmiston, Kaiser Permanente
Melanie Havelin, The John M. Lloyd Foundation
Marcia Bonner, Marin Community Foundation
Justine Choy, Peninsula Community Foundation
Mariano Diaz, The San Diego Foundation
Tangerine Brigham, The San Francisco Foundation
Kevin Carroll, Levi Strauss Foundation
Mario Diaz, The Wells Fargo Foundation
Ray Mulliner, Small Change Fund
Bart Aoki, Universitywide AIDS Research Program
Lina Paredes, Liberty Hill Foundation

List of Survey Participants

Academy of Friends
Archstone Foundation
Blue Shield of California Foundation
California Community Foundation
Children Affected by AIDS Foundation
Community Foundation Silicon Valley
David and Lucile Packard Foundation
DIFFA Northern California
East Bay Community Foundation
Elizabeth Glaser Pediatric AIDS Foundation
Evelyn and Walter Haas, Jr. Fund
Gordon and Betty Moore Foundation
Hewlett Foundation
Horizons Foundation
John M. Lloyd Foundation
Kaiser Permanente
Levi Strauss Foundation/Levi Strauss & Co.
Peninsula Community Foundation
Sacramento Region Community Foundation
San Diego HIV Funding Collaborative, a program of Alliance Healthcare Foundation
San Francisco Foundation
Sierra Health Foundation
The California Endowment
The Small Change Foundation
The William & Flora Hewlett Foundation
Wells Fargo - San Francisco Bay Region

Appendix B

Total Dollars Allocated to HIV/AIDS Purposes, 14 Foundations Reporting

	Total Amount Granted	Percentage of Total
Awareness and Prevention	$2,099,126	44%
Social Services	$1,176,403	24%
Organizational Capacity Building (management, planning, evaluation, capital, infrastructure-building)	$677,011	14%
Policy, Advocacy, Communications	$458,247	9%
Treatment and Clinical Care	$319,799	7%
Other	$107,498	2%
Research	$0	0%
Not Reported	$2,001,803	-

Total Dollars Allocated to Racial and Ethnic Groups, HIV/AIDS Grant Dollars, 14 Foundations Reporting

	Total Amount Granted	Percentage of Total
General/Unspecified	$2,347,294	51%
Latina/Latino	$886,146	19%
African-American	$563,100	12%
White	$424,950	9%
Asian-American	$382,844	8%
Other (unspecified)	$17,100	<1%
Native-American	$15,900	<1%
Not Reported	$2,178,553	-

Total Dollars Allocated to Exposure Categories, HIV/AIDS Grant Dollars, 14 Foundations Reporting

	Total Amount Granted	Percentage of Total
Men Who Have Sex With Men (MSM)	$2,541,446	56%
General Populations	$1,021,358	22%
Injection Drug Users (IDUs)	$520,000	11%
Heterosexuals	$349,529	8%
MSM Who Inject Drugs (MSM/IDUs)	$145,000	3%
Mother-to-Child	$0	0%
Not Reported	$2,238,554	-

Total Dollars Allocated to Gender Groups,

HIV/AIDS Grant Dollars, 14 Foundations Reporting

	Total Amount Granted	Percentage of Total
Unspecified	$3,294,334	72%
Male	$911,099	20%
Female	$399,600	9%
Transgender	$31,900	.7%
Not Reported	$1,277,599	-

Total Dollars Allocated to Age Groups, HIV/AIDS Grant Dollars, 14 Foundations Reporting

	Total Amount Granted	Percentage of Total
Adults	$3,968,267	86%
Teens	$335,000	7%
Unspecified	$270,067	6%
Children	$64,000	1%
Not Reported	$2,178,553	-

Total Dollars Allocated to Geographic Areas, HIV/AIDS Grant Dollars, 14 Foundations Reporting

	Total Amount Granted	Percentage of Total
Southern California	$2,968,741	52%
Northern California	$2,118,199	37%
Statewide California	$654,247	11%
Central Valley	$3,000	<1%
Elsewhere in California	$0	0%
Not Reported	$1,071,700	-

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