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SYRINGE EXCHANGE PROGRAMS: THE FUNDING LANDSCAPE

Syringe-exchange programs first emerged in the United States in the mid-to-late 1980s, as underground, activist-initiated efforts to adapt models first developed in Europe. These programs faced immediate opposition in the midst of the government's intensified "war on drugs," which introduced the rhetoric of zero tolerance and "just say no" into American culture, alongside a concurrent moral panic surrounding crack cocaine use.

The patchwork of legal restrictions on syringe access, coupled with intensive law enforcement efforts targeting drug markets, had produced a severe and artificial scarcity of syringes that resulted in widespread needle-sharing and HIV transmission among drug injectors.

With the growing credibility of syringe exchange in the fields of public health and HIV prevention, coupled with a solid body of research demonstrating its effectiveness, many states moved to amend their le-

gal code to allow for or authorize syringe-exchange programs to operate legally and generally extended some legal protection to drug injectors participating in these programs. Many states also rescinded or modified laws that had forbidden pharmacy sale of syringes without a prescription, thereby providing another form of syringe access to drug injectors where exchange

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PROPOSAL WRITING – A STEP-BY-STEP PROCESS

This process is not a formula to be rigidly adhered to, instead it is a suggested approach that can be adapted to fit the needs of any nonprofit and the peculiarities of each situation. This article places its focus on proposal writing for private foundations.

Gathering Information

The first thing you will need to do in writing your proposal is to gather the documentation for it. You will require background documentation in three areas: concept, program, and expenses.

Concept

It is important that you have a good sense of how the project fits with the philosophy and mission of your agency. Funders want to know that a project reinforces the overall direction of an organization, and they may need to be convinced that the case for the project is compelling. You should collect background data on your organization and on the need

to be addressed so that your arguments are well-documented.

Program

Here is a check list of the program information you require:

- the nature of the project and how it will be conducted;
- the timetable for the project;
- the anticipated outcomes and how best to evaluate the results; and
- staffing and volunteer needs, including deployment of existing staff and new hires.

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The Harm Reduction Coalition is a national advocacy and capacity-building organization that promotes the health and dignity of individuals and communities impacted by drug use. HRC advances policies and programs that help people address the adverse effects of drug use including overdose, HIV, hepatitis C, addiction, and incarceration. We recognize that the structures of social inequality impact the lives and options of affected communities differently, and work to uphold every individual's right to health and well-being, as well as in their competence to protect themselves, their loved ones, and their communities.

Thanks to the following people who contributed to this quarter's newsletter:

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Through the generous support of the MAC AIDS Foundation the Harm Reduction Coalition was able to launch its National Syringe Access Project. As a result of this support HRC is growing its expertise in syringe access expansion and drug user health into the national arena and adapting the regional materials, produced by syringe access programs in California and New York, for syringe exchange programs nationwide. HRC will continue to expand and amplify capacity building, technical assistance, publications, and resources by: 1) increasing syringe access nationwide; 2) supporting the establishment of new programs and the expansion of existing programs; 3) assisting new organizations to integrate syringe access including

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AIDS service organizations, housing facilities, and local health departments; and 4) collaborating with syringe exchange programs to develop new program models and enhance existing service to incorporate hepatitis C, overdose programming, and access to drug treatment including bupenorphine and methadone.

Part of our effort to provide technical assistance on the national level is the creation of this newsletter in order to provide some practical information and tools along a broad spectrum of issues.

Given that about half of the syringe exchange programs operating in the United States are running on budgets of \$100,000 or less we felt that we would focus on funding. We provide some insight into the current funding landscape and ways that you and your clients can become involved with the national effort to lift the federal ban. As well as case studies, a step-by-step guide for writing proposals and a resource section for more information on the topic.

We hope you find it useful.

Rona Taylor

National Coordinator, Syringe Access Expansion Project
January 2008

ASK HRC

Please write in your comments, feelings, responses -- we want to hear from you. If you would like to submit any requests for technical assistance, suggestions for topics for the TA newsletter, feedback, or questions you can email them to askhrc@harmreduction.org or you can mail them to:

National Coordinator, Syringe Access Expansion Project
22 West 27 Street, 5th Floor
New York, NY 10001

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programs did not exist or were limited in their locations and hours of operation.

Resource limitations derive directly from the policies of the federal government – the single largest source of funding for HIV prevention in the United States – which has banned the use of federal money for syringe exchange since 1988. Federal funding streams do support other forms of harm reduction, including opiate substitution therapy with methadone and buprenorphine, but government agencies responsible for public health, substance abuse, and drug policy have largely ignored or actively criticized harm reduction-oriented approaches in favor of models that promote complete abstinence from drug use as the sole legitimate goal.

Syringe-exchange programs must scramble for funding from private foundations and supportive city and state governments; but these funding streams are typically unstable, limited and highly competitive. The federal funding ban has been extended in Bush Administration policy to apply to global HIV funding through PEPFAR. The ban also has a crippling effect on the ability of U.S.-funded researchers working domestically and internationally to evaluate effective behavioral and biomedical interventions aimed at further preventing the spread of HIV among people who inject drugs.

The federal funding ban also carries a significant symbolic weight in U.S. debates, rendering syringe exchange marginalized and controversial despite its long history and documented successes. This domestic legacy carries over into statements and interventions by U.S. officials within global policy discussions such as the United Nations General Assembly Special Session on HIV/AIDS and the UNAIDS Program Coordinating Board. In the United States, controversies around syringe exchange continue to play out at the local, state and federal levels, suggesting a striking failure to resolve political and ideological differences despite nearly two decades of experience and a clear scientific and medical consensus in favor of these programs.

Current attempts to lift the congressional ban on federal funding of syringe exchange could ultimately support and inspire further progress toward scaling up syringe access by both opening up new funding streams and legitimizing syringe exchange in the national dialogue. Advocates have called upon Congress to strike the ban language from the annual spending bill – specifically, the Labor, Health and Human Services, and Education Appropriations Bill. Congress opted to retain the ban language in this year's bill, despite general agreement on the value of syringe exchange within

the congressional leadership. Many advocates viewed this decision as consistent with a broader strategy among Democrats to avoid tackling issues that generate considerable opposition from social conservatives in the midst of a highly partisan political environment where both major parties aggressively jockey for advantage in the run-up to the 2008 presidential election. Nevertheless, the decision to allow such a vote on the Washington, D.C., local funding ban augurs well for prospects for lifting the federal ban, although it highlights the fragile and slender majority of only eight representatives (216- 208) in support of syringe exchange.

by Daniel Raymond, Policy Director, Harm Reduction Coalition

SEP FUNDING IN DIFFERENT SETTINGS

The Cambridge Needle Exchange Program (NEP)

The Cambridge Needle Exchange Program (NEP) is one program of Cambridge Cares about AIDS (CCA), an ASO in the Greater Boston area that is funded at approximately at 3 million dollars. (more)

New Mexico Department of Health

Syringe exchange and other harm reduction services in New Mexico are exclusively funded by state government general funds. The New Mexico Department of Health (NMDOH) Harm Reduction Program has an annual operating budget of \$1.4 million, \$800,000 of which is used to fund 9 community-based contractors providing harm reduction services statewide.(more)

Lower East Side Harm Reduction Center

The Lower East Side Harm Reduction Center (LESHRC) is a leading harm reduction center in New York City with a number of low-threshold health programs geared towards active drug users. To date, LESHRC has served over 17,000 individuals. LESHRC offers a range of services including syringe exchange. (more)

Needle Exchange Program of Asheville (NEPA)

The Needle Exchange Program of Asheville (NEPA), located in Asheville, North Carolina, has been the only openly active needle exchange program in North Carolina since 1994. This year (2007) two more programs have been listed in the NASEN directory. (more)

If you are interested in learning more about the Harm Reduction's efforts to lift the federal ban please contact Daniel Raymond, Policy Director, at raymond@harmreduction.org or Hilary McQuie at mcquie@harmreduction.org.

Also, if having access to a syringe exchange program has benefitted you personally or if your clients would like to share their stories we would like to hear from you at www.democracyinaction.org/dia/organizations/HRC/questionnaire.jsp?questionnaire_KEY=456. If your clients do not have access to the internet you can send their responses to taylor@harmreduction.org or they can be mailed to Rona Taylor, 22 West 27th Street, 5th Floor, New York, NY 10001, and they will be transcribed.

California



Safe Injection Facilities

In October, the Harm Reduction Coalition, the San Francisco Department of Public Health, and the Alliance for Saving Lives (ASL) Health co-sponsored a symposium to discuss legal Safe Injection Facilities, entitled, "Community Safety and Drug User Health: Exploring Safer Injection Facilities in San Francisco."

The symposium examined the need, community impact, and support for a legal Safe Injection Facility for homeless and marginally housed injection drug users. Speakers included public health officials, service providers, legal experts, members of law enforcement, injection drug users, community groups, faith community leaders, researchers, and evaluators from InSite, a safe injection facility in Vancouver, Canada.

It prompted an immediate response from South Carolina Senator DeMint to submit an amendment to the bill H.R. 3043 (SA3388), to Labor-HHS-Ed appropriations, that would prohibit ANY Labor-HHS-Ed money from going to cities that establish safe injection facilities. Fortunately, the amendment did not pass but advocates don't interpret this to mean that this is a dead issue.

Overdose Law Enacted

Also in October, California Senate Bill (SB) 767, the Overdose Treatment Liability Act, was signed by Governor Schwarzenegger, after passing unanimously through the California legislature. Senator Ridley Thomas' bill was co-sponsored by the Harm Reduction Coalition, the County of Los Angeles, and the Los Angeles Overdose Taskforce.

Funding for Syringe Exchange

In October, Governor Schwarzenegger signed California Assembly Bill (AB) 110 and finally brought to a successful close an effort started in 2005 by Assembly Member John Laird to support local needle exchange programs. During this time, the funding sources available for the purchase of sterile needles and syringes continued to shrink.

AB 110 (1) clarifies current State policy to make clear that local public agencies

may use State HIV prevention and education funds to support authorized clean needle and syringe exchange programs, and (2) grants local agencies the authority to purchase sterile hypodermic needles and syringes for authorized clean needle and syringe exchange programs, a policy previously prohibited by the State. Prior to the passage of AB 110, State Department of Health Services policy allowed State HIV prevention and education funds to be used for costs associated with authorized needle exchange programs, except for the purchase of sterile hypodermic needles and syringes.

Massachusetts



Syringe Disposal

Operation Yellow Box, a syringe disposal program, meant to bring Worcester up to code with the new Massachusetts general law(s) was met with resistance by the Health and Safety Committee of Worcester City Council. The Council which incidentally had no legal authority to vote upon the initiative tried postponing the initiative despite the testimony provided by health officials and doctors from Boston and Providence in support of this type of program at a public hearing.

The Massachusetts State Environmental Protection Agency has ruled that Massachusetts communities need to enact programs like Operation Yellow Box to prevent people who use syringes from dumping them into solid waste. Ironically, the actions of Worcester's city council could end in Worcester County being fined for non-compliance. Also, the greater Massachusetts Department of Public Health is going to be installing its own boxes throughout the state, so syringe disposal boxes will be sited in Worcester county regardless of what city council decides.

Naloxone Distribution

The Massachusetts Department of Public Health will distribute kits containing the anti-overdose drug Narcan to opiate users statewide, mirroring a project piloted in Boston last year. Narcan funding will go to agencies in four regions of the state: the North Shore, Connecticut River Valley, Cape Cod, and Southeastern Massachusetts.

New Jersey



Welcome Atlantic City and Camden!!

Almost a year after the New Jersey syringe access bill passed, South Jersey AIDS Alliance (Atlantic City) started operation of the first legal syringe access program in the state.

For now the site operates at South Jersey AIDS Alliance's indoor drop in center in a great space with couches coffee, water and snacks along with the harm reduction supplies so people can get comfortable if there is a line or just hang out after and relax.

The Atlantic City Health Department plans to do syringe access from its mobile health van but they are still working to get money for this and for now are just providing support for South Jersey AIDS Alliance.

The Camden program is a mobile unit being run by the Camden Area Health Education Center. Currently, there is just one site but they hope to add sites as funding allows.

Camden was the first city in NJ to pass a city council resolution in favor of syringe access in 1998 so it's been a long fight.

Newark and Paterson are working on preparations.

New Mexico



Good Samaritan Law

Last year the 911 Amnesty Law also known as the Good Samaritan Law was passed in new Mexico. This law provides "limited immunity from prosecution for a person who seeks or obtains medical assistance for a drug-related overdose."

New York



Congratulations Jamie!!

Executive Director, Jamie Favaro, of the Washington Heights Corner Project was recently awarded the National Association of Social Workers Young Leader Award. Washington Heights Corner Project an activist-run street-based educational outreach and syringe access endeavor founded in 2005 is aimed at reducing the spread of blood-borne diseases among

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injection drug users in the Washington Heights homeless community, which is dramatically underserved and under-resourced.

Peer Delivery Program Piloted

Injection Drug Users Health Alliance (IDUHA) received a grant from the Tides Foundation for a Peer Delivery Program that provides support to peer interns to make peer-delivered syringe exchange transactions.

Oregon

Lawsuit Against State of Oregon

The Harm Reduction Center of Southern Oregon is filing a lawsuit against the State of Oregon HIV/STD/TB Program (HST). The need for this lawsuit stems from the activities of the State of Oregon HIV/STD/TB Program which administers two federal grants. One provides medical services to people living with HIV/AIDS outside the Portland area, and the other provides HIV prevention services statewide. Since 2001 this State agency has systematically reduced funding and created so much red tape that rural communities are unable to provide adequate services. In some cases HST has used unethical methods to implement and enforce their policies.

Pennsylvania

Prescription for Syringes

Pennsylvania is the only state whose pharmacy board requires a prescription for a syringe sale. But recently, the Pennsylvania Pharmacy Board moved to eliminate the requirement of a prescription to purchase syringes. The rule, as proposed, would limit the number of syringes to be purchased to 30.

If this goes through, it does not overturn the still existing paraphernalia law that says it's illegal to have paraphernalia for drug use, but changing that law is thought to be a more difficult challenge with less likelihood of success any time in the near future and the change in Pharmacy Board regulations will help increase syringe access in the meantime.

The proposed rule is still being considered and there is a possibility that Pennsylvania will get a new regulation by the end of the year or by January 2008 at the latest.

Puerto Rico

The AIDS Crisis in Puerto Rico

Because of mismanagement of funds and reductions of resources, for three months syringe exchange programs closed down and were not able to provide any services. However, through the efforts of Unidas Dándole Cara al SIDA a group of activists that have come together to form a partnership in support of the AIDS crisis in Puerto Rico, they were able to provide some assistance. The coalition is comprised of advocates, patients, persons infected/affected by HIV/AIDS, state, municipal healthcare workers and community based organizations in both Puerto Rico and New York. The purpose of the New York Chapter is to support the activities of Unidas Dándole Cara al SIDA in Puerto Rico and to bring awareness to the situation in Puerto Rico. To this end, the coalition has organized a rally, a press conference, a letter writing campaign, a website: http://www.democracyinaction.org/dia/organizations/HRC/campaign.jsp?campaign_KEY=11954, and a fundraiser. The coalition is accepting donations. If anyone is interested in how they can help, please contact Paula Santiago at the Harm Reduction Coalition 212-213-6376 x 15.

Texas

Welcome Bexar County

In August of this year, the Commissioners Court in Bexar County, Texas, unanimously voted to move forward with a pilot initiative that will establish the state's first needle-exchange program, in Bexar County, which includes San Antonio. Rep. Ruth McClendon (D), who sponsored the provision, initially tried to add an amendment that would have created a statewide program. However, the program was limited to the San Antonio area

after the broader program failed to gain support in the House.

A working group of health and government officials is designing the program and plans to launch it Jan. 1, 2008.

Unfortunately, District Attorney Susan Reed recently said that the law authorizing the exchange program is faulty. The court when approving the program expressed hope that any legal issues could be resolved.

Washington

The Loss of Street Outreach Services

In July of this year, after missing some paperwork deadlines with its county funding agency, Seattle's Street Outreach Services (SOS) had its funding pulled and ceased operations after 16 years. SOS had two needle exchange sites – one on Capitol Hill and the other in the University District. An all-volunteer group called the People's Harm Reduction Alliance has taken over the operation of the University District location. Altogether, 54 clients were affected. Two more SOS staffers were lost in August, when Clean Dreams, a city-funded outreach program that is part of SOS but has no apparent program problems of its own, closed due to the city's decision.

Washington, DC

Congratulations Ken!!

Ken Vail has been chosen as the new Executive Director for Prevention Works!

Victory in DC

For 10 years Congress barred the use of public money to be used to support syringe exchange programs but finally removed the ban last month, December 26, when President Bush signed an omnibus appropriations bill. The District government has committed to investing \$650,000 in exchange programs. Prevention Works! will be receiving \$300,000 and the remaining \$350,000 will be going toward starting new syringe exchange programs throughout the city.

Expenses

At this stage you do need to sketch out the broad outlines of the budget to be sure that the costs are in reasonable proportion to the outcomes you anticipate. If it appears that the costs will be prohibitive, even with a foundation grant, you should then scale back your plans or adjust them to remove the least cost-effective expenditures.

Components of a Proposal: Executive Summary, Statement of Need, Project Description, Budget, Organization Information, Conclusion

Executive Summary

This first page of the proposal is the most important section of the entire document. Here you will provide the reader with a snapshot of what is to follow. Specifically, it summarizes all of the key information and is a sales document designed to convince the reader that this project should be considered for support. Be certain to include:

Problem

A brief statement of the problem or need your agency has recognized and is prepared to address (one or two paragraphs).

Solution

A short description of the project, including what will take place and how many people will benefit from the program, how and where it will operate, for how long, and who will staff it (one or two paragraphs).

Funding requirements

An explanation of the amount of grant money required for the project and what your plans are for funding it in the future (one paragraph).

Organization and its expertise

A brief statement of the history, purpose, and activities of your agency, emphasizing its capacity to carry out this proposal (one paragraph).

The Statement of Need

The statement of need allows the reader to learn more about the issues. In this part of the proposal you want to present the facts and evidences that support the need for the project and establish that your organization understand the problems and can reasonably address them. It does not have to be long and

involved. Short, concise information captures the reader's attention. Consider using the following six points:

- Decide which facts best support the project – Be sure the data that you present are accurate. You also want to make sure that the data are not too generic or broad. And as much as possible relate the data to your organization and project.
- Give the reader hope – Do not present a picture that the problem you are trying to solve is insurmountable.
- Decide if you want to put your project forward as a model - If the decision about a model is affirmative, you should document how the problem you are addressing occurs in other communities. Be sure to explain how your solution could be a solution for others as well.

- Determine whether it is reasonable to portray the need as acute - You are asking the funder to pay more attention to your proposal because either the problem you address is worse than others or the solution you propose makes more sense than others. Here is an example of a balanced but weighty statement: "Drug abuse is a national problem. Each day, people all over the country die from drug overdose. In the South Bronx the problem is worse. More people die here than any place else. It is an epidemic. Hence, our drug prevention program is needed more in the South Bronx than in any other part of the city"

- Decide whether you can demonstrate that your program addresses the need differently or better than other projects that preceded it. If possible, you should make it clear that you are aware of, and on good terms with, others doing work in your field. Keep in mind that today's funders are very interested in collaboration. They may even ask why you are not collaborating with those you view as key competitors. So at the least you need to describe how your work

complements, but does not duplicate, the work of others.

- Avoid circular reasoning - In circular reasoning, you present the absence of your solution as the actual problem. Then your solution is offered as the way to solve the problem. For example, the circular reasoning for building a community swimming pool might go like this: "The problem is that we have no pool in our community. Building a pool will solve the problem." A more persuasive case would cite what a pool has meant to a neighboring community, permitting it to offer recreation, exercise, and physical therapy programs. The statement might refer to a survey that underscores the target audience's planned usage of the facility and conclude with the connection between the proposed usage and potential benefits to enhance life in the community for audiences the funder cares about.

PROPOSAL POINTERS

- Organize yourself.
- Read the proposal several times. Several readings are recommended for a complete understanding of what is required. Record any questions you might have.
- Put the request for proposal in a three ring binder with dividers in front of each important section and/or pocket dividers to hold relevant information.
- Use post-it notes to mark important pages and/or paragraphs for quick reference.
- Develop a proposal outline.
- Decide how many pages there will be per section and who will be writing which sections.
- Put together a page for important instructions. For example, the due date of the proposal and time, number of copies, page limits, font size, page margins, packaging and delivery instructions, list of appendices.
- Develop a schedule (and stick to it)
- Work backwards from the proposal date. Don't forget to budget time for copying, binding and delivering the proposal.
- Leave time for at least one other person to read the proposal, give comments, and incorporation of their feedback. (more)

The Project Description

This section should contain four subsections: objectives, methods, staffing/administration, and evaluation.

Objectives

Objectives are the measurable outcomes of the program. They define your methods. They should be tangible, specific, concrete, measurable, and achievable within a specified time period.

Be realistic in setting objectives. Don't promise what you can't deliver. Remember, the funder will want to be told in the final report that the project actually accomplished these objectives.

Methods

The methods describe the specific activities that will take place to achieve the objectives. It might be helpful to think of your methods in terms of: how, when and why. "How" is the detailed description of what will happen from the beginning to the end of the project and should match your objectives. "When" is the timetable for the specific activities. "Why" is the explanation of your chosen methods (based on theory)

Use this section to build confidence and credibility for your organization.

Staffing/Administration

In the methods section, you will have mentioned staffing for your project. In this section discuss the number of staff, their qualifications and assignments. Since many syringe exchange programs are comprised of volunteers, also describe the tasks they will be undertaking.

Also, describe your plans for the administration of the program. For example, will you be collaborating with other organizations (i.e., mental health services, HIV testing and counseling, food pantry, etc.)? Will you be using a fiscal agent (i.e. NASEN) or do you have your own 501(c)3? You should make it clear who will be responsible for financial management, project outcomes and reporting.

Evaluation

An evaluation plan should be built into the project. This shows the funder that you take your objectives seriously and that you want to know how well you have achieved them. There are generally two types of evaluation – evaluation that measure product and evaluation that measure process. Whichever you decide you will need to explain how evaluation information will be collected (i.e. intake forms, PDAs, client satisfaction surveys) and how the data will be analyzed.

The analysis of the data is sometimes outside of the scope of resources of many syringe exchange programs, however, there are ways to collaborate so that there is little or no cost involved (see additional resources).

The Budget

To prepare the budget, go back through the proposal narrative and make a list of all the personnel and non-personnel items related to the project and put the costs next to the items that you have identified. It is helpful to calculate these costs on a worksheet so that you can remember how you derived at a certain figure.

If there are any unusual items listed in your budget you can include that you feel would need further explanation you can create a "Notes to the Budget" section or foot-note the budget so that the explanations are number and included as part of the budget.

Organizational Information and Conclusion

This information should be placed at the end of your proposal since the purpose of the proposal is really to get your project or program funded. It does not have to be a lot of information. You can include your brochure or other prepared statement.

If you prepare a statement it should not be more than two pages and should include the following:

- Size of board (include full board list in an appendix)

- How board members are recruited

- Level of participation of board

- Describe function of volunteers

- Details on staff (#full-time, #part-time, levels of expertise)

- Cite agency's expertise especially as it relates to the subject of the proposal

This article was excerpted from an online tutorial with permission from the New York city-based Foundation Center. To read the tutorial in its entirety and for more information about the Foundation Center you can go to www.foundationcenter.org.

Resources:

Coping with Cutbacks: The Nonprofit Guide to Success When Times are Tight, Emil W. Angelica & Vincent L. Hyman, Saint Paul, MN: Amherst H. Wilder Foundation, 1997. Strategies for dealing with anticipated and actual government funding cutbacks.

Fundraising for Social Change, 5th Edition, Revised & Expanded, Kim Klein, San Francisco, CA: , 2007. This book is one of the most widely used books on fundraising in the United States. There are chapters on using the internet, asking for money, and guidance on how to use direct mail effectively.

Grant Application Writer's Handbook, Liane Reif-Lehrer, Boston, MA: 1995. Explains the process of grantseeking from both government and private funders.

How to Write Fundraising Materials that Raise More Money, Tom Ahern. Medfield, MA: Emerson & Church, 2007. This book is 176 pages and broken up into 40 chapters that are no more than 6 pages. The author includes a primer on reader psychology and a collection of tips relating to the major components of fundraising materials.

The Revolution Will Not Be Funded: Beyond the Non-Profit Industrial Complex, *Incite! Women Against Violence*, Eds., Cambridge, MA: South End Press, 2007. This is an anthology of essays. Throughout the book one of the major themes is whether or not the non-profit model supports social change and includes examples of alternative models outside of the United States, insights and valuable lessons learned.

Behavioral and Social Scientists Volunteer Program (www.apa.org/pi/aids/bssv.html#offer). The BSSV Program, funded by the Centers for Disease Control and Prevention (CDC), has established a national network of behavioral and social science volunteers to assist with HIV prevention efforts in their communities.

Our Programs

The Institute @ HRC – Capacity Building, Training, Technical Assistance

The Institute @ HRC is the capacity building, training and technical assistance arm of the Harm Reduction Coalition. It provides regular quarterly series of skills building training and education both in New York, NY and Oakland, CA, to providers working with drug using populations. The Institute also provides trainings, in-services, and workshops on a variety of harm reduction issues to service providers and the general public throughout the United States. Our areas of expertise are Hepatitis C, Buprenorphine, Overdose Prevention services, supporting new and small to mid-size needle exchange programs, and all other areas of working with drug users into those programs.

HRC also has National Master Trainers on staff to conduct two CDC Diffusion of Effective Behavioral Interventions (DEBIs) – VOICES/VOCES and Safety Counts.

If you are interested in scheduling a contract training please contact Rebecca Stryjewski in the New York office at 212-213-6376, ext. 18 or LeShawn Jackson in the Oakland office at 510-444-6969, ext. 10.

National Syringe Access Project/Technical Assistance Project (California)

These projects are designed to provide technical assistance specifically to syringe exchange programs at all phases of their development and diverse settings across a broad range of issues (please see the section of our website called Practical Resources for Syringe Exchange Programs). If you are a program based in California contact Rachel Robinson at 510-444-6969, ext. 13. All other programs can contact Rona Taylor at 212-213-

6376. ext. 31. Another good resource for getting a syringe exchange started is North American Syringe Exchange Network (www.nasen.org)

Policy/Advocacy

The Harm Reduction Coalition's Policy Department advocates for harm reduction approaches to improve the health of drug users and their communities. The Policy Department seeks to create change on the local, state, national, and international levels through a range of strategies including direct advocacy with policy makers, policy analysis, education, and coalition-building. To become involved in any of our policy initiatives please contact Daniel Raymond at 212-213-6376, ext. 29.

Conferences

HRC sponsors and organizes regional conferences and, bi-annually, the only national harm reduction conference in the United States. HRC conferences provide a critical and unique forum for the exploration and development of harm reduction practice, theory, and policy, and serve as crucial networking mechanisms for individuals working in harm reduction. The 7th National Harm Reduction Conference will be held in Miami, Florida, November 13-18. For information about attending or co-sponsoring the conference, please contact Paula Santiago at 212-213-6376, ext. 15.

Resources & Publications

HRC provides state-of-the-art information on methods for reducing drug related harm, and current information on regional and national activities, through brochures, manuals, bulletins and the Internet. To purchase these harm reduction materials please go to https://secure.democracynaction.org/dia/organizations/HRC/shop/shop.jsp?storefront_KEY=241.

List of Funders

Syringe Exchange Programs

Broadway Cares/Equity Fights AIDS (www.broadwaycares.org/index.cfm)

1. **Broadway Cares/Equity Fights AIDS (BC/EFA)** is the nation's leading industry-based, not-for-profit AIDS fundraising and grant making organization. BC/EFA is the on-going, committed response from the American Theatre community to an urgent worldwide health crisis. By drawing upon the talents, resources, and generosity of this community, BC/EFA raises funds for AIDS-related causes across the United States. Since its founding in 1988, BC/EFA has raised over \$130 million for critically needed services for people with AIDS, HIV or HIV-related illnesses.

Criteria: The purpose of the BC/EFA's National Grants Program for Community-Based Organizations is to provide funds to local community-based organizations across the country that provide direct services to people living with or at high risk of HIV/AIDS and their families. In the past BC/EFA has awarded to programs with services that fall under the following categories: direct services, emergency assistance programs, harm reduction services, quality of life services and one time expense.

Applications are not made available over the internet. (more)



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