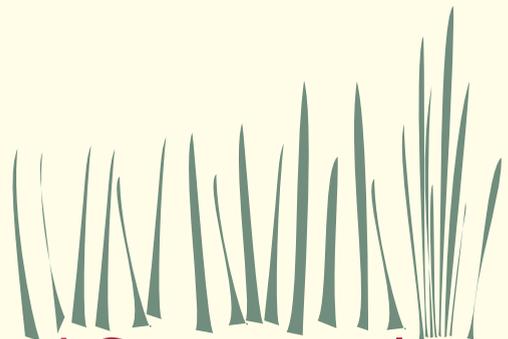


One thing the government cannot do
is **love**. It is up to individuals
across the country to **reach out** in their
own **communities** and be a presence of **light**
But what the **government** can do is identify
these **lights** in our cities and **empower** them
to **burn brighter** and do their **work better**

Bobby Polito, Director



Center for Faith-Based and Community Initiatives
EMPOWERING AMERICA'S GRASSROOTS



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EMPOWERING AMERICA'S GRASSROOTS

Our **effort** is not to subsidize religion but
to **support** programs that **work**. And the
simple, undeniable fact is that **faith-based**
programs are amazingly effective in **helping**
hurting **people** and their families climb
from dependency and despair and onto the **path** of
hope and **healing**.

Tommy G. Thompson



Introduction
EMPOWERING AMERICA'S GRASSROOTS



SECRETARY THOMPSON PLAYING PATTYCAKE WITH HEADSTART STUDENTS

The President's Faith-Based and Community Initiative is a fresh approach to addressing the urgent unmet needs of Americans. The initiative creates results instead of programs, by simply empowering those at the community level who can best identify the critical social and health issues and produce change. Where Americans may once have felt hopeless about the possibility of any progress in solving our most insidious social problems – homelessness, hunger, poverty, drug addiction, child abuse, and health disparities, to name a few – this initiative now provides new possibilities and solutions.

The Department of Health and Human Services plays an important role in the safety net of America. HHS is the largest grant-making agency in the federal government, with more than 300 grant programs and a \$460 billion budget. HHS is dedicated to decreasing infant mortality; reducing illness, death and disability resulting from substance abuse and mental illness; protecting children from abuse; enabling special needs children to find loving families; helping runaway and homeless youth; and much more.

These problems often attract the dedicated efforts of individuals and organizations whose faith and commitment to their community motivate them to create innovative ways to tackle these tough problems. HHS is focusing on harnessing this power for even greater good.

When President Bush established the Faith-Based and Community Initiative and founded the HHS Center for Faith-Based and Community Initiatives (CFBCI), he sent the Department on a mission to create "a level playing field." This meant identifying and changing government practices that prohibited faith-based and grassroots organizations from tapping into the Department's substantial federal resources. The initiative is not meant to favor these organizations, but to recognize that these faith and community motivated organizations are often unable to access federal funds as readily as other large organizations.

HHS has come a long way in leveling the "playing field." This report will share some of the Center's efforts, including current accomplishments and future plans.

Key HHS Divisions

ACF	Administration for Children and Families
AoA	Administration on Aging
CDC	Centers for Disease Control and Prevention
FDA	Food and Drug Administration
HRSA (HER-SUH)	Health Resources and Services Administration
OPHS	Office of Public Health and Science
NIH	National Institutes of Health
SAMHSA (SAM-SUH)	Substance Abuse and Mental Health Services Administration
CSAP (SEE-SAP)	Center for Substance Abuse Prevention
CSAT (SEE-SAT)	Center for Substance Abuse Treatment
CMHS	Center for Mental Health Services

The following HHS agencies offer programs that are typically of interest to faith-based and community organizations. Here is a brief description of those agencies and what they do:

Health Resources and Services Administration (HRSA)

provides access to essential health services for people who are poor, uninsured, or who live in areas where health care is scarce, by funding health centers located around the country. HRSA supports a nationwide network of 643 community and migrant health centers, and 144 primary care programs for the homeless and residents of public housing, serving 8.1 million Americans each year. HRSA also works to build the health care workforce, maintains the National Health Service Corps, oversees the nation's organ transplantation system, works to decrease infant mortality and improve child health, and provides services to people with AIDS through the Ryan White CARE Act programs.

Administration on Aging (AoA)

is the federal focal point and advocacy agency for older persons and their concerns. The AoA administers programs designed to help vulnerable older persons remain in their own homes by providing supportive services, including nutrition programs such as home delivery of meals (Meals on Wheels). Other programs offer opportunities for older Americans to enhance their health and to be active contributors to their families, communities, and the nation.

Administration for Children and Families (ACF)

works to promote the economic and social well being of families, children, individuals and communities. Includes programs ranging from TANF to Head Start to child abuse prevention to adoption to anti-poverty programs.

The Food and Drug Administration (FDA)

is a science-based consumer protection agency whose mission affects the health and well-being of all Americans. The FDA's work is a blending of law and science aimed at protecting consumers.

National Institutes of Health (NIH)

are one of the world's foremost medical research centers and the federal focal point for medical and behavioral research in the U.S. The NIH is composed of 27 separate Institutes and Centers. The goal of NIH research is to acquire new knowledge to help prevent, detect, diagnose, and treat disease and disability, from genetic disorders to the common cold. The NIH mission is to uncover new knowledge that will lead to better health for everyone. NIH works toward this mission by conducting research in its own laboratories; supporting the research of non-federal scientists in universities, medical schools, hospitals, and research institutions throughout the country and abroad; helping in the training of research investigators; and fostering communication of medical and health sciences information.

Centers for Disease Control and Prevention (CDC)

provide a system of health surveillance to monitor and prevent disease outbreaks (including bioterrorism), implement disease prevention strategies, and maintain national health statistics. They also provide for immunization services, workplace safety, and environmental disease prevention.

Substance Abuse and Mental Health Services Administration

works to improve the quality and availability of substance abuse prevention, addiction treatment and mental health services.

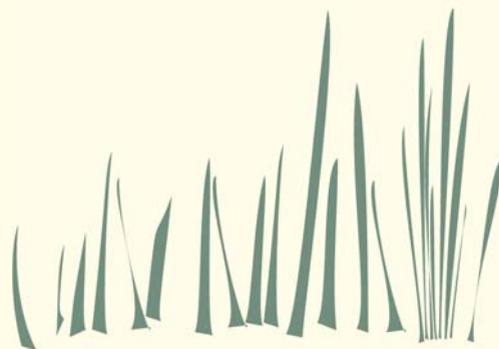
Office of Public Health and Science (OPHS)

serves as the focal point for leadership and coordination across the Department in public health and science, and provides advice and counsel on these issues to the Secretary. Its program offices include women's health, minority health, HIV/AIDS policy, disease prevention and health promotion, and population affairs (which includes family planning and adolescent family life programs), among others.



Photo by Kimberly Konkel

It's **better** to move **forward**, even
knowing we will make mistakes, than
waste away from **sitting** and **doing** noth-
ing because **we fear** failure.



Charitable Choice

EMPOWERING AMERICA'S GRASSROOTS

WHAT IS CHARITABLE CHOICE?

Charitable Choice is a legislative provision designed to remove unnecessary barriers to the receipt of certain federal funds by faith-based organizations. The provision prohibits states from discriminating against religious organizations when choosing providers under certain federal grant programs. While Charitable Choice is designed to improve access to federal funding for faith-based organizations, it does not establish a new funding stream dedicated to these organizations.

Currently, Charitable Choice applies only to three block grant programs at HHS. The first provision was included in the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 and applied to HHS funding under the

Temporary Assistance to Needy Families (TANF) program. A Charitable Choice provision was also added to the Community Services Block Grant (CSBG) program when it was reauthorized in 1998. Both programs are administered by the Administration for Children and Families (ACF) with the funding provided to the states through block grants. In these programs, HHS provides the funds to the states, which in turn award funds to other local or community providers, including faith-based organizations. In 2000, a Charitable Choice provision was added to the Substance Abuse Prevention and Treatment Block Grant and discretionary grants, as well as the PATH program (Projects for Assistance in Transition from Homelessness) administered by the Substance Abuse and Mental Health Services Administration (SAMHSA).

Charitable Choice rests on four principles:

A Level Playing Field Faith-based providers are eligible to compete for funds on the same basis as any other providers, neither excluded nor included because they are religious, too religious, or the wrong religion.

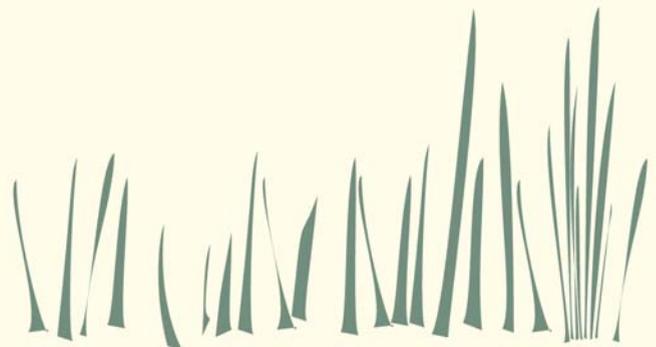
Respect for Allies The religious character of faith-based providers is protected by allowing them to retain control over the definition, development, practice, and expression of their religious beliefs. Neither federal nor state government can require a religious provider to alter its form of internal governance or remove religious art, icons, scripture, or other symbols in order to be a program participant.

Protecting Clients In regard to rendering assistance, religious organizations must not discriminate against an individual on the basis of religion, a religious belief, or refusal to actively participate in a religious practice. If an individual objects to the religious character of a program, a secular alternative must be provided.

Church-State Separation All government funds must be used to fulfill the public social service goals, and no direct government funding can be diverted to inherently religious activities such as worship, sectarian instruction, and proselytization. ♦

The **paramount** goal is compassionate **results**,
and private and charitable **groups**, including religious
ones, should have the **fullest opportunity** permitted by
law to **compete** on a level playing field, so long as they
achieve valid public **purposes**, like
curbing crime, **conquering** addiction,
strengthening families and **overcoming** poverty.

George W. Bush



Fulfilling President Bush's Charge

EMPOWERING AMERICA'S GRASSROOTS



PRESIDENT BUSH AND BISHOP SEDGWICK DANIELS EMBRACE AFTER MR. BUSH'S SPEECH ON RELIGIOUS CHARITY.

When President Bush began his Faith-Based and Community Initiative shortly after his inauguration, he directed HHS and four other Departments to create special Centers for Faith-based and Community Initiatives.¹

Secretary Thompson created the HHS Center for Faith-based and Community Initiatives (CFBCI) in the summer of 2001. The office immediately began working towards accomplishing the tasks laid out by the President.² Working in conjunction with each of the various divisions within HHS, CFBCI has been able to move the Department toward a more level playing field.

In addition to conducting a survey of HHS programs to identify barriers that keep faith- and community-based organizations from competing for federal grants, the HHS CFBCI has been working closely with all HHS divisions to help them incorporate faith-based and grassroots organizations into their programs. HHS is dedicated to ensuring that faith- and community-based organizations have the opportunities and resources needed to compete fairly for grant funds. This report will outline a portion of that effort.◆

Progress Made in Eliminating Barriers

Last year, HHS CFBCI identified a number of barriers that discouraged faith-based and grassroots organizations from seeking funding from the federal government. These barriers existed in a variety of forms, and ranged from the barriers that existed in rules and regulations, to barriers that existed in perception.

During this past year, HHS CFBCI worked to eliminate the identified barriers. Though barriers still exist, so do many opportunities for faith-based and grassroots organizations. In fact, hundreds of faith-based and community organizations are already recipients of HHS grants.

The next 33 pages describe examples of actions taken by HHS this year to carry out President Bush's Executive Order of January 29, 2001.

Grant process

AoA has included the faith- and community-based eligibility language in all fiscal year 2002 discretionary grant program announcements where applicable. AoA recently developed and distributed a Program Announcements Guide to all AoA program staff that included the faith- and community-based eligibility language requirement in the Standard Template. The Assistant Secretary on Aging designated outreach to community-based organizations a priority area.

The Agency for Health Research and Quality (AHRQ) has included language in all grant program announcements that states that faith-based organizations can apply for grant funding.

As of October 1, 2001, the grant process in ACF became more accessible to small grassroots organizations. Where applicable, grant program announcements now encourage faith- and community-based organizations to apply for funding.

Many offices within ACF have participated in this effort. The Child Care Bureau included language in its announcement for Early Learning Opportunities grants encouraging inclusion of faith- and community-based organizations among the local councils. The Children's Bureau developed a simplified request for applications for grants funded through the Adoption Opportunities program, aimed specifically at small community- and faith-based organizations. The

Office of Community Services issued an Information Memorandum for the Community Services Block Grant, that included a rule which specifies that the government shall consider religious organizations on the same basis as other non-governmental organizations, as long as program implementation is in a manner consistent with the Establishment Clause of the first amendment of the Constitution. The Office of Refugee Resettlement social services notice encouraged state governments to fund contracts, where possible, to refugee ethnic, or community-based organizations, including faith-based organizations. To level the playing field and encourage new applicants, the Family and Youth Services Bureau eliminated the bonus points previously given to current grantees for continuing operations. This opened up the process to new applicants, who were able to compete for grants on an equal footing with those who had previously received federal funding. ACF Regional Offices also implemented procedures to notify faith- and community-based agencies of Head Start and Early Head Start funding announce-



CHILDREN IN THE HEAD START PROGRAM IN DALLAS TEXAS PARADE, SUMMER 2002

ments when seeking a replacement grantee. In some program areas, faith- and community-based providers and potential grantees participated in grant reviews. This provided the participants with first-hand experience in reading and rating grant applications. Finally, the Office of Family Assistance is working with states on initiatives to improve faith- and community based participation. Under grants, contracts, and other arrangements, these types of providers provide

work and supportive services to welfare recipients.

For grant programs where faith-based organizations are not eligible, ACF has educated grantees and encouraged them to partner and/or collaborate with faith- and community-based organizations to provide services. Many of ACF's program funds are provided to the states, which can then provide resources to organizations in their state. ACF reports that an increasing number of states use faith- and community-based organizations as providers of social services, including child care, protective and emergency services for children and adults, homemaker and chore services, and transportation.

The [FDA](#) Small Scientific Conference Grant Program has revised its eligibility language to state: "Faith-based organizations are eligible to apply for these conference grants."

[HRSA](#) grant programs are regularly reviewed for opportunities to increase the participation of non-profit, faith - and community-based organizations in the federal grant process. HRSA's grants provide access to primary care and preventive services for uninsured, underinsured, and other people living in medically underserved areas, as well as people with HIV/AIDS, women and children, and the homeless.



PRIMARY CARE PHYSICIAN GIVING ANNUAL EXAM

HRSA continues to systematically review grant programs and written materials for barriers and for opportunities to increase the participation of faith- and community-based organizations in the federal grant process. HRSA's Office of Legislation routinely reviews the text of legislation reauthorizing existing HRSA programs and reviews new legislation to remove real or potentially perceived barriers to the participation of qualified faith-based organizations in the grant application process.

HRSA also has taken action to ensure that all grant-related documents and the yearly *HRSA Preview of Grant Funding Opportunities* reflect language regarding the eligibility of faith-based organizations to apply for grants. The Preview is a document that is released every summer and which lists brief descriptions of all the grant programs HRSA expects to offer during the next fiscal year. HRSA's grant program managers continue to answer all calls and questions personally, providing assistance to interested organizations, individuals, and current grantees. In addition to the federal sources of grant information, HRSA routinely announces grant opportunities at national meetings, pre-application workshops, and relevant conferences throughout the year. In addition, the grant programs themselves routinely conduct pre-application technical assistance workshops for all interested applicants. Information about new funding announcements and technical assistance opportunities is provided to HHS [CFBCI](#), and where applicable, the HHS CFBCI has posted the funding announcement on its website along with a hot link to the HRSA website.

To gain knowledge about grant applicants and to identify areas of need for training and technical assistance, HRSA, SAMHSA, and ACF liaisons worked with the White House Office of Management and Budget (OMB) and the Secretary's staff on the development of a Government Performance and Results Act (GPRA) related Faith-Based Management Agreement. A Balanced Scorecard was drafted, and the HHS agencies were asked to develop FY 2003 Faith-based Organizations (FBO) and Community-based Organizations (CBO) measures for selected grant programs. The performance measure language was to be similar across the programs

and agencies: "Increase the number of grant applicants that are faith-based or community-based organizations." HRSA added a FBO/CBO performance measure for each of three programs: The Health Centers Program, the SPRANS Abstinence Education Grants Program, and Ryan White CARE Act Title III. HRSA proposes to measure progress and performance on these measures once an OMB-approved survey has been released for use by the HHS agencies. HRSA has stated in its FY 2004 Annual Performance Plan and FY 2002 Performance Report to OMB that once the survey format has been approved, data will be gathered and a baseline established for 2003.



PRESIDENT GEORGE W. BUSH ANNOUNCES A NEW MOTHER AND CHILD HIV PREVENTION INITIATIVE IN THE ROSE GARDEN JUNE 19. STANDING BY THE PRESIDENT FROM LEFT TO RIGHT, SECRETARY OF HEALTH AND HUMAN SERVICES TOMMY THOMPSON AND SECRETARY OF STATE COLIN POWELL.

The OPHS Communities Responding to the HIV/AIDS Epidemic (CORE) Initiative's interlocking set of programs has dramatically reduced the barriers to engaging faith- and community-based organizations in the global response to the HIV/AIDS pandemic. The Empowerment Grants Program, a program that provides grants up to \$5,000 to faith- and community-based organizations, has been particularly successful in eliminating obstacles. In the last 18 months, OPHS awarded more than \$200,000 to 45 faith- and community-based organizations from 29 countries to carry out innovative local programs. An independent selection committee of individuals with experience in grant making and com-

munity and international development evaluated the applications in consultation with regional partners. Activities supported by the grants should be completed by late 2002 and final reports on project accomplishments submitted within six months.

The OPHS Office of Minority Health (OMH) continues in its efforts to support community-based organizations. In the current fiscal year, OMH announced three competitive grant programs that are limited to community-based and public organizations. These announcements draw attention to the eligibility of faith-based organizations.

The OPHS Office of Population Affairs (OPA) continues to include language in its requests for applications (RFAs, or formal grant program announcements) regarding the eligibility of faith-based organizations. For fiscal year 2002, OPA issued three RFAs (Family Planning General Training, Family Planning Clinical Specialty Training, and Adolescent Family Life Prevention Demonstration grants) that incorporated language that specifies that faith-based organizations are eligible to apply for funds.

SAMHSA engages and supports faith-based organizations involved in substance abuse and mental health services. SAMHSA reviewed all FY 2002 funding announcements to ensure all applicable announcements clearly state that faith- and community-based organizations are eligible to apply.³

If eligibility is restricted either to previous grantees or to entities with certain expertise, the announcement explains why the eligibility is restricted. These announcements expressly state whether faith- and community-based organizations are eligible to apply.

Often, if faith- and community-based organizations are not eligible, the announcement encourages such organizations to collaborate with eligible applicants (usually public entities with broad responsibility for substance abuse and mental health service systems) to develop an application.

Technical Assistance

Technical Assistance helps faith- and community-based organizations build capacity to identi-

fy and compete for funding, to properly conduct grant activities, and to evaluate the effectiveness of their efforts. HHS has completed a number of technical assistance activities over the last year in support of the President's Executive Order.⁴ Here is a sampling of some of those activities.

ACF has increased its level of technical assistance to both current and potential grantees. Several ACF program offices and many regional offices sponsored conference workshops targeted to faith- and community-based partners. These workshops have focused on grant writing, resource development for faith- and community-based organizations, training on how to navigate the grant application process, and program administration capacity building. The Family and Youth Services Bureau now requires all training and technical assistance statements of work to include grant-writing seminars for potential grantees.

The CDC Procurement and Grants Office planned three regional meetings to provide technical assistance to grantees and their business offices.

Over the last year, the OPHS conducted a series of 10 technical assistance sessions across the country to brief potential new grant applicants, including faith-based organizations, about its programs and how to write a quality grant application. The Office of Adolescent Pregnancy Programs scheduled a series of technical assistance workshops to help prospective applicants pursue particular funding opportunities. At each of the one-day workshops, participants were able to learn more about the purposes and requirements of each program, the application process, program eligibility requirements, the selection process, and considerations that might improve the quality of grant applications. These one-day workshops were free to the participants.

OPHS Adolescent Family Life staff provided individual technical assistance to several faith- and community-based organizations in the preparation of their grant applications.

The OPHS Office of Global Health Affairs CORE Initiative's Demonstration Projects program provides sustained technical and financial support to established faith- and community-based organizations to strengthen and expand

its HIV/AIDS programs. Currently, projects are helping:

- *The Anglican Church of the Province of Southern Africa to engage a strategic planning process at the local and regional levels,

- *The Organization of African Instituted Churches to enhance the capacity of leaders in 21 countries to develop and implement sustainable prevention and care programs, and

- *The Circle of African Women Concerned (in partnership with the Yale Divinity School) to address the intersection of gender and faith in the global response to HIV/AIDS.

The Empowerment Grants Program is a discretionary program managed by the USAID Global Health Bureau Office in Washington and designed to efficiently provide financial support to small faith-based and community organizations in developing countries. In fiscal year 2001, the HHS Office of Global Health Affairs' CORE Initiative conducted two rounds of an open and competitive grant process. USAID Missions and Regional Offices, POLICY Project (implementing partner) country offices, and the Initiative's website were used as conduits to publicize the grant program. Thirteen organizations received awards in the first round, and thirty-two in the second round. A total of \$204,503 was awarded to faith-based and community organizations in Latin America, Asia, the Caribbean, and Africa.

Attendees at SAMHSA's Center for Substance Abuse Prevention (CSAP) 2001 Symposium received information on promising practices and model substance abuse prevention programs related to the participation of faith-based and community organizations in substance abuse prevention. The meeting also highlighted federal resources available to faith-based and grassroots organizations, described the experience of faith- and community-based organizations already involved in prevention, and provided training on the grant application process. Over 75 faith- and community-based organizations received technical assistance on organizational development, model programs, the grant process, coalition building, and strategic plan-

ning for substance abuse programs from CSAP.

In 2001, SAMHSA's Center for Substance Abuse Treatment (CSAT) convened national and regional focus groups to eliminate barriers for grassroots organizations that compete for SAMHSA funds. It also convened several training and technical assistance conferences on grant-writing and best practices, and awarded supplemental grants to 24 Target Capacity Expansion (TCE) grantees to collaborate with faith- and community-based organizations for the provision of ancillary services.

CSAT is continuing its technical assistance efforts, hosting sessions on promising practices, capacity building, grant writing, and evaluation. CSAT also continues its support for the annual



PRESIDENT GEORGE W. BUSH AND SECRETARY TOMMY THOMPSON DURING THE PRESIDENT'S REMARKS AT ST. LUKE'S CATHOLIC CHURCH IN WASHINGTON, D.C., FEB. 26. WHERE HE EXPLAINED THE DETAILS OF HIS WELFARE REFORMS. "IN TIMES OF PERSONAL CRISIS, PEOPLE DO NOT NEED THE RULES OF A BUREAUCRACY; THEY NEED THE HELP OF A NEIGHBOR."

Lonnie E. Mitchell Substance Abuse Conference and plans to bring together historically black colleges and universities with faith-based and grassroots organizations to encourage collaborative relationships between the two groups.

Outreach Activities

To alert faith-based and grassroots organizations to the availability of its grant funding opportunities, AoA distributed a letter to faith-based organizations and national groups that represent community-based organizations. AoA regional support centers disseminated the letter

to regional, state, and local faith- and community-based organizations. In addition, AoA exhibited and distributed the letter at the annual conference of the American Association of Homes and Services for the Aging, an association representing 5,600 not-for-profit nursing homes, continuing care retirement communities, assisted living and senior housing facilities, and community service organizations. The majority of its members are not-for-profit organizations associated in various ways with religious denominations.

AoA's website includes information on federal and non-federal sources of funding for faith- and community-based organizations, as well as the Presidents faith-based and community initiative.

AoA Regional Office in Denver partners with the Metro Denver Black Church Initiative (MDBCI). The MDBCI, a non-profit organization, acts as a coordinator of grants and partners with agencies and organizations to provide services to black churches. The MDBCI works through the various member churches to implement health programs focused on diseases that disproportionately affect African Americans such as diabetes, cancer, obesity, and heart disease.

AoA has promoted the President's Faith-based and Community Initiative at non-HHS sponsored aging conferences and meetings.

AoA was instrumental in arranging an interview between a representative of the HHS CFBCI and the editor of the *Journal of Religious Gerontology*. The interview prompted the editor to invite the CFBCI Director to speak to the National Interfaith Coalition on Aging at the American Society on Aging and the National Council on the Aging joint conference in March 2002.

An AoA representative presented a workshop in 2002 on AIDS and the elderly at the National Black Church HIV/AIDS Training Institute in New York sponsored by the Balm in Gilead, a national not-for-profit faith-based organization.

ACF has committed to include a briefing or workshop on faith- and community-based priorities in all conferences and large meetings. For example, ACF's Office of Community Services provided training on Charitable Choice during a number of State Community Services Block Grant meetings and conferences during the past

year. The Child Care Bureau included sessions on faith-based childcare at its National Meeting of State Child Care Administrators. Regional Welfare to Work, Child Care, TANF (Temporary Assistance for Needy Families), and Head Start/Early Head Start Training Conferences all included workshops and/or briefings on the faith- and community-based initiative and/or Charitable Choice. Every youth conference that received Family and Youth Services Bureau funding held sessions on the faith- and community-based initiative, and the National Youth Summit, in July of 2002, had several breakout sessions on interfaith programs. In many cases, these conferences highlighted successful state and local faith- and community-based initiatives.

ACF continues to expand its outreach activities. The Office of Child Support Enforcement (OSCE) has strengthened its relationship with the YMCA, emphasizing outreach to its Family Resource Centers. OSCE has continued to work with the United Methodist Church to expand use of the Family and Child Support Program Handbook, produced with the church's Baltimore-Washington Conference, and to develop similar publications in other areas of the country. This office has also reconvened a focus group to continue the dialogue on strengthening the partnership between the child support and faith communities. ACF's Office of Family Assistance is working with states on initiatives to improve community- and faith-based participation. Additionally, ACF's Family and Youth Services Bureau surveyed programs nationwide to assess faith-based activities.

AHRQ recognizes that while there are no barriers to faith- and community based organizations participating in its research grant programs, these organizations do not frequently have the capacity to compete for research grants. However, faith- and community-based organizations are increasingly partnering with university researchers to work on important health and health care problems. AHRQ refers to this as "participatory research." AHRQ sponsored a meeting in November 2001, which brought together faith- and community-based organizations, university researchers, and public and private funders to identify barriers to these types of partnerships. Barriers include insufficient funding

for these partnerships, funders' limited capacity to evaluate partnerships, the absence of academic incentives for researchers to work with faith-based and grassroots organizations, and limited capacity to partner in research. The participants also recommended that AHRQ address these barriers by funding a state-of-the-knowledge report on community- and faith-based participatory research.

HRSA provides HHS CFBCI with information about funding announcements, including the announcement date, the application closing date, a copy of the draft faith-based language for the CFBCI's review, the draft application guidance document, and the website where larger application-related documents may be reviewed. HRSA also provides lists of technical assistance sessions and workshops that are planned for each grant program or the grantees, including pre-application training and technical assistance for interested organizations, and general technical assistance on grant-writing skills, the federal



grant process, and guidance on applying for federal grants. In addition, HRSA provides lists of upcoming conferences, meetings, workshops, and other events where sessions address participation by faith- and community-based organizations in grants.

HRSA's Bureau of Primary Health Care has broadened the reach of its unique Faith Partnership Initiative through which HRSA reaches out to health care policymakers, administrators, governing and advisory boards, and providers to help them explore the potential for developing

partnerships with faith-based organizations.

HRSA's Bureau of Primary Health Care sponsored a National Faith-Health Leadership Forum: Partnering to Improve & Expand Access to Health Care, on May 21-24, 2002. The conference brought together Bureau partners and a variety of participants that included leadership from faith and community organizations. During the conference, attendees addressed relevant themes, including the importance of faith-health cooperatives; faith-health collaboration as an expansion of the safety net system; emerging trends in the faith-health movement; issues related to health disparities; faith-health partnership as a vision of community transformation; and network creation.

NIH supports a wide variety of activities involving faith-based and grassroots organizations. Although NIH is not a major source of program support funding for faith-based and community organizations (FBO/CBO), many NIH Institutes rely upon such organizations as partners in outreach activities such as disseminating information and conducting educational/awareness campaigns. For example, the National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS) has the Health Partnership Program—A NIAMS Diversity Outreach Initiative. This project has a strong working relationship with African-American and Hispanic/Latino community leaders and organizations in metropolitan Washington, DC. Faith and community-based partners include the Congress of National Black Churches, Inc., the National Association of Hispanic Nurses, and the Greater Washington Urban League. The goal is to develop a model community-based program to address disparities in rheumatic diseases in these communities. The National Cancer Institute (NCI) has collaborated with the American Cancer Society to adapt two successful NCI-funded intervention studies to create Body & Soul: Celebration of Healthy Living, a nutrition program delivered through African-American churches. The National Institute of Mental Health (NIMH) has provided staff expertise for the Organization for Attempters and Survivors of Suicide in Interfaith Services (OASSIS), a nonprofit suicide prevention advocacy group. NIMH assisted OASSIS in developing guidelines for clergy dealing with suicidal indi-

viduals.

The OPHS held The Male Reproductive Health Grantee and Project Meeting, sponsored by the Family Planning Program in May 2002, which included a session entitled *Collaborating with Faith-Based Organizations in Male Reproductive Health*.

The OPHS CORE Initiative has supported and participated in a number of conferences, workshops, and consultations aimed at strengthening faith- and community-based HIV/AIDS programs. Conferences organized by the All Africa Conference of Churches, the Organization of African Instituted Churches, Christian Connections in International Health, and the Islamic Medical Association of Uganda provided unique opportunities for awareness-raising, strategic planning for improved care, and examination of the role of faith- and community-based organizations in eliminating stigma and discrimination.

An OPHS Regional Health Administrator has met a number of times with faith-based organizations to promote and clarify the Presidential and Departmental initiative. As the result of one of the meetings, one denomination (Presbyterian Church USA) requested a briefing about the Department's programs represented in the region. That denomination organized and funded a disaster initiative to support victims of September 11, 2001.

SAMHSA's grassroots training initiative was introduced to faith- and community-based organizations at the SAMHSA Faith and Community Symposium that was held August 14-17, 2002. The Symposium featured sessions on promising practices and technical assistance for faith and community organizations on substance abuse prevention, treatment, and mental health services.

Written policies and procedures

The OPHS Adolescent Family Life Program issued revised program guidance for grantees (in a convenient "Frequently Asked Questions" format) that addresses a wide range of program issues, including guidance regarding services provided by religiously affiliated grantees.

Training for staff/managers

ACF believes that staff training is the best way to assure that Headquarters and Regional Office staff are not only aware of the faith- and community-based initiative, but also can provide accurate information to others. ACF's Office of Administration hosted a conference to brief financial and program staff on the ACF Compassion Capital Fund and the Faith- and Community-based Initiative. Throughout the year, regional office staff received in-service training sessions on Charitable Choice and the Faith- and Community-based Initiative. In addition, staff participation in ACF conferences generally included discussions on the initiative and how it applies to ACF programs.

Pilot programs

ACF initiated several pilot programs this year. ACF's Office of Community Services domestic violence program included a new priority area this fiscal year: collaborative efforts between faith-based/spiritual organizations and domestic violence organizations. The Community Services Block Grant program announcement for fiscal year 2002 solicited applications on coordination strategies between community action and faith- and community-based organizations to advance certain goals of ROMA (Results Oriented Management Accountability).

Data Tracking/Measurement Changes For Participation and/or Outcomes of Faith- and Community-Based Programs

The Regional Offices of ACF are in the process of conducting inventories of faith- and community-based activities by its grantees. These reviews will highlight promising practices and opportunities to strengthen partnerships.

In response to a funding announcement for new adolescent pregnancy abstinence grants, the Office on Adolescent Pregnancy Prevention funded 37 new abstinence grant projects, including 17 new projects conducted by faith-based organizations. Forty-six percent of the new abstinence education grantees are faith-based.

Other Significant Activities

Besides providing funding, ACF partners with faith-based organizations in a variety of ways. For example, the Administration on Developmental Disabilities (ADD) grantees collaborate with faith-based organizations, such as the Archdiocese of Washington, to provide technical assistance to interfaith associations. ADD grantees have forged relationships with the religious community regarding the reduction of teenage pregnancy, have coordinated interfaith conferences, and have provided technical assis-



Photo courtesy of HRSA

tance to faith agencies. Local faith-based organizations have acted as outreach and intake sites for state and local agencies administering the Low Income Home Energy Assistance Program. Leaders of churches and other faith-based organizations currently serve on the boards of directors of many Community Action Agencies⁵, Head Start centers, and other eligible entities. Some Community Services Block Grant-eligible entities (such as community action agencies) rely heavily on volunteers, and churches provide a significant portion of those volunteer resources. Faith- and community-based organizations are strongly encouraged to collaborate with these agencies and other eligible entities in many ways, including providing services on a sub-grant or sub-contract basis. Within the Office of Child Support Enforcement arena, faith- and community-based organizations provide parent education classes, counseling services, and monitored/supervised visitation, as well as serve as neutral drop-off and pick-up centers. In many states, faith-based organizations are sub-recipients (meaning they receive some federal funds through the states) of funds for employment and social services to refugees. The local affiliates of two faith-based national organizations provide child welfare services and foster care for unaccompanied refugee minors through state contracts.

FDA's Office of Regulatory Affairs leveraged partnerships with other HHS agencies and national and community-based organizations, and coordinated an AIDS Health Fraud Task Force network to conduct educational activities and to provide information about viable, tested, and approved HIV/AIDS treatments. The Task Force distributed information by list-serve, conference calls, and workshops for community-based member organizations in every state, placing specific emphasis on Texas, California, Florida, and Puerto Rico.

FDA's websites strongly encourage the American public to attend FDA's public meetings, and to serve on FDA advisory committees as scientific experts, consumers, health professionals, or industry representatives. This provides opportuni-

ties for participation by those from community- and faith-based organizations.

Since 1999, the HRSA Office of Rural Health Policy and the Bureau of Primary Health Care have supported Sowing the Seeds of Hope, a program that provides mental health related training and services to the states most deeply affected by the farm crisis. HRSA hopes to continue to support the project again this year. Faith-based organizations run two of the seven Seeds of Hope programs. In Nebraska, the Interchurch Ministries of Nebraska administers the program. In Iowa, Seeds of Hope is administered by the Ecumenical Ministries of Iowa.

The HHS Office of Global Health Affairs advanced USAID's⁶ support of faith- and community-based organizations. For the past 10 years, HHS and USAID have had an institutional relationship working on infectious disease initiatives in Africa. USAID recognizes that the shared and deeply held values of communities, including communities of faith – care for one's neighbor, preservation of life, belief in a healthy future, among others – are of inestimable value in confronting HIV and AIDS. For this reason, USAID with personnel and technical support from the Office of Global Health Affairs launched the CORE Initiative (Communities Responding to the HIV/AIDS Epidemic) in January 2001. Through this initiative, the U.S. Government works to expand the response of faith- and community-based organizations to HIV/AIDS in developing countries. The three objectives of this initiative are increasing advocacy and raising awareness, reducing stigma and discrimination, and improving care and support systems.

The Office on Women's Health (OWH) officially launched the Generations pilot on June 8, 2002. The purpose of this pilot program is to initiate monthly educational seminars in six community churches of large African-American populations, with the ultimate goal of reducing cardiovascular mortality and morbidity. Measurements of the project's accomplishments or progress are not yet available; however, to date, 475 people have participated. ♦



Grafting the Roots

FRESHMINISTRIES

FRESHMINISTRIES, a faith-based service agency, began in 1994 when a group of citizens mobilized to restore a run down Victorian house in a low-income neighborhood of Florida. The house became the first symbol of FRESHMINISTRIES' commitment to help transform the future of Jacksonville, Florida's declining neighborhoods. The house stands as a symbol of hope of what the urban core can offer in the way of diversity, economic opportunity, and urban life.

In 2002, HHS awarded FRESHMINISTRIES an Individual Development Account grant through the Office of Community Services to create a Jacksonville Individual Development and Equity Account (IDEA) program. The Jacksonville savings program is designed to help poor families acquire the assets necessary to make a down payment on a home, pay for higher education, or capitalize a small business. Families participating in the program save a percentage of their earned income every month. The amount these families

save is matched with public and private funds to help them build a stronger financial future. Participants, many of whom never saved before, are provided compulsory money management classes and the dream of a better future.

FRESHMINISTRIES' target area has a 71 percent poverty rate, with a median household income of \$15,200. For many living in these neighborhoods, saving one hundred dollars a month is a scary commitment. The IDEA program bolsters their courage and triples their investment with a match of their savings (each \$100 is matched with \$200), until they reach the program cap of six thousand dollars.

Encouraging the private sector to participate in such a program was not difficult. Banks that sponsor FreshIDEA accounts attracted new customers who become loan holders. Through the Individual Development Account Program, FRESHMINISTRIES leverages private sector resources, fights poverty, and builds community. ♦

We **Provide** this funding **mindful** that no program can **change** a life. Only **faith** can reach into a **heart** and turn it from death to **life**. But government can **help** with the day-to-day **duties** that free you up to fulfill your high **calling**.

And that's what the **Compassion** Capital Fund is all about.

Tommy G. Thompson





Washington Times Photo by Gerald Herbert

WASHINGTON REDSKINS CORNERBACK DARRELL GREEN AND TOMMY G. THOMPSON, U.S. SECRETARY OF HEALTH AND HUMAN SERVICES, ANNOUNCED THAT \$30 MILLION IN FEDERAL FUNDS ARE NOW AVAILABLE FOR FAITH-BASED AND GRASSROOTS ORGANIZATIONS. THE DARRELL GREEN FOUNDATION IS ONE RECIPIENT. THE TWO MET THE NEWS MEDIA AT THE DARRELL GREEN YOUTH LIFE LEARNING CENTER.

This year, under the leadership of President Bush and HHS Secretary Tommy G. Thompson, HHS is pressing forward with the President's initiative. The cornerstone of this effort is the Compassion Capital Fund. This new \$30 million program represents the first federal funds specifically targeted to help faith-based and community grassroots organizations maximize capacity and effectiveness, through a three-pronged approach.

First, 21 "intermediary" organizations are being awarded competitive grants totaling nearly \$25 million. These organizations will provide capacity building technical assistance so that faith- and community-based organizations can more effectively access various federal funding sources, improve their ability to operate and manage their programs, develop and train their staff, expand the reach of their programs into their communities, and replicate programs that are promising. Funds may be used for start-up and organizational costs to allow organizations to expand or replicate effective practices in targeted areas. Priority for these awards was given to organizations that focus on homelessness, hunger, at-risk children, transition from welfare to work, and persons in need of intensive rehabilitation such as addicts or prisoners.

Second, the Compassion Capital Fund (CCF) will create a National Resource Center. The Center will work with these intermediaries to make sure they are adequately equipped with information and training needed to help grassroots organizations. It will also serve as a national repository for technical assistance and training resources for faith-based and community organizations.

The CCF National Resource Center will also develop tools that will be useful and accessible to all interested faith- and community-based organizations. For example, the Center will develop and maintain a website that addresses a wide array of topics useful to faith-based and community organizations, such as "best practices" to meet the needs of individuals and families and evaluation and assessment of program outcomes and effectiveness.

Third, the CCF will support research into the services that diverse types of faith- and community-based organizations provide, including the impact of this type of work on the community.

These activities will lay the groundwork for an ongoing effort to expand and strengthen the role of faith- and community-based organizations in offering social services to needy communities. To increase the impact of these organizations, President Bush asked the Congress to increase the Fund to \$100 million for fiscal year 2003.

Faith-based and grassroots organizations are acutely aware of the needs of their communities. However, they often lack the ability to maneuver through the federal maze of programs, acronyms, and bureaucratic jargon in order to identify and apply for funding. The goal of the CCF and HHS CFBCI is to straighten out the twists and turns of the road to federal grants and to provide grassroots organizations with a road map. We know that the Faith-Based and Community Initiative is not about simply cutting down on paperwork or even untangling a little red tape. It is about improving and saving lives, and rescuing the future of families and neighborhoods all across the country.

Below you will find a list of 2002 Compassion Capital Fund Intermediaries. These organizations will provide capacity building technical assistance to so that faith- and community-based organizations can more effectively access various federal funding sources, improve their ability to operate and manage their programs, develop and train their staff, expand the reach of their programs into their communities, and replicate programs that are promising. These organizations are able to make sub-grants to be used for start-up and organizational costs.

Community Technology Centers' Network (CTCNET)



Amount: 1,499,770
Website: www.ctcnet.org
Phone: (617)354-0825

Catholic Charities of Central New Mexico



Amount: 1,000,000
Website: www.catholiccharitiesasf.org
Phone: (505)724-4601

Emory University



Amount: 1,499,999
Website: www.ihpnet.org
Phone: Gary (404)727-5246;
Bob (404)727-5246

Christian Community Health Fellowship



Amount: 1,128,330
Website: www.cchf.org
Phone: (773)843-270

Institute for Youth Development



Amount: 2,500,000
Website: www.youthdevelopment.org
Phone: (703)471-8750

CJH Educational Grant Services, Inc.



Amount: 1,506,987
Website: cynjul@aol.com
Phone: (919)231-3345

JVA Consulting, LLC



Amount: 1,008,547
Website: www.jvaconsulting.com
Phone: (303)477-4896

Clemson University



Amount: 1,033,341
Website: <http://sclc.clemson.edu>
Phone: (864)656-6286

Associated Black Charities, Inc.



Amount: 1,500,000
Website: www.abc-md.org
Phone: 410)659-0000

Mennonite Economic Development Associates

 Amount: 1,000,000
Website: www.meda.org/nabd/index.html
Phone: (717)560-6546

S.V.D.P. Management, Inc.

 Amount: 673,041
Website: www.fatherjoesvillages.org/
Phone: (619)687-1000

Montana State University

 Amount: 614,555
Website: <http://faithhealthcoop.montana.edu>
Phone: (406)994-2381

Southeast Asia Resource Action Center

 Amount: 682,240
Website: www.searac.org
Phone: (202)667-4690

Northside Ministerial Alliance

 Amount: 1,000,000
Website: 269-276-0434
Phone: (616)349-5597

United Way of Massachusetts Bay

 Amount: 2,000,000
Website: www.uwmb.org
Phone: (617)624-8140

The National Center for Faith Based Initiative

 Amount: 700,000
Website: www.ncfbi.org
Phone: (850)577-1738

University of Hawaii

 Amount: 600,000
Website: <http://uhfamily.hawaii.edu>
Phone: (808) 956-5303 or 956-4132

Nueva Esperanza, Inc.

 Amount: 2,466,406
Website: www.nueva.org
Phone: (215)324-0746

University of Nebraska/The Board of Regents

 Amount: 1,160,742
Website: <http://ppc.unl.edu/>
Phone: (402)472-5678

Operation Blessing International

 Amount: 500,000
Website: www.ob.org
Phone: (757)226-3904

Volunteers of America, Inc.

 Amount: 699,159
Website:
Phone:



Grafting the Roots

A New Home and Renewed Hope for Sudanese Youth

Spontaneous bursts of familiar song, remembered stories and faces from the past, shared experiences and renewed friendships set the tone for approximately 225 Sudanese youth convening at a rural Maryland YMCA camp in late August 2002. A four-day camp conducted by the Ethiopian Community Development Council and funded by the Office of Refugee Resettlement (ORR) set the stage for a reunion and workshops aimed at furthering these young men's capacity to be active and contributing members of their new communities.

A long journey of fear and flight, then hope and resettlement for the Lost Boys of Sudan is a story that resonates with everyone working within the refugee community. Their tragic story of terror and survival has become well known to most Americans since the nation's refugee resettlement program first announced plans to bring some 3,360 of the Lost Boys to the United States a few years ago. Most of the young men are now in their early twenties and have shared a 14-year struggle for survival since fleeing Sudan's civil war in the late 1980s. Boys then between seven and seventeen years of age were driven from their

homes and separated from their parents, fleeing across southern Sudan to Ethiopia. They then escaped another war there, walking back to Sudan only to confront ongoing violence and discrimination in their homeland.

Having faced wild animals, harsh elements, disease, and death, some 10,500 Sudanese boys finally found a measure of security in the Kakuma refugee camp in Kenya, beginning in 1992. They were ultimately recognized as a special population by the U.S. Department of State's Bureau of Population, Refugees and Migration (PRM) and in 1999 were referred by the U.N. High Commissioner for Refugees (UNHCR) to the U.S. for resettlement.

Upon arriving in the United States, the boys were assigned to resettlement agencies in various parts of the country, experiencing separation from their extended "family" for the first time in over a decade. Lutheran Immigration and Refugee Services and U.S. Conference of Catholic Bishops resettled approximately 500 youth classified as Unaccompanied Refugee Minors, who were placed into specialized, culturally appropriate foster care. Those considered legal adults were

never doubt that a small group of thoughtful, committed citizens, can change the world. In fact, it is the only thing that ever has . . .

Margaret Mead

provided initial living arrangements and assistance and services aimed at self-sufficiency.

As one of eight voluntary agencies reporting resettling Sudanese Lost Boys in 2001, LIRS provided 12 months of technical assistance and funded Sudanese mentors at 13 affiliate sites. Mentoring, case management, job training and employment services, language training and enhanced educational opportunities offered to the Lost Boys are only some of the services provided by the voluntary agencies and their smaller affiliates.

The recent camp reunion accommodated 223 of the youth from 35 cities, along with 33 volunteer counselors and caseworkers who have worked with the boys in their local communities. The program included elements of traditional family reunion and summer camp experiences, with free time to compare notes about their current living conditions and their hopes and dreams. Workshops and other educational components were designed to enhance the boys' acculturation process, and a day trip to Washington, D.C. provided opportunities for them to learn more about the history and culture of their new homeland.

During one evening session, the young people were given poster paper and crayons and asked to sketch or describe their impressions of their new homeland. Many turned in drawings of their traumatic experiences in fleeing the Sudanese civil war to Ethiopia, then back to Sudan, later to a refugee camp in Kenya, and finally to America.

Nearly all of the submissions included profuse expressions of gratitude for America's "generosity," "democracy," "support for the needy and oppressed" and the nation's "pursuit of peace."

The camp is merely one example of faith-based and community organizations serving these young men. Under a \$200,000 grant from ORR, the Church of the Beatitudes is partnering with the City of Phoenix and the Lost Boys Leadership Council in embarking upon a project to assist the Lost Boys in Phoenix, AZ. Together they will create a resource center that will in turn help the Lost Boys unite as a community, develop the ability to advocate for themselves and connect to the long-term support they need.

Just four years ago, the Church of the Beatitudes began officially sponsoring refugees resettling in the Phoenix community, and in July 2001 they became better acquainted with the Sudanese youth by hosting four Lost Boys and pledging long-term support to them. The church became deeply impressed by these young men, and leapt at the opportunity to pursue federal funding to help bring to life the idea of the Arizona Lost Boys Center, an idea which came from the boys themselves. Church President Brent Smith states, "As a church, we have learned much from our Sudanese friends, and understand that while their paths, so full of hardship and sorrow, are like those of other refugees, their stories are unique in many ways. As such, we feel strongly that the establishment of a resource center specifically for them could help fill many gaps in the lives of these determined young men."♦



Photo courtesy of Susan Young, Media Relations

ASSEMBLYMAN SAM THOMPSON (R); BOBBY POLITO, DIRECTOR OF CFCBI, DR. ALAN GOLDSMITH, EXECUTIVE DIRECTOR OF THE JEWISH RENAISSANCE FOUNDATION; AND BOB ALEX, WING COMMANDER OF THE NJ CIVIL AIR PATROL AT THE GRAND OPENING OF AMERICA'S FIRST FEDERALLY FUNDED FAITH-BASED COMMUNITY HEALTH CENTER: THE JEWISH RENAISSANCE MEDICAL CENTER.

Grafting the Roots

One People One Heart

The Jewish Renaissance Foundation (JRF) is a non-profit, non-sectarian organization founded by individuals compelled to act upon the teachings of the Jewish faith. JRF believes, as citizens in a democratic society, that they must respond to the needs of their neighbors and share their talents and resources. The JRF is committed to helping families, which are the basic unit of our society.

The JRF is a Community Development Corporation of Shary Tfeliah and Yeshiva Gedol of Perth Amboy. It was formed in 1996 to serve the residents of Perth Amboy in need of health care. The Board and staff are a direct reflection of the community they serve. The JRF is a microcosm of the community with 70 percent Latino (Puerto Rican,

Cuban, Mexican, Peruvian, Argentinean and Portuguese), 13 percent African-American, 3 percent Asian-Indian and the rest of the population is of Greek, Slavic and Eastern European descent.

The JRF began recognizing a tremendous need for free access to healthcare. The founder and executive director had a vision to create a free health clinic after he was inspired by an intense, personal experience. The primary program of the JRF is Operation Lifeline, USA that provides a medical safety net including a network of volunteer physicians, volunteer dentists, and in-kind services from pharmaceutical companies, hospitals, and opticians. The JRF also established an Interfaith Coalition for Healthcare and The Perth

One of our ^{top} priorities at the Department of Health and Human Services is to reduce racial disparities in health care in America. We are committed to providing access to quality care for all Americans, and as each of you knows community health centers are among the very most effective tools at accomplishing that goal.

Tommy G. Thompson

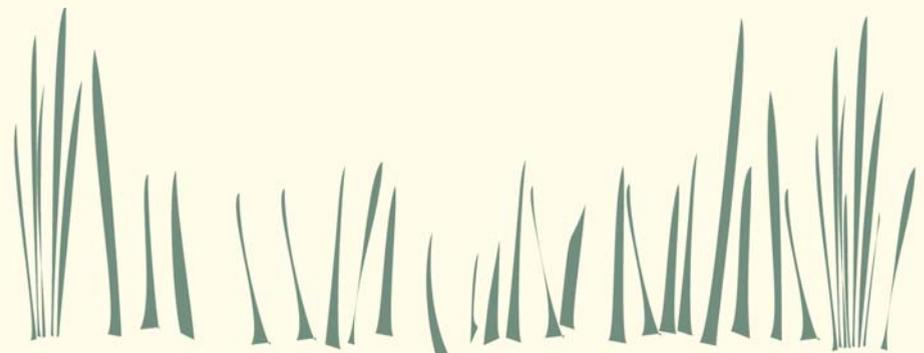
Amboy Health and Human Services Consortium . Additionally, the JRF provides culturally competent health fairs at various locations and a toll free number for easy access to medical information. They also provide free medical assistance to approximately seven thousand patients annually.

The JRF was selected by HRSA Region 2 as one of ten agencies in the country to conduct a "social reconnaissance" whose purpose was to investigate the delivery of primary and preventive health and dental care and decrease disparities due to race, socio-economic status and ethnicity in Perth Amboy and its neighboring communities. This program was a response to the HHS goal of providing 100 percent access to healthcare with zero percent disparities.

This program revealed the need to establish a healthcare center in answer in Perth Amboy. It took the JRF two years to establish Perth Amboy as a "Medically Underserved Population" (MUP). The first step in creating a Federally Qualified Health Care Center. In January of 2002, the Jewish Renaissance Medical Center opened, fueled by the teachings of the Talmud and knowing that healthcare has no boundaries, and as the first faith-based federally qualified health care center in New Jersey.

In the quiet of American
conscience, ... we know that deep, persistent
poverty is unworthy of our nation's
promise. And whatever our views of its
causes, we can agree that children at
risk are not at fault. Where there is suffer-
ing, there is duty.

George W. Bush



New Projects & Initiatives

EMPOWERING AMERICA'S GRASSROOTS



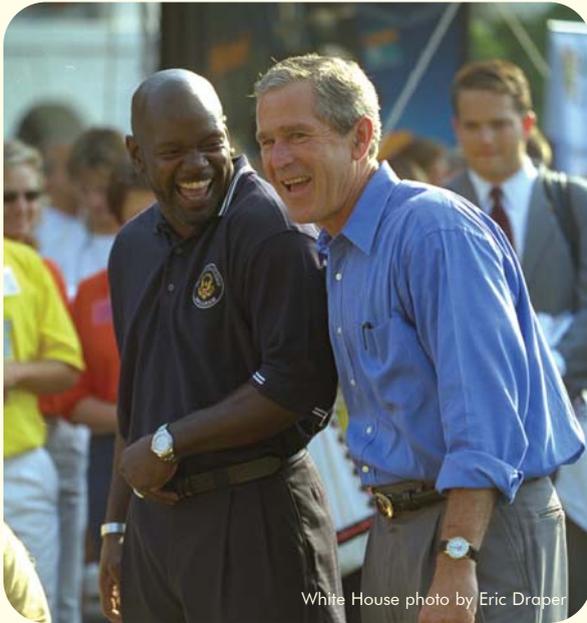
While HHS has made progress removing barriers and improving the grant process, there is still work to do. This section highlights some of the projects and initiatives that will either begin next year or are being developed for future implementation. The following is a sampling of plans for future activities.

Grant Process

ACF will continue to foster greater awareness of funding opportunities for faith- and community-based organizations. Some faith- and community-based organizations may still be unaware that many eligible entities such as states and community action agencies would welcome opportunities for partnering with them. ACF, therefore, will ask its various offices to spread the word to a wider number of faith- and community-based organizations. ACF offices will develop more user-friendly Internet home pages, so that potential providers can locate funding announcements and find the information they need to be successful grant competitors. Offices will also continue to educate states to reinforce that faith- and community-based organizations are a valuable resource.

CDC is participating in the Department's grant streamlining and simplification initiative as required by law.⁷ This includes:

- *Funding Announcement Consolidation – combining funding announcements into a single application for multiple programs at one website (FedBizOps.gov). In addition, a short version of the full announcement will be published so that funding opportunities are easily understood.
- *Funding Announcement Process Streamlining – if additional program funds are received, CDC will re-post the same funding announcement in subsequent years or draw from approved applicants from the previous year's announcement.
- *Application Submission Streamlining – CDC is studying use of on-line applications.
- *Faith-Based Language Inclusion – CDC also updated its funding announcement template so that it incorporated required faith-based language.



White House photo by Eric Draper

PRESIDENT GEORGE W. BUSH TAKES IN THE EXCITEMENT OF THE WHITE HOUSE FITNESS EXPO ON THE SOUTH LAWN WITH DALLAS COWBOYS RUNNING BACK EMMITT SMITH JUNE 20TH.

CDC has several other plans for increasing funding opportunities for FBO/CBOs. Planning efforts have begun to make the expertise of all CDC's Health Literacy Committee members available to program staff to ensure that more simplified language is incorporated in funding announcements.

CDC plans to award over 95 percent of its discretionary grants funding competitively through published program announcements in the *Federal Register*.

Finally, CDC will improve and implement automated data tracking to identify grant awards to faith- and community-based organizations.

HRSA has increased its internal and external collaboration on ways to reach more faith- and community-based organizations interested in applying for HRSA funding. A concerted, cross-agency effort has been made to clarify grant program instructions overall, to specify the status of faith- and community-based organization eligibility in the appropriate section for all relevant funding announcements, and to provide references and online linkages to additional technical assistance on the federal grant process and grant-writing skills.

HRSA has taken other steps to ensure the quality and completeness of the information provided to interested grant applicants. For example, during July 2002, HRSA's Maternal and Child Health Bureau released the Application Guidance for the fiscal year 2003 Section 510 Abstinence Education Grant program to States and Jurisdictions. Included in the Application Guidance is Abstinence Advisory #2, which provides guidance to state agencies regarding the award of Federal Section 510 Abstinence Education funds to faith and community organizations. The Maternal and Child Health Bureau developed the advisory, in conjunction with the Office of General Counsel, based on the revised guidance on religion and program questions and answers developed for grantees in the Office of Population Affairs' OPH Adolescent Family Program.

One of the four competitive grant programs offered this year by the Office of Minority Health (OMH) calls for the establishment of community coalitions to carry out supported projects. The coalition is to include an organization not traditionally involved in HIV/AIDS prevention and outreach, and faith-based organizations are specifically identified as examples of such organizations.

An additional effort undertaken this year by the OMH involves the Family and Community Violence Prevention Program. Under this cooperative agreement, three additional projects will be awarded to colleges and universities. One requirement for these academic institutions is partnership with at least three community-based organizations. Churches and other religious organizations are specifically identified as examples of organizations that should be included.

Office of Population Affairs (OPA) intends to continue to incorporate language inclusive of faith- and community-based organizations in all funding announcements issued by programs, as well as posting the information on its web page.

Technical Assistance

AoA will be reaching out to its network of state and area agencies on aging to further educate them on the President's Faith-Based and Community Initiative. Efforts will include:

- *Encouraging the Aging Network to initiate

or expand relationships with faith-based and grassroots organizations;

- *Promoting the participation of faith-based and grassroots organizations on advisory boards; and

- *Disseminating information on best practice models.

CDC will sponsor regional meetings to provide technical assistance to existing and potential grantees.

The HRSA Administrator is exploring ways to make the best use of emerging technology, such as distance learning, CD ROMs, tutorials, and videotapes, to reach additional potential grantees.

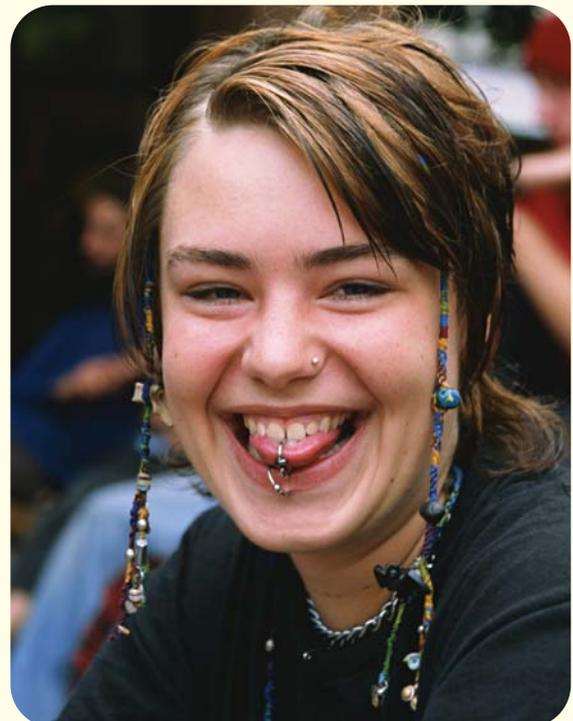
Many faith-based and community organizations in developing countries are eager to contribute to the fight against HIV/AIDS; yet, a lack of capacity prevents them from becoming involved in a meaningful and sustainable manner. The Office of Global Health Affairs' CORE Initiative is examining ways to provide technical assistance to these groups to help them understand the needs and assets of their respective communities, formulate effective and cost-efficient programs, and support structures to meet their self-determined objectives. Recognizing that networking and partnership-building are critical elements of a comprehensive response, the CORE Initiative will continue to support opportunities for faith and community leaders to meet for the purpose of learning from each other's experiences, sharing resources, and developing a united approach to advocate for improved policies and programs. In addition, this activity will be expanded in the coming year to support the development of partnerships between faith-based and community organizations and the secular and governmental organizations that operate HIV/AIDS programs in various regions.

The Office of Global Health Affairs CORE Initiative is working with U.S.-based faith- and community-based development organizations to develop methods for streamlining, coordinating, and strengthening the work of these organizations in developing countries that have active HIV/AIDS programs.

OMH plans to hold meetings for funded grantees each year to promote networking and information sharing, and provide technical assistance on aspects of program operation, with particular emphasis on the evaluation of programs. The ability to demonstrate progress in achieving results will make it possible for community-based organizations to be more competitive in future grant competitions.

Over the next year, the Adolescent Family Life program intends to conduct an additional 10 technical assistance sessions for potential new applications.

SAMHSA has designed a grassroots training initiative to provide all potential participants in SAMHSA programs with information on its grant review process. The notebook and training materials SAMHSA is developing for this effort will enable them to provide consistent and quality training to all those interested in SAMHSA programs. Further, SAMHSA plans to assess the impact of these training events on the number of successful applicants from faith-based and other grassroots organizations, particularly with the planned implementation of its Charitable Choice guidance. In addition to this measure, SAMHSA designed its GPRA (Government Performance and Results Act) measures for the Charitable Choice



laws to ensure that grant applications from faith- and community-based organizations are equivalent in quality to those of other applications.

SAMHSA is launching a grant-writing training and technical assistance initiative for grassroots faith- and community-based organizations. SAMHSA's Faith-Based and Community Initiatives Workgroup, has contracted with intermediaries such as We Care America and the Islamic Society of North America to reach out to smaller faith-based and grassroots organizations often missed in national trainings. SAMHSA is holding 38 grassroots training sessions around the country, from the end of August, 2002, through spring 2003.

For these sessions, SAMHSA is developing a standard notebook of materials on grant writing to distribute to all participants and include in all related SAMHSA grant-writing training activities. Topics covered in the notebook include: pre-planning and developing program ideas, linking ideas to funding, understanding the federal grant process, writing a grant application, and understanding the grant review process. Training will also describe the role of SAMHSA's advisory councils that rank applications and make recommendations for funding, reminding participants that SAMHSA's leadership makes the final funding decisions.



White House photo by Tina Hager

PRESIDENT GEORGE W. BUSH VISITS SENIOR CITIZENS PARTICIPATING IN AN AEROBIC "SPINNING CLASS" AT THE MARKS STREET SENIOR RECREATION COMPLEX IN ORLANDO, FLA., FRIDAY, JUNE 21, 2002.

SAMHSA also has numerous activities designed to share promising practices with those on the front lines, including a National Registry of Effective Prevention Programs and Technical Assistance Publications designed to provide user-friendly information on adopting and adapting proven effective practices.

In general, SAMHSA wants to make certain that its extensive training and technical assistance portfolio is utilized by and coordinated with the technical assistance activities conducted by intermediaries. These centers offer technical assistance activities – CSAT's Addiction Technology Transfer Centers, CSAP's six Centers for the Application of Prevention Technology, SAMHSA's information clearinghouses, CMHS's Knowledge Exchange Network, CSAP's Prevline, and CSAT's Treatment Improvement Exchange – in addition to numerous technical assistance conferences and meetings.

Outreach

AoA developed an outreach and technical assistance plan to reach potential community- and faith-based organizations. The plan outlines strategies to alert, inform, and engage faith- and community-based organizations in issues affecting older Americans. In addition, the plan includes outreach strategies to encourage grassroots organizations to apply for AoA discretionary funds.

AoA is continuing to explore opportunities to present and exhibit at faith-based and community-based meetings and conferences.

Although some ACF offices have written funding announcements in clearer, easier to understand language, many materials are still difficult to understand. Program offices will participate in reviewing program announcement language to ensure that it is understandable by the general public.

FDA believes it must be proactive to increase the number of faith- and community-based organizations receiving funding or serving in partnership roles with FDA. FDA grants management staff proposes to attend and/or present at local conferences and meetings to encourage faith- and community-based organizations to participate in FDA discretionary grant programs and other activities. FDA proposes to refurbish its

grants website to establish links to the HHS Partner Gateway and the HHS CFBCI website, as well as others; create a bulletin board to encourage collaboration within HHS; and use interagency agreements to access HHS cooperative agreements with faith- and community-based organizations, funding announcements, etc. The FDA will also work with the Office of Regulatory Affairs to review the Innovative Food Safety grant program to see if it is possible to negotiate with state and local governments to ensure faith- and community-based participation as contractors.

HRSA's Bureau of Primary Health Care is in the process of planning a follow-up Faith-Health Partnership Conference that will take place in the spring of 2003.

HRSA is examining how to incorporate the latest technology and telecommunications options to reach smaller faith- and community-based organizations interested in learning about the federal grant process.

HHS regional health administrators for this fiscal year (FY 03) are planning workshops for grassroots organizations on preparing proposals and other related matters.

The OPA Adolescent Family Life (AFL) program is developing a computer-based training instrument to assist potential new applicants, including faith-based organizations, which are unable to attend the AFL orientation workshops for new applicants. This will serve as an additional resource tool for community-based and faith-based organizations in preparing grant applications.

SAMHSA plans to share its materials and training agendas with the Compassion Capital Fund intermediary grantees charged with offering technical assistance to faith- and community-based organizations. The intermediaries can then share the materials with these target groups.

SAMHSA has some grant programs that come under the Charitable Choice legislation. Future plans to implement this law include:

- *Developing materials for presentations and handouts at SAMHSA - relevant conferences and workshops, including Questions and Answers, PowerPoint presentations, and



website materials.

- *Developing information on Charitable Choice for grant application packets

SAMHSA's Faith-based and Community Initiatives workgroup is working to identify new SAMHSA-wide initiatives for fiscal year 2003 in order to reach out to and involve faith- and community-based organizations in substance abuse prevention and treatment, and in mental health services. Such initiatives could include the development of an icon on the SAMHSA website to link to the HHS CFBCI website. This will provide easily accessible and relevant information to grassroots faith- and community-based organizations.

Regional health administrators disseminated information by HHS to community-based organizations that qualify for "mini-grants" in the areas of women's health, minority health and HIV/AIDS.

Training for Staff/Managers

The purpose of the OWH Generations pilot program is to initiate monthly educational seminars in six community churches of large African-American populations, with the ultimate goal of reducing cardiovascular mortality and morbidity. The program is targeted toward women aged 35 and older and forms partnerships with the pastors' wives (otherwise known as the "first ladies" of each respective church) to host these seminars. The program will be piloted in Chicago, Atlanta, Los Angeles, Minneapolis, and two sites in Mississippi. Each of the six churches have convened a planning committee and speakers' bureau, using leaders in the fields of cardiovascular medicine and women's health, along with other Gen-

erations members and Center staff. The pilot program will evaluate the efficacy of each seminar series to recommend a model for future seminars and program expansion.

SAMHSA will hold internal training sessions to acquaint its staff with efforts to remove barriers and increase the participation of faith-based and grassroots organizations in SAMHSA programs, introducing them to both SAMHSA's grassroots training initiative and to its plans for implementing Charitable Choice.

SAMHSA's Internal Faith-Based and Community Initiatives workgroup may highlight the role that grassroots and faith-based organizations can play in helping persons who are re-entering their communities from institutional settings (i.e. hospitals, treatment or criminal justice settings). So-called "re-entry" and "discharge planning" approaches play a significant role in preventing homelessness and the recycling of individuals through costly criminal justice and emergency services settings, and are supportive of the Secretary's initiative to reduce chronic homelessness.

To provide support in the implementation of Charitable Choice, SAMHSA is developing and providing Charitable Choice training for SAMHSA project officers. SAMHSA is also developing Charitable Choice materials and training for states that administer the Substance Abuse Prevention and Treatment Block Grant and the PATH program.

Written policies and procedures

ACF will ask its program offices to continue its work toward determining the extent of partnerships between grantees and faith- and community-based organizations.

AHRQ has had no barriers to the types of organizations that can apply for grant funding or contracting; academic institutions have been the primary applicants to AHRQ's programs. However, ARHQ is working to develop mechanisms that provide community and faith-based organizations the opportunity to participate in its research programs.

CDC is streamlining non-competing continuation process, minimizing information needed for reports. CDC is also streamlining progress reporting. For some programs, a proposal exists

for one mid-year report with a continuation proposal serving as the end of year report.

Other Significant Activities

To foster awareness of the faith-based and community initiative within its centers and offices, **FDA** has established a Community-Based workgroup that will be responsible for implementation of the President's initiative. This workgroup will focus on identifying any additional barriers to community-based organizations, sharing information on grant-related issues at conferences and workshops, developing communication with state and local governments to increase participation of community-based organizations in grant programs, and developing a web page devoted to community-based organizational activities within FDA. In addition, a database system is under development for better reporting. The vision is that the system will link to various internal database systems, such as EEO and



grants funding. FDA currently tracks information related to community-based organizations on its Microsoft Excel Solicitation Spreadsheet.

HRSA and **SAMHSA** have explored how federal agencies can collaborate with existing state offices or state-level leads for faith- and community-based initiatives, as well as with state health directors. The goal of this effort is to increase mutual outreach efforts and to explore additional forums for providing training and technical assistance workshops on grant-writing skills and the basics of the federal grant making process. There has been some state interest. For example, over the five years of the program, the Abstinence Education Grant program office has responded to several inquiries from states regarding the participation of faith-based organ-



izations. Of the 53 states and territories receiving FY 2000 Section 510 Abstinence Education Grant funding, 36 states/territories and 21 states/territories reported community-based organizations and faith-based organizations, respectively, as state contractual service providers.⁸

NIH will continue to support a wide variety of activities involving faith-based and other community organizations. To improve coordination of faith-based and community efforts across NIH, an NIH Faith-Based and Community Initiatives Coordinating Committee has been established. This group, comprised of representatives from each relevant Institute and Center, will actively pursue opportunities to increase the participation of faith-based and other community organizations in NIH activities. NIH will also contribute expertise to projects initiated by the HHS Center for Faith-Based and Community Initiatives.

OWH has proposed to work with the 10 HHS regional offices located throughout the country to implement and fund a Community-Based Demonstration Project for Breastfeeding that will promote breastfeeding among first-time mothers on a grassroots level. ♦

I don't understand why we put so much into
curing illnesses but so little into
preventing them.

Tommy G. Thompson

Grafting the Roots

Generations - The ABC Center for Women's Health

Heart disease is the number one killer of women, and African-American women suffer disproportionately higher death rates from this disease. Risk factors such as diabetes mellitus, high blood pressure, high cholesterol, and obesity increase the risk of death and are more prevalent in African-American women. Despite these health disparities, African-American women are less likely to be counseled and treated for cardiovascular disease (CVD) risk factors, even though, modification of risk factor at any stage of CVD results in improved outcomes.

Because of the proven success of faith-based interventions, the ABC Center for Women's Health developed a pilot program for faith-based organizations called Generations. The thrust of the program is to educate women in groups across generations about the risk of CVD and how to



Photo courtesy of Generations Program

HILLSIDE CHAPEL AND TRUTH CENTER MEMBERS PARTICIPATING IN JAZZERCISE AS A PART OF THE ABC GENERATIONS PROGRAM.

reduce that risk. Generations programs are established in Atlanta, GA; Minneapolis, MN; Vicksburg, MS; Madison, MS; Inglewood, CA; and Chicago, IL. Approximately 500 women of all ages participate.

With the goal to promote and encourage personal risk reduction as well as influence family and community health behaviors, Generations reaches out to women of all ages and their families through their faith-communities. Generations increases awareness of minority women about their risk of CVD; empowers them to address their personal risk factors (dyslipidemias, diabetes, hypertension, etc.) with healthcare professionals; supports lifestyle changes (i.e., eating habits, physical activity, stress management, etc.); and increases lay health educator effectiveness to ensure positive attitudes and commitment to the goal of CVD education.

Generations provides educational materials and trains health liaisons in congregations, health ministries, and women's ministries, so that over time, the program will become integrated into an organization's activities and will not require ABC

support. In all congregations there are health care professionals (nurses, physicians), who will perpetuate the program as part of the organization's health ministry after the ABC's formal role is complete. Participants learn the risk factors of heart disease and stroke, assess their personal risk profiles, and set specific goals to modify two or three risk factors within a predetermined time interval. Group activities focus on mutual support for participants, as well as sharing lessons learned and creative ways groups accomplish risk reduction (i.e., healthy shopping groups, walking clubs where safety may be an issue, etc.). Participants keep logs of their progress and groups receive incentives based on progress. The program features prominent speakers and a newsletter, which offers information and encouragement. Upon completion of the pilot in December 2002, Generations intends to expand the program beyond this pilot period and broaden the effort nationally.

For further information you may contact Dr. Anne Taylor at 612-626-2183 or taylo135@umn.edu or Ms. Kweli Rashied-Walker at 678-302-4222 or

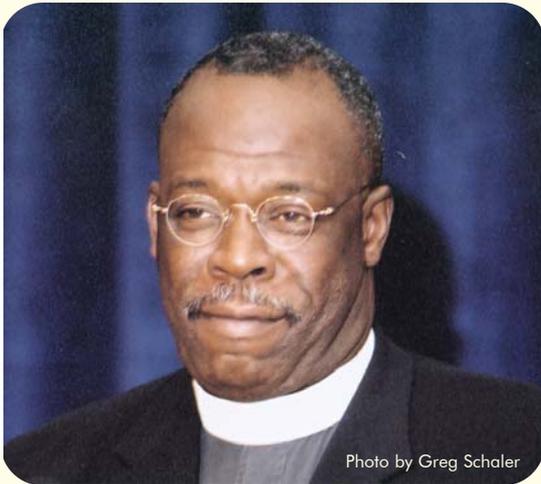


Photo by Greg Schaler

REV. MARCUS HARVEY, CEO, STRENGTH, INC., PITTSBURGH, PA



Photo by Greg Schaler

BOBBY POLITO, DIRECTOR OF HHS CENTER FOR FAITH-BASED AND COMMUNITY INITIATIVES.



Photo by Greg Schaler

CHARLES CURRIE, ADMINISTRATOR OF SAMHSA; JIM TONEY, DIRECTOR OF THE WHITE HOUSE OFFICE OF FAITH-BASED AND COMMUNITY INITIATIVES; ASA HUTCHINSON, ADMINISTER OF THE DRUG ENFORCEMENT ADMINISTRATIONS.



Photo by Greg Schaler

FROM LEFT TO RIGHT: ELAINE PARRY, ACTING DIRECTOR, CENTER OF SUBSTANCE ABUSE PREVENTION; REV. MARCUS HARVEY; LOUIS GALLANT; JOHN TUSKAN, CENTER OF MENTAL HEALTH SERVICES; DR. ABDUL BOSIT, PRESIDENT OF THE AMERICAN ISLAMIC ASSOCIATION OF MENTAL HEALTH PROFESSIONALS; DR. WESLEY CLARK, DIRECTOR, THE CENTER FOR SUBSTANCE ABUSE TREATMENT; DR. KENNETH ROBINSON, CEO & PASTOR OF ST. ANDREWS AME CHURCH; CHARLES CURRIE, ADMINIKTRATOR, SAMHSA; ASA HUTCHINSON, ADMINISTRATOR, DRUG ENFORCEMENT ADMINISTRATION.

We are trying to create a faith
friendly, not a faith favored
environment.

Jim Towey,
Director of the White House Office of
Faith-Based and Community Initiatives.

Grafting the Roots The SAMHSA Conference

SAMHSA, in its ongoing effort to enhance collaboration between faith-based and community organizations, sponsored its 6th Annual Symposium for Faith and Community Based Organizations in Washington, D.C. The purpose of the symposium is to improve the delivery and effectiveness of substance abuse and mental health services. This year's symposium entitled "Bringing Effective Prevention, Treatment, and Mental Health Services to Every Community" attracted over two hundred and fifty participants including leaders of faith communities, community organizations, federal policymakers, and representatives from across the nation.

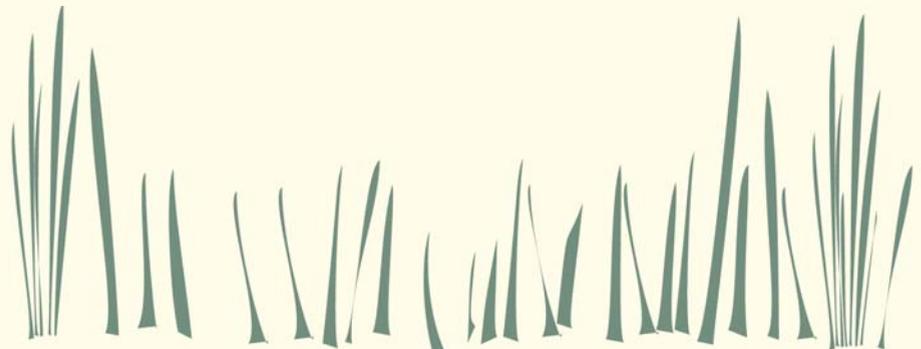
The symposium featured three tracks. This first consisted of skills-building workshops designed to help faith-based and community organizations better understand opportunities for accessing federal resources. The second focused upon selected themes in the areas of substance abuse treatment and mental health. Finally, the information track highlighted specific SAMHSA initiatives.

Keynote speakers included, among others, Asa Hutchinson; Drug Enforcement Administration; Jim Towey, Director, White House Office of Faith-based and Community Initiatives; Dr. Lewis Gallant, National Association of State Alcohol and Drug Abuse Directors; and Bobby Polito, HHS CFBCI.

One highlight of the symposium was the presentation of awards by SAMHSA's Centers for Substance Abuse Prevention, Substance Abuse Treatment, and Mental Health Services to those who have made outstanding contributions in their respective fields. Especially noteworthy were Youth in Action awards to youth who have achieved success through community service. The youth were nominated by leading national anti-drug organizations. The winners were Shola Olorunnipa, PRIDE Youth Programs; Julie Hill, White Bison, Inc.; Marisol Lopez, White House Office of National Drug Control Policy; and April Enlow, National 4-H Council. ♦

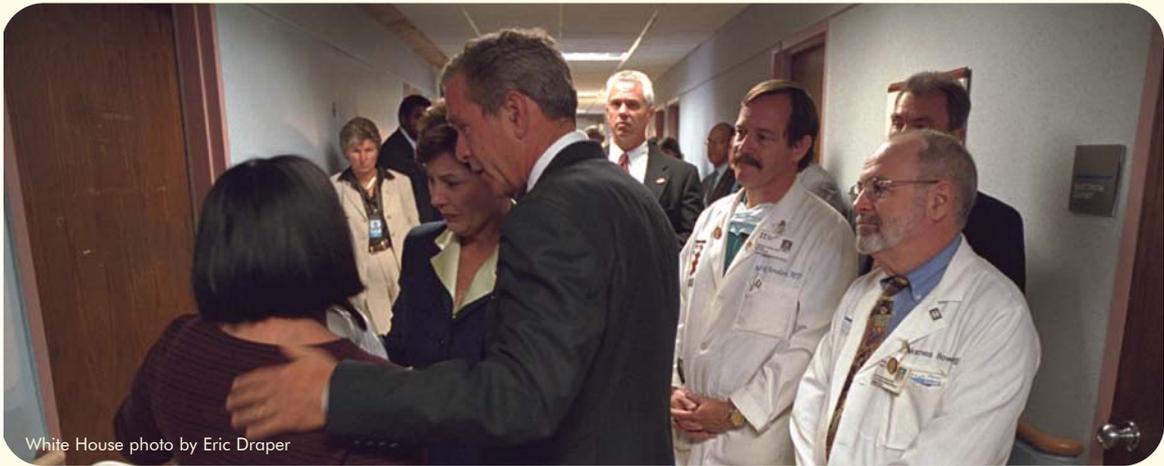
Today, we are making good on President Bush's commitment to give faith and community-based organizations the same opportunities to receive federal assistance that larger private organizations have. For years, grassroots organizations have helped thousands of Americans in need, often on shoestring budgets and with little assistance from the federal government. Under the President's leadership, that assistance is finally beginning

Tommy G. Thompson



Summing Up

EMPOWERING AMERICA'S GRASSROOTS



White House photo by Eric Draper

PRESIDENT BUSH AND MRS. LAURA BUSH COMFORT FAMILY MEMBERS AT WASHINGTON HOSPITAL CENTER SEPT. 13, 2001 THE PRESIDENT AND FIRST LADY VISITED THE HOSPITAL TO THANK DOCTORS AND VISIT PATIENTS WOUNDED IN THE ATTACK ON THE PENTAGON.

The Department of Health and Human Services has made great strides in improving current faith- and community-based partnerships, providing opportunities for new partnerships with faith- and community-based organizations, and removing existing barriers to the inclusion of these groups in HHS programs.

HHS has eliminated barriers in all agencies by including language in relevant funding announcements that states, "faith-based organizations are eligible to apply." Agencies have provided technical assistance throughout the country and in parts of the world to increase the capacity of faith- and community-based organizations working with the homeless, children in the foster care system, victims of the AIDS pandemic, and welfare mothers, among other vulnerable and needy groups. 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 have received training to better understand how to reach out and partner with new, effective faith- and community-based organizations.

Perhaps the most visible work from this year is the Compassion Capital Fund. The Secretary and CFBCI believe that this \$30 million fund will noticeably level the playing field for faith- and community-based organizations competing for federal funding. The Compassion Capital Fund is the first appropriated federal funding specifically targeted to assist grassroots organizations since President Bush announced the Faith-Based and Community Initiative in 2001. As Secretary Thompson stated, this fund shows a commitment to go beyond rhetoric to action, for the good of all vulnerable Americans.

HHS will continue to support and provide expanded opportunities for effective faith- and community-based organizations to provide social services to our country's neediest. While this is a challenging initiative, HHS is dedicated to continue working to create a future where faith- and community-based organizations have strengthened capacity to better meet social needs among America's at risk individuals, families, and communities. ♦

Notes:

1. Departments of Justice, Education, Labor, and Housing and Urban Development.
2. In Executive Order 13198, issued January 29, 2001.
3. If eligibility is restricted either to previous grantees or to entities with certain expertise, the announcement explains why the eligibility is restricted. These announcements expressly state whether faith based organizations are eligible to apply. Often, if faith-based organizations are not eligible, the announcement encourages such organizations to collaborate with eligible applicants (usually public entities with broad responsibility for substance abuse and/or mental health service systems) to develop an application.
4. 13198.
5. Community Action Agencies, located around the country, are the primary recipients of the Community Services Block Grants funds administered by the ACF Office of Community Services.
6. United States Agency for International Development.
7. Public Law 106-107.
8. Fiscal Year 2000 Annual Summary.

No **single** alternate system **can**
mobilize and reach the **citizen-**
ry of America like the reli-
gious **community**. America
must be mobilized **now**. This **is** the
time. This **is** the **place**. We
are dedicated to empowering
these **grassroots**.

Bobby Polito



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