

CENTER FOR SUBSTANCE ABUSE PREVENTION

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CONFERENCE DRAFT

FAITH-BASED RESOURCE GUIDE

**“A tool for faith and community leaders to help them
develop effective, efficient, and quality service delivery.”**

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TABLE OF CONTENTS

INTRODUCTION	Rev. Delavago Scruggs, Project Director, Faith Partners Contract, McFarland & Associates, Inc.	1
CHAPTER 1	Distinctive Characteristics of the Faith Community	3
CHAPTER 2	CSAP’s Six Prevention Strategies	5
CHAPTER 3	Understanding Funders: “A Very Mysterious World”	9
CHAPTER 4	Writing Winning Grant Proposals	13
CHAPTER 5	Federal Grants: A Primer	19
CHAPTER 6	Faith-Based Web Resources	21
CHAPTER 7	Relevant Books	27
CHAPTER 8	Faith-Based Affiliated Organizations.....	31
CHAPTER 9	Faith-Based Studies	33
SAMHSA/CSAP FAITH PARTNERS CONTRACT PROJECT TEAM	36
GLOSSARY	37

At the heart of all faith organizations are places of worship where people come together to practice their faith. Through these special places, be they cathedrals, chapels, churches, mosques, pagodas, synagogues, tabernacles, temples, or other meeting places, the health of individuals, families and communities can be improved. Partnerships with faith organizations include, yet extend beyond, places of worship to religious community-based health and social service organizations, hospitals, and community foundations that are founded on a religious mission of health and healing. Engaging faith organizations in the work conducted by the Center for Substance Abuse Prevention (CSAP) and the Substance Abuse and Mental Health Services Administration (SAMHSA) is not new. SAMHSA/CSAP has a growing history of engagement with faith organizations, but as good as our current efforts are, such collaborations are not common in enough communities across the country. The individual capacity of the faith and health sectors is impressive, but their combined capacity to promote community health is enormous.

Partnership development is an ongoing activity for the CSAP and SAMHSA. Public health leaders recognize the need to expand community collaboration for improving health. The faith sector represents the values of the community and is a strong traditional pillar for addressing many of the social health issues for persons who are underserved, marginalized, and impacted by disparities. Interventions that seek to change behaviors or social norms must consider the community values and the underlying influence of faith practices in the community if these interventions are to be effective.

I hope the *SAMHSA/CSAP Faith-Based Resource Guide* serves to answer questions and point you toward solutions.

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DISTINCTIVE CHARACTERISTICS OF THE FAITH COMMUNITY

Assets

Even advocates of faith-based organizations (FBOs) and the Faith-Based Initiative, such as Ron Sider of Evangelicals for Social Action, acknowledge that “sophisticated, quantitative social science research has yet to prove...that deeply faith-based programs work better than other programs and that faith is a key causal factor in that success.” Nonetheless, most observers would agree that FBOs have some unique assets to leverage in their social services programs.

In 2003, the Organized Religion Evaluation Initiative articulated the following assumptions about the benefits of working with faith-based organizations:

1. They are places where people gather. Participants range from those most marginalized in society to those with the greatest resources and networks.
2. They promote values that underpin civic engagement.
3. They offer concrete ways for people to act on their faith through engagement in the community and public affairs.
4. They are rich in social capital.
5. They are incubators for leadership development. They offer opportunities for members to develop political skills, a framework for social analysis, and self-confidence.
6. They enable *faith* to be both a means and an end for program participants.

Other observers note these assets particular to FBOs:

- Congregations tend to be very well organized and have a track record of engaging with the community at some level.
- They are perceived as being close to the issues and close to the community. Anecdotally, clients report a higher level of trust in community organizations—faith-based and secular—than in government agencies that couple an enforcement function with service delivery.
- Since members meet regularly, FBOs provide a reliable vehicle to communicate with a variety of people on a variety of issues.
- While the impact on recipients is yet unclear, faith does seem to be a motivator for providers in FBOs. Some research shows that the most dedicated volunteers are driven by faith.
- They leverage grant dollars with their high proportion of volunteers.

Needs

Given the many strengths of FBOs, along with the immeasurable power of faith itself, it can be easy to overestimate the capacity of churches and church leaders to effect change on long-standing, complex community problems. Pastors must spend their time on pastoral duties. Despite their best intentions, they have little extra time to run an FBO, and they may not have the luxury—or the management skills—to delegate these responsibilities to others.

Further, the downside of heavy reliance on volunteers is high turnover. Like all nonprofits, FBOs struggle to retain institutional memory during human resource changes.

Not surprisingly, FBOs, like all nonprofits, have a tremendous need for capacity building. But capacity building must be customized to take advantage of an FBOs distinct assets, organizational culture, and faith-based mission. Specific areas where assistance is needed include the following:

- Board development
- Strategic planning
- Evaluation
- Financial management
- Fundraising
- Sustainability
- Collaboration
- Legal issues
- Conflict of interest
- Staff development
- Volunteer development

This capacity building is particularly important to FBOs that are new to the world of government funding. They may be surprised to discover that they must carry more new responsibilities before any new money comes in the door. Many are not prepared to absorb the potential financial risk. They may not have the staff to divert from church duties or the governance systems to objectively weigh risks. In some cases, FBOs have been deterred by bad experiences with consultants they hire to find sources of funding and write grants; these people may take their money and then fail to deliver the big dollars promised.

Even FBOs that successfully access government funding soon discover that the government woefully underpays for social services. Community needs increase as resources to support them decrease. To fulfill their faith missions, FBOs often find themselves putting more of their own funds into their government-supported programs to help as many people as possible.

CSAP'S SIX PREVENTION STRATEGIES

CSAP has identified six prevention strategies that, in combination, can be used to develop programs focusing on risk and protective factors for substance use:

1. Information dissemination
2. Prevention education
3. Alternatives
4. Problem identification and referral
5. Community-based processes
6. Environmental approaches

Strategy #1: Information Dissemination

The aim of information dissemination is to increase knowledge and change attitudes about alcohol, tobacco, and drug use and abuse. The information disseminated should cover the nature and prevalence of substance abuse and its psychological, physical, and social effects. This strategy can address the impact of substance abuse on individuals, families, and communities. Information dissemination is characterized by one-way communication from the source to the audience, with limited contact between the two. Examples of methods used for this strategy include the following:

- Media campaigns
- Brochures
- Videos
- Radio and television public service announcements
- Lectures
- Health fairs
- Resource directories
- Clearinghouses and other information centers

The findings of CSAP-sponsored programs indicate that basic information dissemination is an effective educational tool for teaching the dangers of substance abuse. Disseminating information about the realities of substance use and abuse is essential to any prevention program because a change in knowledge can serve also as the basis for a change in attitudes and behavior.

Strategy #2: Prevention Education

Prevention education involves two-way communication. It is different from merely disseminating information because there is interaction between the educator and the participants. Some examples of methods used for this strategy are the following:

- Classroom and small group sessions
- Parenting and family management classes
- Peer leader and peer helper program
- Education programs for youth groups
- Groups for children of substance abusers

This strategy attempts to improve critical life and social skills because a deficit in these skills is a known risk factor for problem behaviors such as substance abuse. The skills taught may include decision making, critical

analysis of media messages, refusal skills, and cultural pride. The goal is to promote health and well-being in youth, while at the same time preventing the problems that may occur without strong skills.

Strategy #3: Alternatives

An alternatives approach to substance abuse prevention assumes that constructive and healthy activities meet important developmental needs, so that participants will no longer seek to have those needs met through drug-related activities. A key aspect of this strategy is the voluntary participation of youth in drug-free activities. Alternative activities often allow youth to enhance skills or knowledge, occupy unstructured time, and get involved in community service.

In some ways, prevention programs in and of themselves can be alternatives to drug-related activities. In other words, the nature of some programs may limit opportunities for problem behavior to develop because program sessions may be held in the evening or after school. One CSAP-sponsored program involved youth in African-American art, music, and drama projects. Another promoted time spent with mentors enjoying recreational activities, helping with community service activities (such as volunteering at local nursing homes), receiving help with school assignments, and attending family/mentor weekends.

Youth are likely to develop fewer substance abuse problems (as well as other problems) when they are surrounded by caring adults, given loving supervision, and offered age-appropriate challenges and opportunities to grow. Methods used for this strategy include the following:

- Mentoring programs
- Drug-free social and recreational activities
- Community service activities
- Drug-free dances and parties
- Youth and adult leadership activities
- Community drop-in centers

Strategy #4: Problem Identification and Referral

Problem identification and referral is a prevention strategy that identifies youth who have already tried drugs or developed substance use problems and refers them to appropriate treatment options. (It should be emphasized that this is a referral strategy and does not include any activity to determine whether a person is in need of treatment.) A large body of evidence points to early substance use as a first step to more serious use and abuse, so early identification is important. Examples of methods used for this strategy include the following:

- Driving-while-intoxicated education programs
- Employee assistance programs
- Student assistance programs

All prevention programs should prepare to address issues of prior use by participants, particularly when dealing with youth at risk. In this way, programs can prevent further use through early intervention strategies. In addition, programs for adolescents should not overlook the relationship between substance use and a variety of other health problems, such as mental illness, family problems, sexually transmitted diseases, early pregnancies, and school failure.

Strategy #5: Community-Based Processes

The community in which we live serves as an important context for much of our behavior. As members of a community, we generally conform to certain rules or widely held beliefs and attitudes. This strategy of community-based processes attempts to enhance community resource involvement in substance abuse prevention. Some methods include the following:

- Building interagency coalitions and promoting collaboration
- Training community members and agencies in substance use education and prevention
- Conducting systematic planning
- Accessing services and funding
- Supporting community team-building

By affecting the larger community and its response to families or children in need, programs promote healthy development opportunities for all those involved. For example, research shows that academic and interpersonal difficulties at school, as well as suspension or expulsion, are associated with increased levels of substance abuse. Related research shows that improving classroom behavior and increasing children's bonding with the school are important factors that can prevent substance abuse. Improving family functioning is another way to bring positive change in substance use and related problem behaviors.

Strategy #6: Environmental Approaches

Formulating policies that can reduce risk factors and increase protective factors is a foundational step in prevention efforts. This strategy establishes or changes written and unwritten community standards, codes, and attitudes, which then influence substance abuse in the general population. Such policy changes translate into new community and individual ideals on substance abuse. Examples of methods used for this strategy include the following:

- Community laws that prohibit alcohol and tobacco advertisements in close proximity to schools.
- Establishment and review of drug policies in school.
- Technical assistance to help communities maximize law enforcement efforts to govern the availability and distribution of drugs.
- Community policies that increase barriers for youths who attempt to obtain alcohol and tobacco products (such as increasing the price).
- Community laws that increase punishments for driving while under the influence.

UNDERSTANDING FUNDERS: “A VERY MYSTERIOUS WORLD”*

The world of funders is “very mysterious” to many, and funders are poorly understood, even by the people in nonprofit organizations that receive grants and contracts from them. Funders play an important role in society but remain remarkably unknown and unstudied. There are few books on foundations, government agencies that grant monies, and corporations that engage in philanthropy.

Most information sources are descriptive and anecdotal, relying on “war stories” but little or no research. Many others are quantitative, reciting numbers, types, assets, and grants; from these sources we can derive some understanding of foundations, government agencies, and the world of corporate philanthropy, yet we still do not grasp their more substantive features and we learn next to nothing about what goes on inside them.

The world of funding has become complex, but the thinking about them rarely matches this complexity, and many grant seekers prefer to pretend such intricacy does not exist. Some grant seekers have a very simplistic view of funders.

Others readily accept the myths about funders passed from one generation to the next. For example, a common perception is that funders are risk-takers that make grants to cutting-edge organizations unlikely to receive aid from conventional sources such as corporations. But this is more fiction than fact; most funders steadfastly avoid risky people and risky organizations.

The following information is meant to help faith organizations improve their understanding of funders and thereby increase their ability to attract grant dollars.

1. **The Funders’ representative donors** – Philanthropists like Bill and Melinda Gates, Oprah, Eddie and Sylvia Brown, and the Rockefellers.
2. **Trustees** – Boards of directors at foundations.
3. **Staff members** – The executive directors, financial managers, and program officers of foundations or other entities.
4. **Grant seekers and grantees** – Members of what is called “the donee group,” comprising the nation’s one million-plus nonprofit organizations. Grant seekers are people or organizations who apply for grants; and grantees are those who have received grant dollar awards.
5. **Government officials** – Members of Congress and officers of Federal agencies that oversee foundations, head up contracting offices, or head up program offices/projects.
6. **Researchers** – Scholars affiliated colleges or universities, as well as unaffiliated researchers who study philanthropy, foundations, and nonprofit agencies.
7. **Officers of associations or organizations in philanthropy** – represent the interests of nonprofits and foundations before Congress or Federal agencies, such as the Council on Foundations, or the Nonprofit Sector.
8. **Journalists** – Editors and reporters in the mass media as well as in publications on foundations and philanthropy, such as the editor of the *Chronicle of Philanthropy*.

*Based on a workshop curriculum used by the Rev. Delavago Scruggs.

The Art of Deciding Who Gets a Grant

The metaphor of the funder as a judge seems particularly appropriate given that the central task of funders is to judge the merits of grant seekers and the projects they propose. This is not to imply that funders perform as judges do in a courtroom, but they do render decisions in a similar manner.

The major function of funders is to decide that one applicant but not another shall be funded. The decision making around awarding grants is a three-step process, known only to the funder.

Step 1 is the intelligence involved. Intelligence is identifying the problems or issues that require decisions. For example, a funder will say the funds to be awarded should address *x*, *y*, and *z*. And the outcomes the funder hopes to see based are *a*, *b*, and *c*.

Step 2 is the design of the process whereby the funder may decide to keep the potential grantee pool limited by stating that only organizations that meet the criteria of *d*, *e*, and *f* may apply.

Step 3 are the choices made by the funder. Funders could decide to pick the best overall applicant; they could decide to pick a handful of applicants; or they could decide to pick applicants that meet certain minimum criteria.

Aristotle once said, “It is easy to give money away, but to decide to whom to give it and when, why, and how much is neither in every man’s power nor an easy matter.” Andrew Carnegie was frustrated with what he called the supremely difficult art of grant making, confessing that he “had not worked one-tenth as hard at making money as he had at giving it away.”

Many foundation and government program officers complain that their work has a peculiar sense of unreality because its effectiveness is very difficult to evaluate. The work is so ambiguous that many officers have trouble even describing what they do.

The Expectations of Grant Making

Like all organizations, funders can be fallible in their judgment, so it is possible that some grant proposals may be rejected for all the wrong reasons—unhappy grant seekers understandably claiming in response that little or no rationality was exercised. Grant making is an art, not a science.

Grant making is not a lottery or slot machine, although the way grant seekers approach funders, you would get that impression. While most funders apply little-known and seldom-articulated principles when making grants, below are six principles that translate most often into expectations of funders:

1. Funders expect grant seekers to interpret their program interests conservatively and to meticulously delineate exactly how projects match the priorities of the funder; yet many grant seekers show a complete disregard for or ignorance of program interest.
2. Grants for local projects are best sought from community foundations or family foundations within the region of the grant seeker. Many inexperienced grant seekers turn to national funders for small grants under the mistaken impression that “they will never miss the money”; such funders almost always reject small projects because they are too limited in scope or too tied to a single institution to have much adaptability.
3. The feasibility of a grant project is extremely important because the feet of most funders are planted firmly on the ground. Offbeat, impractical, or poorly conceived undertakings are

unlikely to get funders' grants, despite all that has been said about their supporting maverick people or organizations.

4. Funders assert that projects depend on the competence of the people involved, because grant making is a bet that people can do what they say they can do, and the design of a project alone hardly guarantees success. Neither does money, which is merely enabling; only people produce.
5. Funders are reluctant to grant money for "save-the-world" projects.
6. Funders expect grant seekers to help themselves, especially by raising money from other sources. Describing your organization's or project's sustainability goes a long way with funders. Also, keep in mind that it helps to keep the project officer informed about your efforts at sustainability beyond the initial proposal period. Conveying to a funder the idea that "if you don't give us the money, we will go out of business" is the worst thing you can do.

DRAFT

WRITING WINNING GRANT PROPOSALS*

FBOs must focus on better grant proposal submission. Although all program applicants receive a funder's program description, guidelines, and advice on how to apply, and they have numerous discussions with staff before any proposal is received, many writers tend to ignore all of the advice, guidelines, and consultation provided ahead of time. This is a glaring fault of many grant seekers.

Submitting a single proposal to a wide variety of funders without having researched those funders, made contact with them and, most important, listened to what they have asked for is certain to lead to disappointment and rejection. Instead, we strongly recommend that an organization looking for funding take the following steps:

- Build the case.
- Understand the resources you have and need.
- Develop a diverse and comprehensive strategy.
- Develop an effective proposal based on a connection with a funder.

These steps are very similar to the advice given in many other guides, workshops, publications, and seminars on grant writing, fundraising, and sustainability. In times of cutbacks, tight resources, limited funds, and ever-increasing demands, you may be thinking, “just give me the money [or the proposal] and not the lecture.”

Build Your Case

Wanting the money is not enough. You have to figure out who you are, where you want to be (in terms of your project or activity), who is with you, and what you want to do. To do this, you have to ask yourself a few hard questions and work through a checklist. The following checklist is designed to help you focus in on your strengths, weaknesses, and what a funder in general is looking for in successful grant proposal submissions. The key to getting resources is basic—developing relationships with supporters and funders and confidence in your ability to achieve change.

A Readiness Checklist to Create a Compelling Case

WHY?

- What is your mission, vision, and values, and how are you unique?
- What community and target group do you serve, and who are they?
- How do you deliver your services, and who is involved?
- When was your group established?
- What is your purpose or mission statement?
- Briefly describe your current programs or activities.

* Based on a workshop curriculum used by the Rev. Delavago Scruggs.

WHO? (show resources and connections for leverage)

- Who is on your board of directors, steering committee, or staff (paid and volunteers)? Who are your major partners (or strategic alliances) and what do they contribute?
- Who are your supporters?
- Can you demonstrate community demand and support for your activities?
- How does your organization work with others in your community?
- List the members and purpose of any partnerships, collaborations, or efforts in which you are currently involved.

WHAT? (establish credibility, stability)

- What is your current financial and resource situation?
- What are your major successes, supported by what evidence?
- What do you consider to be your greatest contribution to your community?
- Identify the key challenges and opportunities your organization has faced in the past few years and how you have addressed them.

HOW? (show long-range planning)

- What are the activities that are intended to meet your goals and objectives?
- What is your service record?
- Do you have a strategic plan or planning processes in place?
- How do you know that this is an important initiative for your community?

Develop an Effective Proposal

If you have been able to assess your organization's readiness and make a compelling case for a new initiative, then you will present your proposal effectively. All proposals have the same basic components:

1. Summary (can also be a letter of intent)

This is a brief, clear, concise overview (maximum two pages) that makes the reader want to know more. It should accomplish the following:

- Identify your organization and include at least one sentence establishing credibility.
- State the issue, problem, or need in two or three sentences.
- Briefly state objectives, with methods and activities listed in at least one sentence.
- Describe overall costs (funds already obtained and amount requested).
- Describe the path forward from here.

2. Introduction

This section is about a half-page long. It describes the applicant and its qualifications for funding, summarizing accomplishments, positioning, and supports. Write this introduction last, and tailor it to the funders, ensuring that it is concise and persuasive and that the proposed actions are a logical next step.

3. Problem Statement or Needs Assessment

This section is not about your group, it is about the external problems or challenges (e.g., the community). The needs assessment will enable the reader to learn more about the issues. You want the needs assessment section to be succinct, yet persuasive.

- Decide which facts or statistics best support the project.
- Show the gaps in existing service, or demonstrate that your program addresses the need differently or better than other projects that preceded it.
- Make the case that your role is crucial and the task is reasonable and achievable.
- Clearly define the issue, without jargon; avoid circular reasoning.
- Keep it brief and interesting.

4. Project Description

This section should have three interlinked subsections: objectives, methods, and evaluation. Together, objectives and methods become the focus of the evaluation to assess the results of the project. The budget, staffing, and administrative requirements should come out of the project description.

Objectives/Outcomes. The objectives and goals may be the most difficult part of any proposal to get right. They are the essential part that describes the outcome of the funding in measurable terms. They should relate to the issue or problem and signify change, but they should not describe the activities or means.

- Consider Specific, Measurable, Attainable, Realistic, Timely (SMART) objectives.
- Commit to at least one objective for each problem or need in the problem statement.
- Describe the population that will benefit.
- State the time by which objectives will be accomplished.

Methods/Actions. The methods describe the activities to be used to achieve the desired results. The methods section enables the reader to visualize the implementation of the project. It should convince the reader that your agency knows what it is doing and should accomplish the following:

- Make the case that these are logical next steps from issues and objectives.
- State reasons for the selection of activities.
- Describe the sequence of activities, staffing, and clients.
- Present a reasonable scope of activities within the time (a work plan is useful here).

Evaluation. Evaluation is not an event, it is a process of determining how objectives are met and methods are followed. A variety of tools may be used. Be sure to describe the following:

- Who will perform the evaluation (internal or external)
- The methods for gathering data
- The criteria and indicators for success
- How the lessons learned will be produced, shared, and used

5. Budget and Future Funding/Resources Leverage

You might have thought that the budget was one of the first things that you would want to present, but in fact, it will be the last item in the proposal. It will highlight the quality of your planning to show feasibility, commitment, and sustainability. The budget should accomplish these goals:

- Show cost-effectiveness, be realistic, and be detailed yet simple to understand.
- Demonstrate sound research, be accurate, and be organized.
- Use budget notes and narrative separately; have dates and time frames.
- Clearly outline expenses, income, and leverage of other resources.

Before the actual budget is attached, you will need to address future funding and other resources. The funder will want to see the following information:

- A list of other funds received, with sources
- An outline of your fundraising strategies, long-range plans, and budget projections
- A description of how other funds will be obtained (see letters of support)
- A detailed breakdown of your current income and expenses (attach the current operating budget, the project/program budget, and an audit or year-end fiscal statement for the most recent available year)

6. Conclusion and Appendixes

An important part of the proposal, often overlooked, is the conclusion. It should be two or three sentences summarizing the intent of the proposal, stressing leverage and alliances, and expressing confidence!

The appendixes are not for important information that belongs in the proposal; they are for strategic information that adds to the information in the proposal. Generally, they might include the following:

- List of board of directors and supporting organizations or collaborations
- Legal documents such as incorporation or charitable tax status
- Financial documents (audit or fiscal statement)
- Annual reports, brochures, publications
- Endorsements and letters of support, especially for the project

An Honest Appraisal

Find two or three people to read through your proposal to provide an objective and critical appraisal. Ask them to rate the proposal and make suggestions for improvement on the following:

- Writing (diction, grammar, spelling, flow)
- Tone and title (does it grab and keep the reader?)
- Summary (is it succinct and motivating?)
- Issues identification
- Credibility
- Objectives (are they SMART?)
- Activities (are they clear, related, and timely?)
- Evaluation
- Budget and leverage/resources

Reasons Why People With Great Ideas Get “No” for an Answer

- **Value:** What was proposed probably wasn't worth doing.
- **Feasibility:** What was proposed probably couldn't be done.
- **Capability:** Those making the proposal probably couldn't do.

Some historical statistics on other reasons for rejection include the following:

- 20 percent of proposals did not have page numbers (things get out of order very easily!)
- 66 percent of proposals had no evaluation component
- 73 percent had no table of contents
- 81 percent had no summary or abstract
- 92 percent failed to provide information on who does the work
- And, most often, the applicant did not take into consideration what the funder was looking for and had not researched and made the proposal fit with the funder's priorities

Take a moment to read through and think about the following 10 tips for successful proposals, as seen from a funder's perspective.

10 Tips to Successful Grant Writing

1. Know what you want to do.

Be really clear on what you want to accomplish and how it furthers your mandate or goals. Be able to describe it in simple terms with some clear outcomes.

2. Know your funder's mandate.

Ensure that your proposed initiative and its outcomes are explained in terms that make sense to that funder. Learn the budget situation; do your homework.

3. Know your funder's representatives.

Talk to them first and ask for any program particularities. There may be region-, sector-, or time-sensitive priorities.

4. Listen to the funder's representatives.

If the funder says to keep the proposal to four pages, do it. If there is a deadline, find out if it means that the application can be postmarked by the deadline or if it must be physically in their office by the deadline.

5. Follow the KISS Principle.

Keep it simple, silly! Project funders receive applications from all sectors of the community and do not know the language of each sector, its acronyms and terms. If funding staff can't understand what you are trying to do, your proposal won't move.

6. Follow the KISS Principle (again!).

Keep it short, silly! Unless you have been told otherwise (see #3 and #4, above), the staff person is likely assessing more than your proposal and does not need to know everything about your group.

7. Use the application form.

If the funder created forms for you to use, please use them. Do not create another document that you attach to their questions; use the form. If the representative has suggested that you attach further material, then attach it as an appendix after you have answered the questions.

8. Provide references.

Some types of proposals require you to give the names of people not directly related to your organization who will speak to the value of the initiative. Advise your references that they will be called and either give them a copy of the application or let them know what you are applying for.

9. Assess what went wrong.

Should you not get funded, it is your right (and your duty) to find out what the reason was. You will want to know this (even if it hurts).

10. Try again.

You most likely can remedy something in the application and try, try again. It is frustrating, but think of it as learning a skill: grant writing. A good investment is to find an organization or person in your community with those skills, and make use of them.

FEDERAL GRANTS: A PRIMER*

How Do Federal Agencies Use Grant Money?

The Federal Government awards two kinds of grants:

1. Grants awarded by an agency of the Federal Government (also known as discretionary grants)—for instance, a homeless assistance grant given out by the Department of Health and Human Services to a homeless shelter.
2. Grants that put Federal money in the hands of States, cities, or counties to distribute to charities and other social service providers, usually under their own rules and regulations (also known as formula or block grants).

Thus, you can apply directly to the Federal Government, or you can apply for funds to an entity that distributes money it receives from the Federal Government.

How can our organization find out about funding opportunities?

First, you must become familiar with what's available. The list supplied in the brochure "Federal Funds for Organizations That Help Those in Need," at www.whitehouse.gov/government/fbc/catalogue.pdf, contains general information on more than 100 programs operated by multiple Federal agencies. Use this list as a starting point. Agency Web sites also contain information on funding opportunities. In particular, faith-based and community groups should check for information on the Web site for the White House Office of Faith-Based and Community Initiatives, as well as on the Web site for the Agency Centers for Faith-Based and Community Initiatives. Many States and cities also have liaisons that can help faith-based and community applicants identify grant opportunities.

We've found some programs we're interested in. What's next?

All Federal grants have to be announced to the public. These announcements (which may be called a Program Announcement, Request for Proposal, Notice of Funding Availability, or Solicitation for Grant Applications) are the Government's way of looking for charities and other groups to provide a federally funded service. Each grant announcement will contain instructions on how to apply, including where to get an application packet, what the application should contain, the date the application is due, and agency contact information. Grant announcements are issued throughout the year. Unfortunately, there is no single document that contains every Federal grant announcement and no uniform format for these announcements, although President George W. Bush's administration is working to change this situation. In the future, the Government hopes to have all Federal agencies publish grant announcements electronically, in a single format and on a single Web site. Currently, most grant announcements are listed in the *Federal Register*, a daily publication that can be accessed on the Internet and at major public libraries. The *Catalog of Federal Domestic Assistance* also contains information about grant announcements.

* Excerpted with permission from *Federal Funds for Organizations That Help Those in Need*, a publication of the White House.

How can our organization get more help?

Most Federal agencies have experts who are available to help organizations apply for and manage their grants. Applicants should call the contact identified in the grant announcement or contact an agency's regional office. These agency personnel are available to answer questions over the phone. They may also refer applicants to local or nearby technical assistance workshops or to organizations that are under contract with the Federal Government to provide this kind of assistance. A listing of agencies' regional and local offices can be found on the Catalog of Federal Domestic Assistance (CFDA) Web site. Assistance may also be available from one of nearly two dozen organizations funded by the U.S. Department of Health and Human Services' Compassion Capital Fund. These organizations help small faith-based and community organizations learn about the grants process. They may also help small groups with other challenges, such as training volunteers and staff or expanding the reach of the services they provide. They do this at no cost to your organization. In addition, for general questions about writing a grant proposal, many State governments and cities provide grant-writing workshops, as do a number of nonprofit organizations and foundations.

FAITH-BASED WEB RESOURCES

Center on Faith Communities

www.hudsonfaithincommunities.org

The Center on Faith Communities seeks to inspire, educate, equip, and resource the faith community for the work of mercy and justice among the poor.

Somewhere in the United States, someone, or some church, is operating a community ministry that you or your church could run. Sometimes the first step in doing something new is realizing that it's achievable. The short profiles and in-depth case studies on this Web site are aimed at helping you envision the possibilities.

Many Christians want to make a difference in their communities but aren't sure how to do it. The Center on Faith Communities can help. The resources in the EQUIP department offer relevant, practical guidance on starting or enhancing community ministries. Here you'll find manuals, tutorials, best practices, research studies, and more that will strengthen your skills and knowledge.

Centers for Disease Control and Prevention

www.cdc.gov/partners/pdf/faithhealth.pdf

There is a faith-and-health movement spreading across this Nation. It can be seen in the growth of congregation-based nurse programs, health ministries, and interfaith service organizations engaging in health-related activities. Through these faith-based structures, faith groups and communities are receiving the benefits of health education, counseling, and a wide variety of support services and systems to advance and promote health and well-being. This work grows out of the health tenets that exist within every faith tradition. Partnerships between faith organizations and the health system, whether in medical care or public health, are not new. These partnerships, however, are not as common as we would wish. The information presented here is intended to expand understanding and collaboration between faith organizations and health organizations. The individual capacity of these organizational sectors is impressive, but their combined capacity to promote community health is enormous. Partnership development is an ongoing activity for the Centers for Disease Control and Prevention (CDC) and the Agency for Toxic Substances and Disease Registry (ATSDR). Public health leaders recognize the need to expand community collaboration for improving health.

Free Management Library

[www.mapnp.org/library/Free Management Library](http://www.mapnp.org/library/Free%20Management%20Library)

The Free Management Library is a complete, comprehensive, and integrated library that has answers to any of your questions about nonprofits. This is truly an exhaustive site with information on almost every topic. This site is a must for new organizations to check out.

Roundtable on Religion and Social Welfare Policy

www.religionandsocialpolicy.org/about

Religious organizations have been providing social services to needy Americans for generations. Charitable Choice requirements for a level playing field for faith-based contractors in large federally financed programs have been on the books since 1996. But despite the long history, and even though both major candidates in the most recent U.S. Presidential election proposed to broaden opportunities for faith-based social services, the direct involvement of religious groups in publicly financed social services is a flash point of hot debate and a topic requiring answers.

Formed in January 2002 with a grant from the Pew Charitable Trusts to the Research Foundation of the State University of New York, the Roundtable on Religion and Social Welfare Policy was created with this purpose: “To engage and inform government, religious, and civic leaders about the role of faith-based organizations in our social welfare system by means of nonpartisan, evidence-based discussions on the potential and pitfalls of such involvement.”

The Compassion Capital Fund

www.acf.hhs.gov/programs/ccf/about_ccf/index.html

Created in 2002, the Administration for Children and Families’ Compassion Capital Fund (CCF) is a key component of the President’s Faith-Based and Community Initiative. The primary purpose of the CCF is to help faith-based and community organizations increase their effectiveness, enhance their ability to provide social services to serve those most in need, expand their organizations, diversify their funding sources, and create collaborations to better serve those in need.

The CCF reflects the administration’s recognition that faith-based and community organizations are uniquely situated to partner with the Government in serving poor and low-income individuals and families, particularly those with the greatest needs, such as families in poverty, prisoners re-entering the community, homeless families, and at-risk youth.

The CCF administers two grant programs:

Demonstration Program

The CCF Demonstration Program funds intermediary organizations that provide capacity-building assistance to faith-based and community organizations. Intermediary organizations serve as a bridge between the Federal Government and faith-based and community organizations. During their project period, the intermediary organizations provide grassroots faith-based and community organizations with at least two types of assistance: technical assistance and sub-awards.

The Compassion Capital Fund currently funds 44 intermediary organizations nationwide. The program announcement for each fiscal year is available in the spring of that year.

Targeted Capacity-Building Program

The CCF Targeted Capacity-Building Program funds faith-based and community organizations with one-time awards to increase their capacity to serve targeted social service priority areas. The program announcement for each fiscal year is available in the spring of that year.

The Targeted Capacity-Building Program, casually known as the mini-grant program, awards faith-based and community organizations one-year \$50,000 (maximum) grants to build their capacity to deliver services to at-risk youth, the homeless, rural communities, and organizations providing marriage education.

The FASTEN Network

www.fastennetwork.org

Faith-based organizations have an important new resource with the FASTEN Network. FASTEN's mission is to strengthen and support faith-based social services, especially in distressed urban communities throughout the United States. The Faith and Service Technical Education Network (FASTEN) is a collaborative initiative of the Pew Charitable Trusts working in partnership with Baylor University's School of Social Work, Harvard University's Hauser Center for Nonprofit Organizations, Hudson Institute's Faith in Communities Initiative, and the National Crime Prevention Council's Center for Faith and Service.

The Nonprofit Genie

www.genie.org/The Nonprofit Genie

This site is similar to the Free Management Library above but not quite as comprehensive in the amount of information. However, it is easier to navigate.

U.S. Agency for International Development

www.usaid.gov/our_work/global_partnerships/fbci

The U.S. Agency for International Development (USAID) has a long history of working with faith-based organizations.

Since its inception in 1961, USAID has done extensive work with relief organizations affiliated with religious institutions. With regard to our faith-based and community organizations, our goals are the following:

- Identify and remove legal and policy obstacles or barriers that faith-based and community-based organizations encounter when competing for Federal funds.
- Create and implement legal and policy changes within the Federal Government and the U.S. Agency for International Development in order to ensure equal access to Federal funding.
- Educate USAID Washington, pillar bureaus, and regional bureaus on Faith-Based and Community Initiatives.
- Reach out to faith-based and community-based organizations to encourage them to compete for Federal funding, and provide technical assistance to them.

U.S. Department of Agriculture

www.agriculture.gov

Faith-based and community-based organizations (FBOs and CBOs) have a long history of involvement in Federal nutrition assistance programs and a tradition of supporting low-income people by providing a wide range of social services. These organizations are important and long-standing partners in the U.S. Department of Agriculture's efforts to provide nutrition assistance to those in need.

Federal nutrition assistance programs operate primarily through partnerships with State agencies, which in turn partner with local organizations. Generally, FBOs and CBOs participate in these programs through agreements with States, or through other local agencies that have agreements with States, rather than directly with the Federal Government.

Nutrition assistance program policy encourages the participation of FBOs/CBOs on an equal footing with other kinds of local cooperating organizations and avoids barriers that would make their participation difficult. In addition, the Food and Nutrition Service has undertaken special initiatives that recognize the role of FBOs/CBOs in serving low-income people.

U.S. Department of Commerce

www.commerce.gov/fbci

The Center for Faith-Based and Community Initiatives at the U.S. Department of Commerce will work to improve the ability of faith-based and community organizations to fully participate in Federal programs, while upholding the department's mission of creating the conditions for economic growth and opportunity by promoting innovation, entrepreneurship, competitiveness, and stewardship in the social service sector.

The mission of the Center is to empower faith-based and other community organizations to apply for Federal social service grants. The Center supplies information and training, but it does not make the decisions about which groups will be funded. Those decisions are made through procedures established by each grant program, generally involving a competitive process. No grant funding is set aside for faith-based organizations. Instead, the Center for Faith-Based and Community Initiatives creates a level playing field for faith-based as well as other community organizations so that they can work with the Government to meet the needs of America's communities.

U.S. Department of Education

www.ed.gov/fund/landing.jhtml

The U.S. Department of Education (ED) is providing nearly \$38 billion this year to States and school districts, primarily through formula-based grant programs, to improve elementary and secondary schools and meet the special needs of students. ED is providing about \$2.5 billion to help strengthen teaching and learning in colleges and other postsecondary institutions and over \$4 billion to support rehabilitation, adult education, research and development, statistics, and assessment.

- *Grant Making at ED* provides a general overview of the grant process at the Department.
- *Programs Web page* lists all programs organized by subject, title, who is eligible to apply, and more.
- *Guide to Education Programs* enables users to search programs by those same criteria—subject, title, who is eligible to apply, CFDA number, and more.
- *Discretionary Grant Applications* lists the application packages that are currently available.
- *Forecast of Funding Opportunities for ED Discretionary Grant Programs* forecasts when grant competitions are expected to open. These are the dates to begin watching for the application materials. Contact information for each grant is also provided.
- *Student Aid on the Web* provides information on grants and loans to go to college.
- *Federal Register* lists announcements of grant competitions.

U.S. Department of Health and Human Services

www.hhs.gov/fbci

The mission of the Center for Faith-Based and Community Initiatives (CFBCI) is to create an environment within the U.S. Department of Health and Human Services (HHS) that welcomes the participation of faith-based and community-based organizations as valued and essential partners assisting Americans in need. The CFBCI's mission is part of the Department's focus on improving human services for our country's neediest citizens. This Center leads the Department's efforts to better utilize faith-based and community-based organizations in providing effective human services.

HHS has made great strides in improving current faith-based and community partnerships, providing opportunities for new partnerships with faith-based and community organizations and removing existing barriers to the inclusion of these groups in HHS programs. Technical assistance has been provided throughout the country to increase the capacity of faith-based and community organizations working with vulnerable and needy populations. HHS has reached out and collaborated with religious and neighborhood organizations that for decades have been bringing solutions to bear on some of our country's most intractable problems. Finally, HHS staff has received training to better understand how to reach out and partner with these organizations.

U.S. Department of Housing and Urban Development

www.hud.gov/offices/fbci/index.cfm

President George W. Bush's Faith-Based and Community Initiative originated from the simple idea that our best chance to overcome a community's deepest problems is to tackle them from within, by welcoming those community partners who truly know how to change lives and entire communities.

As an active leader in the initiative, the U.S. Department of Housing and Urban Development (HUD) has set the standard in policy reforms that welcome organizations rooted in the community. We are leveling the playing field for these organizations, affording them the opportunity to effect an even greater change in neighborhoods across America. These policy changes have allowed faith-based and community organizations to make a unique impact in the lives of society's most vulnerable citizens, channeling America's compassion in new directions.

U.S. Department of Justice

www.ojp.usdoj.gov/fbci

The mission of the Task Force for Faith-Based & Community Initiatives is "to coordinate efforts to eliminate regulatory, contracting, and other programmatic obstacles to the participation of faith-based and other community organizations in the provision of social services" (Executive Order 13198, Section 2, 66 Federal Register 8497 (January 29, 2001)).

Working with various components within the U.S. Department of Justice, the Task Force is able to provide assistance in identifying resources and training to faith-based and other community organizations. The Task Force does not make decisions about which groups are funded. Those decisions are made through a careful application and review process established by each of the Department's grant-making and contracting components. There is no funding set aside for faith-based organizations, nor is there a separate fund established by the White House, the U.S. Department of Justice, or any other Center for Faith-Based and

Community Initiatives. Faith-based and other community organizations are currently eligible to apply for a variety of programs administered by the Bureau of Prisons, the Office of Community Oriented Policing Services, the Office of Justice Programs, the Office of Special Counsel for Immigration-Related Unfair Employment Practices, and the Office on Violence Against Women.

U.S. Department of Labor

www.dol-tlc.org/links.html

The Center for Faith-Based and Community Initiatives (CFBCI) at the U.S. Department of Labor (DOL) seeks to empower faith-based and community organizations (FBCOs) as these organizations help their neighbors enter, succeed, and thrive in the workforce. We target those organizations that are trusted institutions providing valuable services but that may not be partnering with Government programs.

To accomplish this mission, we work to remove administrative and regulatory barriers and develop innovative programs to foster partnerships between DOL-funded programs and FBCOs. We educate organizations about local opportunities to collaborate with and about opportunities to participate in national grant programs. We also work with local government officials and administrators to integrate faith-based and community organizations into the strategic planning and service delivery processes of local Workforce Investment Boards.

U.S. Small Business Administration

www.sba.gov/fbci

The U.S. Small Business Administration (SBA) provides loan guarantees, technical support, grants, and other services to help men and women operating small businesses achieve their goals. Faith-based and community organizations can play an important role in helping the SBA identify, train, and finance the entrepreneurs whose businesses will bring jobs and hope to economically distressed communities all across our Nation.

RELEVANT BOOKS

Addiction and Change: How Addictions Develop and Addicted People Recover

DiClemente, C.C. New York, NY; Guilford Publications, Inc., 2003.

The stages of change model has become widely known as a framework for conceptualizing recovery. Less well known are the processes that drive movement through the stages or how the stages apply to becoming addicted. From Carlo C. DiClemente, codeveloper of the transtheoretical model, the softcover edition of *Addiction and Change: How Addictions Develop and Addicted People Recover* offers a panoramic view of the entire continuum of addictive-behavior change. DiClemente illuminates the common path that individuals travel as they establish and reinforce new patterns of behavior, whether they are developing an addiction or struggling to free themselves from one, and regardless of the specific addictive behavior. The book addresses crucial questions of why, when, and how to intervene to bolster recovery in those already addicted and reach out effectively to people at risk.

Black Man's Guide to Good Health: Essential Advice for African American Men and Their Families

Reed, J.W., Shulman, N.B., & Shucker, C. Roscoe, IL; Hilton Publishing Company, 2001.

This is an accessible, no-nonsense reference book that explores the health issues most relevant to African-American men.

Blessed Are They That Comfort: An Introduction to HIV/AIDS for Black Congregations

Available in 25-booklet packs from The Balm In Gilead Inc. 130 West 42nd Street, Suite 450, New York, NY, USA 10036, (212) 730-7381.

The basic facts about HIV/AIDS are presented in a format that is familiar and comfortable for African-American congregants. The booklet answers key questions, such as "What is it like to have AIDS?" and "Can I get AIDS from the communion cup?" The booklet also includes relevant scriptural quotes, resources, and a prayer for unity.

Christian Caregiving: A Way of Life

Haugk, K.C. Minneapolis, MN; Augsburg Fortress, 1984.

In this practical book, Kenneth Haugk (founder of Stephen Ministries) sets forth the value of a holistic approach to caregiving that combines the theological with the psychological. He outlines the pitfalls, advantages, goals, and resources of holistic care. He also urges a long-term, process-oriented approach to caregiving. Haugk emphasizes the importance of listening and learning the needs of the care receiver, particularly in the care of persons with serious mental illnesses. This book is appropriate for small group or individual study.

Churches That Heal: Becoming a Church That Heals Broken Hearts and Mends Shattered Lives

Murren, D. West Monroe, LA; Howard Publishing, 1999.

Doug Murren knows both sides of the story when it comes to hurtful churches—as a senior pastor of a large church that effectively ministered to hurting parishioners from less-sensitive congregations, and as a respected Christian who lives with the unpredictable cycles of bipolar disorder. Murren’s openness was and is not always well received by less-informed fellow Christians. In this insightful book, he offers firsthand wisdom on why churches don’t heal, what happens when churches don’t heal, how to create a healing environment, and related topics. Here is an invaluable resource for every senior pastor, staff, and lay leader.

Community Ministry: New Challenges, Proven Steps to Faith-Based Initiatives

Dudley, C.S. Bethesda, MD; The Alban Institute, 2002.

Do you feel overwhelmed by the needs in your community that are crying out for attention? Do you desire to see your congregation effectively meet these needs but don’t know where to begin? In this comprehensive and practical book, Carl Dudley provides you with a step-by-step plan to help you develop a mercy ministry that brings hope, healing, and love to the lonely and hurting.

Dudley lays out a game plan that involves the following steps:

1. Define your community by charting the physical boundaries, identifying the anchor institutions, and looking for gathering places.
2. Identify the people by observing populations and lifestyles, noting historical changes and current trends, and reviewing statistical summaries.
3. Identify the people in the community who are ignored, marginalized, or out of sight: the “invisible” people.
4. Analyze the intangible forces of the community: the social, economic, political, and religious forces that operate in the community.
5. Listen to your community by beginning conversations with wide variety of people from different areas of the community.
6. Choose your focus ministry.

The book offers suggestions on what *might* be done at each step of the process while at the same time giving concrete examples of what specific churches and agencies have done. Dudley offers suggestions for further reading throughout the book and includes useful appendixes containing Web links for community ministries, gleanings from his years with community ministry, and a list of congregations and faith-based organizations involved in community ministry.

Faith Partners Journal Quarterly

The *Faith Partners Journal Quarterly* is the newest product from the Rush Center. The journal is an instructional guide with how-to tips for the faith community to respond to and support addiction prevention and recovery ministries. Each issue features “champions” from various team ministries—their keys to success and their commitment to recovery. Included are special reports by representatives of faith-based team ministries as well as reports by clergy on the latest issues. The journal also features tips on advocacy, tools to equip faith ministries, religious perspectives from all denominations and faiths, book reviews, and more. Available through the Rush Center (512) 451-9504.

Love First—A New Approach to Intervention for Alcoholism and Drug Addiction

Jay, J. & D. Hazelden Center City, MN; Hazelden Publishing and Educational Services, 2000.

If alcoholics and addicts won't accept help until they're ready, what gets them ready? This book provides an answer in clear, concise terms. Dispelling two damaging myths—that an addict has to hit bottom and that intervention must be confrontational—the authors' proven approach puts love first and shows families, step by step, what to do next. "A convincing new approach to intervention that puts love and respect first," says Jack Canfield, coauthor of the *Chicken Soup for the Soul* series.

My Rose—An African American Mother's Story of AIDS

Bell, G.E. Cleveland, OH; The Pilgrim Press, 1997.

My Rose is a plain-spoken, personal account of a mother's devastation when her child has AIDS. It tells of her shame and her anger at God, but also of the deep faith that enabled her to face the situation, even without the full support of her church. The book includes study questions. Foreword by Rev. Dr. Jeremiah A. Wright, Jr.

Relapse Prevention: Maintenance Strategies in the Treatment of Addictive Behaviors (2nd ed.)

Marlatt, G.A., & Donovan, D.M. New York, NY; The Guilford Press, 2005.

A thoroughly revised and updated edition of an addictions classic. In comprehensive and practical chapters, the contributors critically review and discuss new developments in relapse prevention theory, research, and practice. Of particular interest is the volume's reconceptualization of the relapse process, which takes into account new research findings. A new chapter on relapse prevention among ethnic minorities is especially timely, and chapters on sexual risk behaviors, gambling disorders, and "club drugs" document the expansion of relapse prevention to new problem areas. Clinicians, educators, and researchers should read—and reread—this book. It can be used as a primary text in graduate-level courses on addictive behavior. It also will serve well as a supplementary text in graduate-level courses on clinical practice and intervention research.

Speaking Out for Addiction Recovery

Allem, J. Austin, TX; Johnson Institute, Inc., 2003.

This new book for advocates in recovery is the core text for the Recovery Ambassador Workshops. The book covers basic skills in organizing, message building, fundraising, and dealing with policy makers. In the foreword, U.S. Representative Jim Ramstad says, "I highly recommend *Speaking Out* as a resource for all recovering people, as well as families and friends, who strive to carry the message and seek to make a difference." Available through the Rush Center at (512) 451-9504.

FAITH-BASED AFFILIATED ORGANIZATIONS

The Annie E. Casey Foundation

701 St. Paul Street
 Baltimore, MD 21202
 (410) 547-6600
www.aecf.org

The Annie E. Casey Foundation was established in 1948 by Jim Casey, one of the founders of United Parcel Service (UPS), and his siblings, George, Harry, and Marguerite, who named the philanthropy in honor of their mother. The foundation's first grants provided support to a camp for disadvantaged children in Seattle, the home of the Casey family. When Jim Casey gave up his administrative responsibilities as chief executive officer of UPS in the 1960s, he turned his attention to sharpening the programmatic focus of the foundation. In the course of his personal research with experts in the field of child welfare, he concluded that many troubled adults had grown up unhappily in foster care, often being bounced from one foster family to another.

In 1966 his interest in long-term foster care led him to establish the Casey Family Programs, now an independent operating foundation in Seattle. In 1976 a similar program was established in Connecticut as the direct operating unit of the Annie E. Casey Foundation. Headquartered in New Haven, Casey Family Services now has eight operating divisions offering an array of foster care and other services in New England and Maryland.

In general, the grant making of the Annie E. Casey Foundation is limited to initiatives that have significant potential to demonstrate innovative policy, service delivery, and community supports for children and families. Most grantees have been invited by the foundation to participate in these projects. The foundation does not make grants to individuals, nor does it provide grants for capital projects, medical research, direct services (with the exception of Baltimore City), or work outside the United States. Much of our current funding is targeted to its Making Connections Initiative and its 22 sites. The foundation annually declines a very high percentage of otherwise worthy proposals that do not meet its guidelines.

Organizations wishing to send a proposal to the foundation should submit a letter of no more than three typewritten pages describing the organization, its programs, the amount of funds requested, and a brief explanation of how the proposed work fits within the mission of the Annie E. Casey Foundation. There are no submission deadlines. Please do not send videotapes, computer disks, binders, or other bulky materials. Foundation staff members will review the material and reply in writing after approximately 30 days.

Christian Community Development Association (CCDA)

3555 W. Ogden Avenue
 Chicago, IL 60623
 (773) 762-0994
 (773) 346-0071 (fax)
info@ccda.org
www.ccda.org

The roots of the Christian Community Development Association (CCDA) stretch back to 1960 when John and Vera Mae Perkins relocated their family to the struggling community of Mendenhall, Mississippi, to work with the people there. The Perkinses devoted 35 years to loving the principles of Christian community development in Mississippi and California, leaving behind ministries and churches that are now headed by indigenous Christian leaders.

In 1989, Dr. Perkins called together a group of Christian leaders from across America who were bonded by one significant commitment: expressing the love of Christ in America's poor communities, not at arm's length but at the grassroots level. An association was formed, and CCDA held its first annual conference in Chicago in 1989.

Christian Community Health Fellowship (CCHF)

P.O. Box 23429
3555 W. Ogden Avenue
Chicago, IL 60623
(773) 277-2243
www.cCHF.org

Living Out the Gospel Through Health Care for the Poor—that is the vision of Christian Community Health Fellowship (CCHF). CCHF is a membership-based networking organization of more than 1,500 health care professionals and students directly involved with and concerned about this cause.

The three fundamental goals of CCHF are the following:

1. Help provide quality health care for the poor by recruiting and empowering Christian health care workers for this important task.
2. Function as a forum to raise and discuss questions related to this vision.
3. Create opportunities for health care professionals and students to meet and share stories for mutual education, support, and fellowship.

CCHF has sought to attain its vision mainly through providing publications, planning and supporting conferences, and offering opportunities for students to capture the Biblical mandate of serving among the poor. More recently, CCHF has been providing technical assistance to health centers interested in starting up, evaluating programs, and replicating Best Practices programs.

FAITH-BASED STUDIES

Faith-Based Groups Provide More Individualized Longer-Term Services and Assist Needier Populations Than Secular Counterparts

www.socialpolicyandreligion.org

A first-of-its-kind study by the Roundtable on Religion and Social Welfare Policy has found that faith-based organizations are more likely to serve a wider range of people in a more individualized fashion and provide assistance for significantly longer periods of time than nonreligious organizations.

The independent study selected similar programs in five States that varied in faith integration and funding source in an attempt to determine how faith and funding affect program design and delivery. Overall, researchers determined that faith-based organizations (FBOs) seem to have found a niche serving populations that other types of programs are not reaching, and they tend to place more emphasis on personal development, in contrast to secular programs, which are more likely to stress skill development.

The Comparative Cases study comes as President George W. Bush continues to push his Faith-Based and Community Initiative, which seeks to increase the participation of religious groups in social service delivery. Scholars examined drug treatment programs in Washington and Oregon, job training programs in Indiana, transitional housing programs in Michigan, and responsible parenting programs in Mississippi. Notable findings of the study include the following:

- The more faith-intense programs tend to serve needier populations, and a wider range of people.
- The more faith-intense programs tend to serve clients for a significantly longer period of time.
- Faith-based programs seem more focused on personal development than secular programs, which focus more on imparting skills.
- The use of government funds may change the approach FBOs take and make them similar to nonreligious programs that accept public money.
- There were significant differences between programs that receive public money and those that do not, regardless of whether the program is faith-based or secular.
- Faith-based programs do not attempt to indoctrinate clients but instead use faith as a support in teaching personal morality.

“These studies highlight the advantage of having a diverse mix of providers in the social service system,” said Richard P. Nathan, director of the Rockefeller Institute of Government, which is overseeing the project. “One of the main benefits of this diversity is that you can extend the reach of services to populations that are difficult to serve.” For more information, call (518) 443-5014.

Getting a Piece of the Pie: Federal Grants to Faith-Based Social Service Organizations

www.socialpolicyandreligion.org

The study by the independent, nonpartisan Roundtable on Religion and Social Welfare Policy found that while the share of Federal grant funding to faith-based organizations remained steady, the dollar value awarded to them declined.

“The Bush Administration has built a considerable management capacity to reach deeply into and widely across the Federal Government in order to implement the Faith-Based and Community Initiative as a Presidential priority,” said David J. Wright, project director of the Roundtable. “This has translated to faith groups receiving a significant share of Federal social service grants, despite intensifying competition as available dollars shrink.”

The study also found that the overall share of grants to congregation-based organizations declined during the period, although there was evidence that a few Federal grant programs are increasing awards to such groups. A goal of the Faith-Based and Community Initiative created by President George W. Bush has been to expand partnerships with faith-based service providers, especially those that are smaller or congregation-based. As part of that effort, the White House has held numerous grant training sessions around the country.

“Congregations are being recruited, but it takes time to get new players into the game,” said Lisa M. Montiel, the survey’s principal researcher. “The Federal grant process can be daunting, even with the efforts that have been made to level the playing field for such groups.”

Because the study covers those grant programs operating since 2002, Montiel noted, it excludes several newer programs that may fund smaller faith-based providers, such as prisoner re-entry programs and those that mentor children of inmates. In addition, the study looked at discretionary grants made directly by Federal agencies and did not include funds channeled to faith-based groups through Federal block grants administered by State and local governments.

In order to gauge trends affecting Federal funding of faith-based social service providers, the study focused on the three years following the creation of the President’s Faith-Based and Community Initiative. It included 99 Federal programs for which such groups were eligible and for which consistent year-to-year data was available. The study also used five specific criteria to identify grant recipients as being faith-based, including evidence of an explicit religious affiliation, religious references in mission statements, the presence of religious elements in the services provided, and the overt use of religious symbols, words, or slogans. For more information, call (518) 443-5014.

The Policy Environment for Faith-Based Social Services in the United States: What’s Changed Since 2002

www.socialpolicyandreligion.org

This report offers an update on the status of State government partnerships with faith-based social service providers throughout the Nation.

In the summer of 2003, the Roundtable on Religion and Social Welfare Policy sponsored research to examine the nature and extent of State initiatives to increase the involvement of Faith-Based Organizations (FBOs) in the delivery of social services. Researchers in all 50 States were asked to gather information on the policy environment for faith-based social service delivery at the State and local levels. They were also asked to determine the extent to which changes have been adopted in laws, regulations, and administrative processes to facilitate collaboration with FBOs as a result of the Charitable Choice provision of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, and to subsequent expansion of this provision to several additional Federal programs.

More States have taken steps to expand partnership opportunities with faith-based service organizations over the past two years, according to a new study by the nonpartisan Roundtable on Religion and Social Welfare Policy. But the report found that several factors appear to have restrained significant expansion of social services provided by religious organizations.

The State of the Law 2005—Legal Developments Affecting Partnerships Between Government and Faith-Based Organizations

www.socialpolicyandreligion.org

This report provides a comprehensive review of recent developments in constitutional and statutory law concerning relationships between church and state.

Three prominent legal decisions in 2005 helped sharpen the boundaries governing public funding of faith-based organizations—but many of the lines between church and state remain blurred and could be the focus of future disputes, according to the findings of the annual “State of the Law” report issued by the nonpartisan Roundtable on Religion and Social Welfare Policy.

“Although these decisions help clarify some of the lines between church and state this year, they’re likely not the final word,” said the report’s authors, law professors Ira C. Lupu and Robert W. Tuttle. “The reshaping of the Supreme Court that is now underway could dramatically change the legal landscape affecting the public support of faith-based organizations.” Lupu and Tuttle, both of whom are experts in constitutional law at George Washington University, serve as codirectors of legal research for the Roundtable on Religion and Social Welfare Policy.

Center for Substance Abuse Prevention

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Term	Definition
Abuse	Occurs when alcohol or drug use adversely affects the health of the user or when the use of a substance imposes social, as well as personal, costs.
Addiction	A compulsive physiological craving for a habit-forming substance, addiction is a chronic and progressive disease usually characterized by physiological symptoms upon withdrawal. The term “dependence” is often used synonymously to avoid the pejorative connotations of addiction.
Agent	In the public health model, the agent is the catalyst, substance, or organism causing the health problem. In the case of chicken pox, a virus is the agent. In the case of substance abuse, the agents are the sources, supplies (drugs), and availability.
Assets	See Developmental Assets
Attribution	The ability to link a particular effect with a specific cause.
Baseline	Observations or data about the target area and target population prior to treatment or intervention, which can be used as a basis for comparison once a program has been implemented.
Bias	Bias is the extent to which a measurement, sampling, or analytic method systematically underestimates or overestimates the true value of something. Bias in questionnaire data can stem from a variety of other factors, including choice of words, sentence structure, and the sequence of questions. Bias is also created when a significant number of respondents do not answer a question. If those responding and those not responding have different characteristics, the responding cases may not be representative of the entire group.
Cause	A cause is something that brings about an effect or a result. Establishing causal relationships is difficult in the social sciences because many variables affect human behavior. For example, young people whose parents are critical or abusive are at higher risk for using drugs. However, it would be difficult to prove that parental criticism and abuse actually caused a teenager to abuse drugs.
Communications Channel	In social marketing terminology, a communications channel is a Place (one of the 4 P’s) through which promotional messages are disseminated to the target audience. Channels include the mass media as well as physical places such as schools, churches, or workplaces. In diffusion of innovations theory, the communications channels are seen as accommodating a complex flow of information; information is communicated in various ways and in multiple settings, with the repetition and reinforcement of information increasing chances that people will decide to make changes.
Comparison Group	A group of individuals whose characteristics are similar to those of the program participants but who do not receive the program services, products, or activities being evaluated.

Cost-Benefit Analysis	A systematic method for valuing over time the monetary costs and consequences of producing substance abuse program services. Results from a cost-benefit analysis (CBA) are often provided in terms of a net present value figure, which shows the difference in inflation-adjusted, discounted costs and benefits of the program in today's dollars or in the dollars of a base year of interest. Results may also be shown in terms of an internal rate of return or a benefit-cost ratio. The data are used in determining the content of a benefit package.
Demographic	As in demographic variable; a characteristic of a human population, including sex or gender, age, race and ethnicity, or socioeconomic status (SES).
Dependence	A mental and sometimes physical state resulting from taking a drug, characterized by a compulsion to take a drug on a continuous or periodic basis. Tolerance may or may not be present, and a person may be dependent on more than one drug.
Developmental Assets	The developmental assets framework espoused by the Search Institute specifies critical factors in young people's growth and development. The internal and external assets offer a set of benchmarks for positive child and adolescent development.
Diffusion	Diffusion is the process by which an innovation is communicated through certain channels over time among the members of a social system. It is a special type of communication in that the messages are concerned with new ideas.
Diffusion of Innovations	A theoretical framework that seeks to explain the means by which new ideas and practices are communicated and accepted among members of a social system. The diffusion of innovations approach has been applied in many countries to evaluate the impact of new programs in areas such as public health, family planning, and nutrition.
Domain	Domains are spheres of influence in which prevention activities are conducted. Domains are usually considered to include individuals, families, schools, peers, and communities.
Effectiveness	The ability to achieve stated goals or objectives, judged in terms of outcomes and impact.
Environment	In the public health model, the environment is the context in which the host and the agent exist. The environment creates conditions that increase or decrease the chance that the host will become susceptible and the agent more effective. In the case of substance abuse, the environment is a societal climate that encourages, supports, reinforces, or sustains problematic use of drugs.

Environmental Approach	One of the six strategies mandated by the Substance Abuse Prevention and Treatment (SAPT) block grant regulations. This strategy establishes or changes community standards, codes, and attitudes and thus influences incidence and prevalence of substance abuse. Approaches can center on legal and regulatory issues or can relate to service- and action-oriented initiatives. Examples include technical assistance to communities to maximize enforcement of laws governing availability and distribution of legal drugs, product pricing strategies, and advertising of alcohol and tobacco. (Link to Prevention Enhancement Protocols System (PEPS), “Preventing Problems Related to Alcohol Availability: Environmental Approaches,” at www.health.org/govpubs/prevalert/v3i8.htm .)
Epidemiology	The science of developing and applying disease prevention and control.
Extant	Currently existing. Extant data are often data that are routinely collected either as part of program operations or through ongoing related research efforts (for example, tracking alcohol-related traffic accidents and deaths).
Health Education	Health education in schools can include alcohol, tobacco, and drug education programs that teach students about the dangers and risks associated with substance abuse and foster a more accurate perception of norms than they may receive from the media or peers.
Health Policy Intervention	Health policy interventions can be used to affect the social, economic, and regulatory environments of substance abuse. These policies attempt to change the environment in such a way that substances become less available and/or more expensive. Such interventions include formal changes in laws, as well as changes in institutions (e.g., schools, law enforcement agencies, retail establishments, or families). Policy interventions also change norms, values, and expectations so that they are less supportive of substance use behaviors that result in health and social problems.
Host	In the public health model, the host is the individual affected by the health problem. In the case of substance abuse, the host is the potential or active user of drugs.
Hypothesis	A statement regarding the relationship between two variables. In evaluation research, this typically involves a prediction that the program or treatment will cause a specified outcome. Hypotheses are confirmed or denied based on empirical analysis.
Impact Evaluation	A type of outcome evaluation that focuses on the broad, long-term impacts or results of program activities (e.g., an impact evaluation could show that a decrease in a community’s crime rate is the direct result of a program designed to provide community policing).
Implementation Assessment	In general, this term is used as a synonym for process evaluation. Process evaluation focuses on how a program is implemented and operated.

Indicated	As in indicated preventive interventions, these are strategies designed for persons who are identified as having minimal but detectable signs or symptoms or precursors of some illness or condition, but whose condition is below the threshold of a formal diagnosis of the condition.
Indicator	A variable that relates directly to some part of a program goal or objective. Positive change on an indicator is presumed to indicate progress in accomplishing the larger program objective. For example, a program may aim to reduce drinking among teens. An indicator of progress could be a reduction in the number of drunk driving arrests or the number of teens found to be drinking underage in clubs.
Innovation	An innovation is an idea, practice, or object that is perceived as new by an individual or group.
Logic Model	A logic model consists of a succinct, logically sequenced series of statements that link the problems a program is attempting to address, the ways it will address them, and the expected results.
Measure	Measures are the tools used to obtain the information or evidence needed to answer a research question. They are similar to indicators but are more concrete and specific. Often an indicator will have multiple measures. Indicators are statements about what will be measured; measures answer the question of exactly how it will be measured.
Mentoring	A mentoring program exposes youth to positive adult role models and encourages high academic and professional standards. Activities may include tutoring, recreational activities, attending sporting or cultural events, and performing community service.
Misuse	Occurs when people of legal age use legal substances in a harmful way.
Model Prevention Programs	Model prevention programs, as defined by CSAP's National Registry of Effective Prevention Programs (NREPP), are effective programs whose developers have agreed to participate in CSAP's dissemination efforts. Program developers have also agreed to provide training and technical assistance either directly or through qualified intermediaries, in this way ensuring that the program is implemented with fidelity, thereby maximizing the probability for repeated effectiveness.
Objective	Specific result or effect of a program's activities that must be achieved in pursuing the program's ultimate goals. For example, a treatment program may expect to change participants' attitudes (objective) in order to ultimately reduce recidivism (goal).

Organizational Development Theory	The application of behavioral sciences to improve organizational effectiveness. Interventions are directed at organizational processes and structures and at worker behaviors. Applications of this theory target human relationships and quality of work for problem diagnosis, action planning, interventions, and evaluation. Goodman, R.M., Steckler, A., Kegler, M.C., (1997). Mobilizing organizations for health enhancement: Theories of organizational change. In K. Glanz, F.M. Lewis, B.K. Rimer (Eds.), <i>Health Behavior and Health Education: Theory, Research and Practice</i> (2nd ed., pp. 287–312). San Francisco: Jossey-Bass.
Outcome Evaluation	A type of evaluation used to identify the results of a program's effort. It seeks to answer the question "What difference did the program make?" The outcome evaluation yields evidence about the effects of a program after a specified period of operation.
Parent and Family Skills Training	Intervention programs considered parent and family skills training seek to reduce risk factors for substance abuse by strengthening family life. Depending on the type of program, parents and children receive training in skills to improve the structure, functioning, and interaction of the family. Parents receive specific instruction on addressing the problem behaviors of their children. These interventions may take place with individual families or groups of families in a clinic or classroom.
Predictive	One variable is considered to be predictive of another if there is a systematic relationship between the two. However, the fact that there is a relationship does not mean that one thing causes the other. For example, low school achievement is often associated with drug abuse in the teen years, but low school achievement does not cause drug abuse. Young people who perform poorly in school are at high risk, but there are many other risk factors, none of which predict with complete accuracy who will become involved with drugs.
Prevention	A proactive process that empowers individuals and systems to meet the challenges of life events and transitions by creating and reinforcing conditions that prompt healthy behaviors and lifestyles. The goal of substance abuse prevention is the fostering of a climate in which (a) alcohol use is acceptable only for those of legal age and only when the risk of adverse consequences is minimal; (b) prescription and over-the-counter drugs are used only for the purposes for which they were intended; (c) other abusable substances, for example, aerosols, are used only for their intended purposes; and (d) illegal drugs and tobacco are not used at all.
Prevention Domain	Domains are spheres of influence in which prevention activities are conducted. Domains are usually considered to include individuals, families, schools, peers, and communities.
Primary Prevention	Prevention activities designed to prevent substance abuse before any signs of a problem appear. Also, strategies designed to decrease the number of new cases of a disorder or illness.

Process Evaluation	Process evaluation focuses on how a program was implemented and operates, and it identifies the procedures undertaken and the decisions made in developing the program. It describes how the program operates, the services it delivers, and the functions it carries out; further, it addresses whether the program was implemented and is providing services as intended. However, by additionally documenting the program’s development and operation, it allows an assessment of the reasons for successful or unsuccessful performance and provides information for potential replication.
Protective Factor	An attitude, behavior, belief, situation, or action that builds resilience in a group, organization, individual, or community.
Public Health Model	This model can be illustrated by a triangle, with the three angles representing the agent, the host, and the environment. (The agent is the substance, the host is the individual using the substance, and the environment is the social and physical context of use.) A public health model, using the science of epidemiology, stresses that problems arise through the relationships and interactions among host, agent, and environment. Primary prevention is the focus of CSAP. Prevention programs in the past, including substance abuse prevention, often neglected to deal with the environment and focused exclusively on inoculating the host through educational efforts, expecting that information on the dangers of drugs would be sufficient to deter use. However, a public health approach requires not only an understanding of how host, agent, and environment interact but also must include a plan of action for influencing all three.
Qualitative	A term used to refer to information that is difficult to measure, count, or express in numerical terms (for example, how safe a resident feels in his or her neighborhood). In evaluation, qualitative data provide contextual information that describes participants and interventions. These data are often presented as text. A strength of qualitative data is their ability to illuminate findings derived from quantitative methods.
Qualitative Data	Qualitative data is information that is difficult to measure, count, or express in numerical terms (for example, the nature of relationships among various groups in a community). This type of data is used in research involving detailed, verbal descriptions of characteristics, cases, and settings. Qualitative research typically uses observation, interviewing, and document review to collect data. A qualitative analysis might lead to the conclusion that relationships between parents and teens are strained, that parents are often working two jobs to make ends meet, and that there are not enough positive recreational opportunities for youth.

Quantitative	A term used to refer to information that can be expressed in numerical terms, counted, or compared on a scale (for example, the number of alcohol-related traffic accidents per month). In evaluation, quantitative data are used to measure changes in targeted outcomes (for example, substance use) and intervening variables (for example, attitudes toward substance use). The strength of quantitative data is their use in testing hypotheses and determining the strength and direction of effects.
Quantitative Data	Quantitative data is information that can be expressed in numerical terms, counted, or compared on a scale (for example, the number of 911 calls received in a month). Quantitative data might lead to the conclusion that there have been an increased number of arrests for selling drugs, that the quantity involved in sales is larger than in previous years, and that the sellers are younger.
Reference Group	The group that is the focus of a needs assessment. Members of the reference group are similar in some important way. For example, they may all live in the same community, attend the same school, or be members of the same organization.
Resilience, Resiliency	The ability to cope successfully in the face of significant adversity or risk. This capability develops and changes over time, is enhanced by protective factors, and contributes to the maintenance or enhancement of health.
Respondent	An individual from whom data are collected via questionnaire, interview, or other means. Respondents may be members of the target population, but they also include others from whom information is gathered. For prevention programs, respondents often include program staff, social service providers, educators, parents, and others.
Risk Factor	An attitude, behavior, belief, situation, or action that may put a group, organization, individual, or community at risk for alcohol and other drug problems. Examples are a high-stress job, family member with a substance abuse problem, or marital problems.
Screening	A clinical screening is a preliminary gathering and sorting of information used to determine if an individual has a problem with alcohol or other drug abuse and, if so, whether a detailed clinical assessment is appropriate.
Secondary Prevention	Prevention activities designed to intervene when risk factors or early indicators of substance abuse, such as marital strife or poor school performance, are present. Also, prevention strategies designed to lower the rate of established cases of a disorder or illness in the population (prevalence).
Selective	As in selective preventive interventions, these are activities targeted to individuals or a subgroup of the population whose risk of developing a disorder is significantly higher than average.

Skills Building	Skills building in schools is designed to increase life skills, including social and academic abilities. Curriculum topics may include such areas as stress management, self-esteem, problem solving, social networks, and peer resistance.
Stakeholder	A person or group with a vested interest in the design, function, or outcomes of a service or product; for public health, stakeholders include consumers, family members of consumers, service providers, legislators, and State mental health authorities.
Standardized Instrument	An assessment, inventory, questionnaire, or interview that has been tested with a large number of individuals and is designed to be administered to program participants in a consistent manner. Results of tests with program participants can be compared to reported results of the tests used with other groups.
Statistical Testing	A type of statistical procedure that is applied to data to determine whether the results are statistically significant (that is, the outcome is not likely to have resulted by chance alone).
Stratification Variable	These variables represent different subsegments of a pool of individuals being studied. Stratification variables include age, gender, socioeconomic status, and location.
Systems Development Theory	A theory that seeks to explain how entire systems (such as society) experience generations of change.
Tertiary Prevention	Intervention, also known as treatment, that seeks to address symptoms of substance abuse and prevent further problems. Also, strategies designed to decrease the amount of disability associated with an existing disorder or illness.
Testing Bias	Testing bias is introduced to participants as a result of their participating in repeated administrations of a data-collection instrument. The experience of participating in the first test may affect their subsequent reactions to the program or to retesting (for example, responding to a similar questionnaire).
Treatment	Screening for existing disorders and appropriate standard care, including efforts to avoid relapse.
Triangulation	Triangulation is the process of combining methods to study the same aspect of a program. Comparing three or more types of independent points of view on data sources (for example, interviews, observations, and program documentation) helps to ensure that the information used to assess the program is accurate.
Universal	As in universal prevention interventions, these are activities or prevention programs designed for everyone in the eligible population, both the general public and all members of specific eligible groups. Also, activities targeted to the general public or a whole population group that has not been identified on the basis of individual risk.

Use	A nonjudgmental term to describe consumption.
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