Financing and Funding for SEL Initiatives

Olga Acosta Price

Having clarity about how a nonprofit will fund its mission is as important as having clarity about how it will deliver its programmatic impact. Almost every nonprofit has two jobs, each with its own set of external stakeholders. One job is to identify beneficiaries and make a difference for them with programs. But beneficiaries rarely pay the tab—or at least not all of it. Hence the second job: cultivating a distinct set of funders. Building and scaling sustainable financial support is as complicated and important as figuring out the programmatic dimensions.
—KIM, PERREAULT, AND FOSTER (2011, p. 4)

A growing body of evidence calls attention to the importance of fostering social and emotional learning (SEL) throughout a child's school years in order to support healthy lifelong development and successful academic engagement. Systematic empirical reviews demonstrate the positive impact of universal prevention programs on various health and education outcomes (Durlak, Weissberg, Dymnicki, Taylor, & Schellinger, 2011; Sklad, Diekstra, De Ritter, Ben, & Gravesteijn, 2012; Weare & Nind, 2011). Supporters of SEL programs and practices point to the evidence base for SEL interventions and argue that improving fidelity of implementation and increasing understanding of environmental factors that support SEL programs will contribute to their long-term sustainability. Yet these factors are not sufficient. An explicit plan for financing these strategies is often either missing or insufficient for program planning and implementation. Most would agree that SEL initiatives require an approach that recognizes the funding sources and financing strategies likely to secure programmatic and systemic advances.

A discussion of financing strategies and funding sources must take into consideration the status of national and state economies. Education programs and institutions have been particularly hard hit given the current fiscal crisis (Committee for Education Funding, 2013; Oliff, Mai, & Leachman, 2012). Reductions in federal spending, as well as state and local budget cuts, suggest that new public dollars to implement or expand SEL programs are unlikely for several years to come.[1] For this reason, actions that maximize existing program efficiencies while maintaining positive outcomes will dominate discussions, even as demands for specialized instruction and services increase.

In order to determine the likelihood of program continuity, a comprehensive sustainability strategy for any child-focused program must take into account additional factors, such as the depth of commitment from influential leaders, the opportunities for growth, the impact of the political environment, the existence of supportive policies, and the strength of advocacy pathways already in place to promote children's issues. Child health and education system improve-

ments are not necessarily dependent on the availability of funding, but, inevitably, where and how money is spent will become a significant measure of success and community commitment. My purpose in this chapter is to identify funding streams available to support SEL activities and to outline financing strategies that may be helpful for the future. Examples of the variety of public and private funding sources that have been used to advance the SEL agenda are described.

The Big Picture: What Impacts Sustainability?

A number of factors influence the availability of funding for any initiative, but unique challenges emerge when considering the best ways to sustain health initiatives that take place in educational settings. First, schools and health systems operate in different policy environments and therefore have different goals, targets, and institutional structures, and work under different political pressures. Stated most simply, by Constitutional allocation of powers, states and their communities have primary responsibility for elementary and secondary schooling. It then follows that K–12 education funding reflects the predominant role of state and local governments. According to the U.S. Department of Education, over 90% of funding for K–12 education comes from nonfederal sources (Johnson, Zhou, & Nakamoto, 2011), most of which comes from state and local government. In contrast, health spending is dominated by private payers (60%), and among public funders, the federal government is the main contributor. Thus, whereas educators tend to look to their states and communities for financial support, health professionals may focus primarily on the federal government.

Second, the way SEL is conceptualized and the language used to characterize its activities has implications for what gets funded. Therefore, the types of funding opportunities and the most promising fund-raising targets are associated with the definition of SEL. Depending on whether we categorize these programs and approaches as social skills training, positive youth development, bullying prevention, civic and character education, conflict resolution, or school climate

initiatives will influence the funding options available.

Third, the successful implementation of prevention programs, such as SEL, requires careful consideration of related costs. Staff time, the purchase of curricula, materials and supplies, and consultant fees are typical, but often are not the only expenses (see Jones, Greenberg & Crowley, Chapter 7, this volume). Advocates suggest that a coordinated approach to SEL in schools includes certain key components, such as learning standards, evidence-based programs, support for teacher professional development, and assessment processes to track student progress (Kendziora, Weissberg, Ji, & Dusenbury, 2011). The costs associated with each of these components are not yet well understood, but they will ultimately determine the longevity of an SEL approach.

Funding SEL Programs: Public and Private Agencies at the Local, State, and Federal Levels

Financial support for SEL programs in K–12 schools may draw on multiple sources. Because these programs are commonly classroom-based and universal in their target population, some school districts have identified line items within their budgets to support this work. SEL programs may also be viewed as mental health-promoting initiatives, allowing public spending for health or mental health programs to be a source of support. And, finally, because private foundations have historically supported pilot projects and multisite demonstration programs in child development, these sources may offer time-limited funding for SEL initiatives. The primary message is that early SEL adopters have found support at the local, state, and national levels, with funding coming from both public and private agencies.

Local Support for SEL Programs and Practices

Local government funding often comes from a line item in the general fund revenues (typically unrestricted funds that policymakers can earmark for specific programs and services), as an appropriation through an agency budget, or dedicated revenues (e.g.,

revenues from taxes on alcohol, tobacco, property, or through lottery or gaming revenue). School-connected programs and services depend on all these types of local support, especially for long-term success. In particular, K–12 education relies heavily on local revenues. On average, local communities contribute approximately 44% to the education budget[2] (Johnson et al., 2011), with these dollars drawn mostly from local property taxes. Local elected officials and government agency staff then determine the mechanisms by which these public revenues are distributed.

In education, where decision-making authority is more localized than in other systems, district school boards and district superintendents often make the decisions about the school district's budget, as well as endorsing strategies that promise to improve students' academic performance. In the instance in which a school board is well informed about the links between health and academic achievement, members would have the authority to enact SEL-friendly policies and to allocate resources in directions consistent with those policies. Toward that end, collaborative relationships among key stakeholders (i.e., providers, child-serving agencies, educators, and advocates) are an effective foundation for influencing policymakers about the best ways to use limited community resources to yield maximum benefit.

County Block Grant Program Used to Support SEL Implementation

The Preventive Health and Health Services (PHHS) block grant (Centers for Disease Control and Prevention, 2013b), authorized in 1981, allows state public health authorities the flexibility to address their most pressing public health needs through prevention and health promotion programs. A portion of these funds distributed to local public health departments is used to leverage existing funds to support community-based initiatives. Although chronic disease prevention is typically the focus of primary block grant expenditures, activities related to SEL have also received support from this source. For example, in 2009 the Health Department of Barron County, Wisconsin, adopted a strategy to reduce the prevalence of underage drinking by partnering with local schools and implementing two evidence-based substance abuse curricula with strong SEL components (Project Northland and Class Action; CDC, n.d.).

Local Tax Levy to Support Educational Programming

In Lyndhurst, Ohio, where over 85% of the school district budget depends on local tax dollars, voters passed an extension for a levy on residential properties that would generate about $4.5 million dollars a year to support *educational programming* over the next 3 years (Support SEL Schools, n.d.). Energetic community-based advocacy promoting the benefits of SEL interventions led to the successful passage of the levy.

Another Local Levy Supports SEL

In Seattle, Washington, which passed the city's first Families and Education Levy in 1990, city government officials have used this local revenue source to invest in student academic performance and health outcomes (Seattle Department of Neighborhoods, Office of Education, n.d.). The levy, renewed in 2011 and estimated at $230 million (an increase of over $100 million more than dedicated 2004 levels of funding) is to be spent over the next 7 years, with the aim to improve academic achievement by funding comprehensive approaches that include the provision of "social, emotional, and behavioral" support (Families and Education Levy Advisory Committee, 2011, pp. 3, 17–18). Reports from the city's Office of Education indicate that city officials have maintained a strong focus on addressing the academic needs, as well as the social and emotional challenges, of students through this long-term financial investment (City of Seattle Office of Education, 2013).

A Public Agency/Nonprofit Health Partnership Supports SEL

The Boston Public Health Commission is coordinating a 2-year project with Boston public schools and Partners HealthCare, the nonprofit hospital system that invested $1 million to fund the collaborative project. The purpose of the project is to help students manage their emotions and cultivate healthy

relationships. Together, these partners are implementing Open Circle, an evidence-based SEL program in 23 Boston public schools. The initiative will build on professional development training for the 750 teachers, teaching assistants, and administrators who implement the program (Wellesley Centers for Women, 2012).

State Support for SEL Programs and Practices

The largest portion of funding for public elementary and secondary schools, approximately 47%, comes from state dollars (Johnson et al., 2011). Although generally there is variability in state revenue sources across the 50 states, state education funding is generated by a combination of income taxes, corporate taxes, sales taxes, and fees. In states that do not collect income taxes, there is often greater reliance on local revenues. Regardless of the revenue source, however, each state has its own formula for financing K–12 education. Typically, the state board of education is authorized to set educational priorities for the state and to establish policies that govern how state resources will be used. Furthermore, state boards of education are responsible to help develop the state education budget, provide oversight to the state education agency, and create rules and regulations for the administration of state-funded programs. Several states elect their board members, while others have a combination of elected and appointed members. However, in the most common scenario for establishing a state board of education, members are appointed by the governor and confirmed by the state legislature (National Association of State Boards of Education, 2013). Knowing this information is helpful in planning for sustainability as it helps to understand to whom members of the state board of education are accountable. Furthermore, identifying members of the board can help target advocacy efforts by influencing individuals with budgeting authority to support SEL programming.

An Example of State-Supported SEL Activities: California

In 2004, California voters passed a proposition to charge a 1% income tax on high-income residents of the state to support the Mental Health Services Act (California Department of Mental Health, 2004). This legislation allows the California Department of Mental Health to support county mental health programs and also requires that roughly 20% of the funds be dedicated to implement prevention and early intervention activities. One approved prevention-oriented statewide project, the Student Mental Health Initiative (California Department of Mental Health, 2007), makes funding available to local *selected education entities* to promote mental health among students and to train educational staff on effective prevention and wellness activities.

An Example of State-Supported SEL Activities: Illinois

Also in 2004, the Illinois State Board of Education (ISBE), essentially the state education agency, helped Illinois become the first state to pass comprehensive K–12 SEL learning standards (see Dusenbury et al., Chapter 35, this volume). The Illinois Children's Mental Health Partnership and Voices for Illinois Children, a statewide advocacy organization, secured a $3 million appropriation from the General Assembly to implement a number of school-based strategies. Of the total, $1 million was to be used to conduct professional development of the SEL standards. Among other things, this funding facilitated the development of infrastructure to provide SEL training for Illinois schools (Gordon, Ji, Mulhall, Shaw, & Weissberg, 2011).

An Example of State-Supported SEL Activities: New York

The 2006 Children's Mental Health Act of New York State authorized the development of a statewide plan, *The Children's Plan: Improving the Social and Emotional Well Being of New York's Children and Their Families* (New York State Office of Mental Health, 2008), which recommended a number of state-supported strategies that are now being implemented. For example, the Promise Zones for Urban Education initiative, supported by delinquency prevention funding from the New York State Division of Criminal Justice Services, is being piloted

in three cities. The initiative strengthens collaboration among local school districts and child-serving agencies to "alter school culture and climate in ways that foster individual social and emotional competencies, school attendance and achievement" (Council on Children and Families, 2010, p. 3). Furthermore, the call for greater coordination and communication has led to the creation of online interactive technology to share the latest statewide developments in the program, as well as a social marketing campaign to promote the importance of children's social and emotional well-being (Council on Children and Families, 2013).

Federal Funding for SEL Programs and Practices

Established under the Patient Protection and Affordable Care Act (ACA), the National Prevention Strategy aims to coordinate federal prevention initiatives by engaging national, state, and local partners in a multi-layered, multifaceted partnership (National Prevention Council, 2011). The strategic plan identifies *mental and emotional well-being* as one of seven key national priorities and promotes positive social and emotional skills throughout the document. Although the promise of a coordinated prevention strategy at the federal level is encouraging, the benefit of this approach to driving policymaking or funding has yet to be demonstrated.

Currently, despite incremental improvements in communication and planning over the past decade, the distribution of federal dollars for prevention programs remains disjointed and underfunded. Prevention programs offered in schools have traditionally relied on numerous federal sources of support for their initial development and implementation, although research indicates that programs that rely heavily on government funding have less stability than those with less federal support (Miller, 2008). Therefore, financing plans that take advantage of federal dollars to launch or advance social programs, while also taking into account the precarious nature of these funding streams, have greater utility and value. (Refer to Appendices 8.1 and 8.2 for additional information about the federal budgeting process and federal block grant programs.)

Federal Education Funding

Over the past 50 years, the role of the federal government in K–12 public education has been to ensure equal educational access and to provide resources for those students who need additional supports. The Elementary and Secondary School Act (ESEA) of 1965, as amended, determines the allocation of federal funding for state education agencies (SEAs) and local school districts (also called local education agencies, LEAs) through the U.S. Department of Education's discretionary programs. The President and the Secretary of Education may propose changes to the statute that reflect the administration's policy priorities and the educational improvement strategies. For their part, schools and school districts often see ESEA funding as a vehicle for addressing issues that may be barriers to learning. District and state officials have had to consider increasingly creative ways to maximize use of ESEA-driven funding (Cascarino, 2000; Stark Rentner & Acosta Price, 2014).

Among the ESEA provisions that direct federal dollars to SEAs, LEAs, and even directly to school buildings, Title I is the largest discretionary grant program targeting elementary and secondary schools and is received by more than half of all public schools.[3] For schools with more than 40% of their student population exceeding federal poverty levels, administrators have the option to use Title I dollars to implement programs to enhance performance of the entire school population (i.e., universal prevention programs; U.S. Department of Education, 2011). Additionally, the Title II provision of ESEA supports activities related to teacher quality, teacher retention, and teacher preparation, and has typically been used for districtwide professional development activities. Districts that adopt strategies to improve school climate and strengthen social and emotional competencies through teaching strategies are particularly interested in Title II funding. For example, Austin Independent School District leaders have begun implementing SEL programs across schools in their district and have used Title II dollars to fund this effort (Raven, 2013). Table 8.1 details some ESEA provisions and specific programs funded in 2013 that hold promise for supporting SEL activities.

TABLE 8.1. Potential Sources of Support for SEL Activities Funded through ESEA

Provision	Name	Purpose	Proposed FY 2013 programs ($)
Title I, Part A	Improving basic programs operated by local educational agencies	Allocates funding to school districts with a high percentage of students in poverty with the primary goal to provide additional services and academic supports to them.	School turnaround grants ($533.6 million)
Title I, Part H	School dropout prevention	Supports dropout prevention activities and the identification of children at risk, and provides services to keep them in school.	Promise Neighborhoods ($100 million)
Title II	Preparing, training, and recruiting high quality teachers and principals	Supports the implementation of activities related to teacher quality, teacher retention, and teacher preparation.	Effective teaching and learning for a well-rounded education ($90 million)
Title IV, Part A	Safe and drug-free schools and communities	Supports programs to prevent violence in and around schools, prevent the use of drugs and foster a safe learning environment that supports academic achievement.	Successful, safe, and healthy students ($195.9 million)
Title IV, Part B	21st-century community learning centers	Provide opportunities for academic enrichment and additional services such as drug and violence prevention programs, counseling programs, and character development programs.	21st-century community learning centers ($1.2 billion)
Title V, Part A	Innovative programs	Provides formula grants to schools to implement promising educational reform and school improvement programs, to meet educational needs of at-risk youth, and to implement professional development activities.	Race to the Top ($850 million)
Title V, Part D	Fund for the improvement of education	Supports nationally significant programs to improve quality of education through systemic education reform, research, development, or evaluation activities designed to improve student academic achievement and parent and community involvement.	Fund for the improvement of education ($36.3 million)

Note. ESEA (Elementary and Secondary Education Act) is also referred to as the No Child Left Behind (NCLB) Act of 2001, the last amendment of ESEA. Based on U.S. Department of Education (2010, 2012, 2013).

Examples of Federal Education Funding to Promote SEL. In 2008, the Kansas Department of Education received a 4-year Partnerships in Character Education grant from the U.S. Department of Education. Focused on high schools, this award developed, implemented, and evaluated a nationally recognized character education curriculum. The federal discretionary funding helped establish the state's Social, Emotional, and Character Development (SECD) learning standards as voluntary standards that include principles of both SEL and character development (Kansas State Department of Education, n.d.). Although the federal character education grant program is no longer available, the Kansas Department of Education received a Safe and Supportive Schools (S3) grant allowing them to continue promotion of SECD standards in instructional practices and teacher professional development. The State Department of Education in Tennessee, another recipient of the S3, has used these federal funds to facilitate positive school climate and improve conditions for learning. The department formed a Center for School Climate that coordinates training and technical assistance to Tennessee schools (Tennessee Department of Education, n.d.).

Federal Mental Health Funding

The Substance Abuse and Mental Health Services Administration (SAMHSA), a division within the U.S. Department of Health and Human Services (USDHHS), has a long history of supporting community-based and school-connected initiatives that promote public mental health. SAMHSA's youth-related initiatives have emphasized the need for system coordination and integrated policies but have typically targeted those with more severe behavioral health conditions. Within the last several years, discretionary funding for preventive interventions from SAMHSA's Center for Mental Health Services has focused primarily on suicide prevention activities and stigma reduction campaigns. However, a few recent organizational shifts may facilitate support for additional mental health-promoting activities, such as those that strengthen SEL competencies. These include the expansion of SAMHSA's block grant program and the development of a state mental health prevention initiative called Project LAUNCH (Linking Actions for Unmet Needs in Children's Health). Guidance on the use of SAMHSA's two state block grants, the Substance Abuse Prevention and Treatment Block Grant (SABG) and the community Mental Health Block Grant (MHBG), explicitly encourages use of these funds for "primary prevention: universal, selective, and indicated prevention activities and services for persons not identified as needing treatment" (USDHHS, SAMHSA, 2013, p. 7). In addition, Project LAUNCH enables states to conduct evidence-based prevention interventions that will "promote the wellness of young children from birth to 8 years by addressing the physical, social, emotional, cognitive and behavioral aspects of their development" and minimize risk factors that may lead to substance abuse and mental illness (USDHHS, SAMHSA, 2012, p. 5).

Examples of Federal Mental and Public Health Funding to Promote SEL. Another source of prevention funding from the health sector became available through the Patient Protection and Affordable Care Act of 2010. Passage of this landmark legislation signaled an unprecedented federal commitment to promoting health and wellness, and preventing chronic diseases through the establishment of the Prevention and Public Health Fund (also called the Prevention Fund) (USDHHS, 2013). Although the Prevention Fund budget has been substantially trimmed during its initial 3 years, it remains a resource to provide communities with funding to invest in effective prevention efforts, including initiatives aimed at addressing health disparities and improving access to behavioral health services.

Community Transformation Grants (CTG), one major initiative funded by dollars from the Prevention Fund and administered by the CDC, are awarded to state public health agencies and local health departments. Although seemingly focused on adults and on early interventions to prevent mental illness, a number of recent awardees have identified the promotion of *social and emotional wellness* as an overarching goal in their applications, including the state health

departments in Illinois, Massachusetts, and West Virginia, and the county health departments of Douglas County (Nebraska), Los Angeles (California), and Philadelphia (Pennsylvania) (CDC, 2013a). The value of partnering with schools and focusing on child health was explicit in the award to LiveWell Greenville in South Carolina, whose local superintendent was quoted as saying, "We all know the importance of good health to the academic performance of our students and to the well-being of our employees" (*The Travelers Rest Tribune*, 2012).

Federal Sources of Funding for Early Childhood Initiatives

More peripheral sources of funding may be available to sustain SEL programs offered in K–12 schools, such as Title V funding (USDHHS/Health Resources and Services Administration, n.d.). Strengthening social and emotional competencies in young children (i.e., ages 0–5 years) and promoting their readiness to learn has been a fundamental aspect of early childhood initiatives. Agencies and organizations that implement early childhood programs are familiar with the value of social and emotional skills because they are integrated into the fabric of what early care providers do, from early instruction and social skills building to professional development activities; however, these benefits have not been well connected to the broader K–12 education system. Some researchers have recently described the potential benefits, as well as the pitfalls, of strengthening the connection between early childhood education and K–12 schooling (Halpern, 2013). Although the focus of this chapter is on financing for SEL programs for school-age populations, it is important to recognize that public and private funders supporting early childhood care and education have also developed methods to leverage limited dollars in order to advance these initiatives and reach the greatest number of vulnerable children (Flynn & Hayes, 2003). Tools and detailed information on financing of early childhood initiatives are accessible for those interested in sustaining SEL activities that are linked with institutions serving very young children and their families (Lind et al., 2009).

A Caution about Discretionary Funding

Many school districts have previously supported the implementation of SEL activities from discretionary grant programs administered by a number of federal agencies, including the U.S. Department of Education. Discretionary grant programs, by their nature, are subject to swift changes in policy direction when new leadership is elected. One such example is the Department of Education's Successful, Safe, and Healthy Schools program, a new initiative proposed for fiscal year 2013, which authorized funds to create safe and health-promoting environments that facilitate improved teaching and learning by consolidating (and essentially eliminating) a number of grant programs that were instrumental in the expansion of SEL interventions across schools and districts (e.g., the Elementary and Secondary School Counseling, Mental Health Integration in Schools, and Safe and Drug-Free Schools and Communities programs; U.S. Department of Education, 2013). This move to allow states and localities greater flexibility and control over spending may result in significantly more instructional programs being funded in lieu of nonacademic support services. SEL advocates may therefore feel increased pressure to convince state and local decision makers that investing in universal prevention programs is a smart use of limited education dollars.

Foundations

Foundations have played an important role in developing innovative education and health initiatives. These philanthropies provide a flexible pool of resources that can be directed toward infrastructure development, operating expenses, piloting new initiatives, or scaling up promising ones. Whereas some foundations sustain established community cultural and charitable institutions, such as the local symphony or local United Way, other foundations are organizing institutions dedicated to new purposes, such as Andrew Carnegie's libraries, the Gates Foundation's restructured high schools, or the Robert Wood Johnson Foundation's school-based health centers.

Legally, a *foundation* is a nonprofit entity or a charitable trust, incorporated with the

chief purpose of making grants to unrelated organizations, institutions, or individuals. There are generally two types of foundations: private foundations and public charities, both of which may target funding to national, state, regional (involving areas within a state or across several states), or local levels. Foundation giving has been increasing steadily in the United States over the past several decades, reaching $46 billion in 2011 (Lawrence, 2012), with more than 40% of funding in 2010 dedicated to programmatic activities (Foundation Center, Foundation Giving Trends, 2012).

Private Foundations

Private foundations are typically created with support from a primary donor (i.e., an individual, family, or corporation) and often award grants to support desired charitable activities. These foundations make up the majority of grant-making institutions in the United States, with an estimated 85,000 private foundations engaged in grant making in 2010 (National Center for Charitable Statistics, 2010).

Public Charities

Public charities are nonprofit organizations that rely primarily on financial support from the general public but may also receive grants from individuals, governments, and private foundations. Although some public charities engage in grant-making activities, most provide a direct service or charitable activity. *Community foundations* are nonprofit entities that grant money to public charities but are actually considered public charities themselves. There are more than 700 community foundations in the United States. Although large in number, they represented only 9% of total foundation giving in 2010 (Foundation Center, 2012). Similar to a nonprofit charity, community foundations seek support for themselves from the general public, but like private foundations, they also provide grants, most often to address the needs of the community or region in which they are located.

An Example of Foundation Support for SEL: National Foundations. A number of independent foundations have invested in developing SEL-related projects with the intent of making national impact. The NoVo Foundation, based in New York City, has committed to building the evidence base for SEL and advocating for SEL as integral to national education reform. One initiative piloted by NoVo supports eight school districts that are integrating SEL programs and practices districtwide (Collaborative for Academic, Social, and Emotional Learning [CASEL], 2013). The Robert Wood Johnson Foundation (RWJF) is complementing this Collaborating District Initiative (CDI) by supporting a study of factors contributing to long-term sustainability of SEL programs. In an effort to reach millions of students, NoVo and RWJF have also joined with other private funders to support the development of a K–5 academic curriculum that integrates SEL concepts and strategies into core academic materials (W. Yallowitz, personal communication, July 31, 2013).

An Example of Foundation Support for SEL: Regional Foundations. Additional foundations are supporting universal prevention programming within individual states or regions of the country. The Hogg Foundation, for example, funds services, research, policy development, and education related to mental health issues throughout Texas (Hogg Foundation for Mental Health, 2012a). In 2012 the Hogg Foundation awarded multiyear grants to eight Houston-based organizations to offer prevention, early identification, and treatment services in schools and community settings (Hogg Foundation for Mental Health, 2012b). In Ohio, the Health Foundation of Greater Cincinnati (recently renamed Interact For Health) serves 20 counties in neighboring areas, as well as communities in Kentucky and Indiana. The foundation also has supported a 4-year implementation of universal prevention programs in elementary schools in those communities (K. Keller, personal communication, March 7, 2012).

An Example of Foundation Support for SEL: Local Foundations. Public charities, entities that are more likely to support local initiatives, have also begun to direct their attention to the benefits associated with SEL. The Women's Initiative of United Way, part of the United Way of Greater Toledo,

has supported the implementation of SEL programs for students through a partnership with the Toledo Public Schools and Toledo Federation of Teachers (United Way of Greater Toledo, 2012). The initiative, which aims to promote a caring school environment and build students' social and emotional competencies, has been implemented in six public schools and has trained 115 Toledo public school teachers in an evidence-based SEL program called Responsive Classroom.

Braided or Blended Funding

Strategies to ensure sustainability of programs and initiatives often require an integration of services and resources, and therefore involve multiple systems or organizations to succeed long-term. These coordinated or collaborative strategies help reduce duplication of services and ease the administrative burden associated with managing multiple grants. *Blended funding*, one such strategy, refers to a process whereby funding from different sources is pooled together in order to maximize impact. Alternatively, braided funding is achieved when funds that may have distinct but complimentary purposes are woven together to support a specific activity, but reporting and accountability to each funder remain separate.

An Example of Blended Funding for SEL

One of the most widespread federal discretionary grant programs to promote mental health was the Safe Schools/Healthy Students (SS/HS) initiative. More than a decade since its initial implementation, this landmark initiative pooled federal funding from the U.S. Departments of Health and Human Services, Education, and Justice to support comprehensive violence prevention activities conducted by more than 350 community-based partnerships (including local schools). The strong conceptual link between this national initiative and the key components of SEL made SS/HS an effective vehicle for introducing SEL to hundreds of communities nationwide (National Center for Mental Health Promotion and Youth Violence Prevention and CASEL, 2008). Although funding has decreased incrementally and the fate of this initiative is in question, results

demonstrate that better system coordination across the continuum of care has led to improvements in student health and academic outcomes (SS/HS, 2013).

An Example of Braided Funding for SEL

In 2011, the Washington State legislature authorized funding for the Washington Kindergarten Inventory of Developing Skills (WaKIDS) initiative, a readiness assessment to determine whether young children, as well as their schools and communities, have the necessary skills to ensure success in school. WaKIDS includes a comprehensive assessment of a child's social and emotional development. It is jointly supported by a Race to the Top/Early Learning Challenge (RTT-ELC) grant, appropriations from the Washington State legislature, as well as by private funders, including the Bill and Melinda Gates Foundation (Dorn & Hyde, 2011).

Guidance Informed by Lessons Learned

The communities cited throughout this chapter have successfully leveraged partnerships and implemented innovative funding strategies after having overcome a series of trials and tribulations. Several important lessons are shared below that can facilitate or hinder successful fund-raising efforts, including guidelines, recommendations, potential pitfalls, and guiding questions.

Guidelines and Recommendations

- *Relationships matter.* Not only *what* you know but also *who* you know makes a difference. Who are the power brokers and decision makers for eligible funding streams? Program planners and administrators must get to know these individuals and help make the connection between what is important to them and the known benefits of prevention programs.

- *Partnerships matter.* In light of national and state budget deficits, stand-alone programs, no matter how effective, are not likely to survive. Partnerships, especially with organizations that bring complemen-

tary expertise, remain critical for program sustainability. Programs also need to be meaningfully linked to broader social initiatives to maximize their staying power.

- *United fronts matter.* Groups of individuals that speak with one collective voice are difficult to ignore or to silence and can therefore be quite influential. With policy moving to offer increased control for states and districts over spending, advocacy for desired prevention programs and comprehensive school reforms must be well coordinated, communicated, and executed.

Potential Problems and Pitfalls

- *Adopt a flexible frame but have a frame.* To take advantage of current funding opportunities, programs may need to use a conceptual frame that is specific enough to mobilize supporters but broad enough to capture the trend of the moment. Describing how a universal prevention program can address a number of issues over time may allow programs to ride numerous political waves successfully. However, being too flexible may convey a lack of focus or authenticity.

- *More is not always better, and this goes for funding, too.* If a program is established within an institutional setting (i.e., a government agency or university), then it is more likely to have the necessary infrastructure to acquire and manage a diverse funding portfolio. On the other hand, nonprofit or community-based organizations usually have limited administrative resources and must therefore discern the best funding options to help advance their cause without sacrificing the resources needed to obtain the desired results.

Guiding Questions

Securing funding for SEL or any other initiative requires an assessment of the fit between a particular funding source and an organization's priorities and strengths. Funders generally have greater confidence in applicants who not only demonstrate an alignment between their expertise and the funding objective but also have strong internal systems in place (i.e., fiscal management, communications, data collection, and evalu-

ation) and demonstrate a clear vision and mission, as well as effective partnerships outside of the organization. These elements are essential preconditions for organizations creating viable long-term funding strategies, developing a corresponding business plan, attracting the right partners, identifying the most reliable funding sources, and ultimately *delivering [their] programmatic impact.* Appendix 8.3 contains several questions to keep in mind that should help organizations in their quest for funding.

Conclusion

Leaders need to avoid the pitfall of chasing dollars opportunistically. Rather, you need to build and maintain a diverse portfolio of funds that are aligned with the specific strategies, activities and capacities you want to sustain. A strategic financing approach is a framework for identifying the fiscal needs of your initiative over time, and designing and implementing financing strategies to meet those needs.

—LIND ET AL. (2009, p. 7)

Effective interventions such as SEL programs need more than strong scientific evidence to flourish; they need money and political support to establish and maintain them. Realizing the full potential of programs and interventions that promote positive social and emotional skills development requires keen understanding of the resources available to sustain and expand SEL initiatives, as well as knowledge about how to achieve a balance between raising funds and managing continued funding. Investigations of the nonprofit sector suggest that organizations with more than two funders, ironically, tend to be less profitable and successful than those with one or two major funders. This is often due to the greater demands placed on nonprofits that must manage additional funders, requiring greater organizational complexity and ultimately driving up internal costs (Miller, 2008). This chapter provides an overview of funding sources typically available at local, state, and national levels, and offers some guidance on possible pathways to long-term sustainability. The essential point is that those looking to fund SEL initiatives must be inventive, cognizant of the particularities of their specific locale, ready to take advantage of the opportunities

that present themselves, and realistic about both their organizational capacity and the benefits and limitations associated with any funding source.

Notes

1. The recession took a serious toll on school financing across the country and led to a one-time infusion of federal funding for schools. The American Recovery and Reinvestment Act (ARRA), signed in 2009, provided more than $100 billion in education aid to offset devastating budget cuts. A number of education reform efforts were initiated, such as Race to the Top and Promise Neighborhoods, but these *stimulus* funds were intended to provide temporary relief and avert an economic depression, not to serve as long-term solutions.

2. Revenue for public elementary and secondary schools is reported for fiscal year 2009, as opposed to fiscal year 2010. Short-term funding directed to schools as a result of ARRA resulted in an inflated estimate of federal revenues contributing to education budgets.

3. The U.S. Department of Education has recently begun to accept waivers to requirements set by No Child Left Behind. This waiver, sought by a majority of the states, would allow state education agencies flexibility in their use of federal education funds with the promise that accountability measures would remain intact. A number of states have received a waiver that would allow them to use Title I funds (20% of their Title I, Part A grant awards) to support interventions of various kinds in high-poverty schools. Both Tennessee and Alaska, for example, have successfully applied for waivers that will allow their state education agencies to dedicate some of their Title I, Part A funds to improving school climate and addressing the social, emotional, and health needs of students in high-poverty schools.

References

California Department of Mental Health. (2004). Mental Health Services Act. Retrieved October 1, 2013, from *www.dmh.ca.gov/prop_63/mhsa/docs/mhsaafterab100.pdf*.

California Department of Mental Health. (2007). Mental Health Services Act: Prevention and Early Intervention (PEI). Retrieved October 1, 2013, from *www.dmh.ca.gov/dmhdocs/docs/notices08/08-25_enclosure1.pdf*.

Cascarino, J. (2000). *Many programs, one investment: Combining federal funds to support comprehensive school reform.* Arlington, VA: New American Schools.

Centers for Disease Control and Prevention (CDC). (2013a). Community transformation grants (CTG). Retrieved November 11, 2013, from *www.cdc.gov/communitytransformation/funds/programs.htm*.

Centers for Disease Control and Prevention (CDC). (2013b). Preventive health and health services block grant. Retrieved November 11, 2013, from *www.cdc.gov/phhsblockgrant*.

Centers for Disease Control and Prevention (CDC). (n.d.). Preventive health and health services block grant: Wisconsin. Retrieved October 1, 2013, from *www.cdc.gov/phhsblockgrant/states/pdfs/wisconsin.pdf*.

City of Seattle Office of Education. (2013). 2004 Families and Education levy seven-year summary and 2011–12 school year annual report. Retrieved October 1, 2013, from *www.seattle.gov/neighborhoods/education/documents/annualreport_final.pdf*.

Collaborative for Academic, Social, and Emotional Learning (CASEL). (2013). Collaborating districts. Retrieved November 11, 2013, from *www.casel.org/collaborating-districts*.

Committee for Education Funding. (2013). The budget response, fiscal year 2013. Retrieved October 1, 2013, from *http://cef.org/wp-content/uploads/2011/04/budget-response-fy-13-1-page-view.pdf*.

Council on Children and Families. (2010). The New York State Children's Plan update. Retrieved October 1, 2013, from *http://ccf.ny.gov/childplan/cpresources/2010childrensplanupdate.pdf*.

Council on Children and Families. (2013). Engage. Retrieved November 11, 2013, from *http://ccf.ny.gov/engage/index.cfm*.

Dorn, R., & Hyde, E. M. (2011). The Washington Kindergarten Inventory of Developing Skills (WaKIDS) pilot: A report to the Washington State legislature. Retrieved October 1, 2013, from *www.k12.wa.ys/wakids/about/default.aspx*.

Durlak, J. A., Weissberg, R. P., Dymnicki, A. B., Taylor, R. D., & Schellinger, K. B. (2011). The impact of enhancing students' social and emotional learning: A meta-analysis of school-based universal interventions. *Child Development, 82,* 405–432.

Families and Education Levy Advisory Committee. (2011). Recommendations of the 2011 Families and Education Levy Advisory Committee. Retrieved October 1, 2013, from *www.seattle.gov/neighborhoods/education/documents/ltr_2011levylacfinalrecommendations.pdf*.

Flynn, M., & Hayes, C. D. (2003, January). *Blend-*

ing and braiding funds to support early care and education initiatives. Washington, DC: Finance Project. Retrieved October 1, 2013, from *www.financeproject.org/publications/fpblendingfunds1_24.pdf*.

Foundation Center. (2012). *Aggregate fiscal data by foundation type, 2010*. New York: Author. Retrieved October 1, 2013, from *http://foundationcenter.org/findfunders/statistics*.

Foundation Center, Foundation Giving Trends. (2012). *Types of support awarded by foundations, circa 2010*. New York: Author. Retrieved October 1, 2013, from *http://foundationcenter.org/findfunders/statistics*.

Gordon, R., Ji, P., Mulhall, P., Shaw, B., & Weissberg, R. P. (2011). *Social and emotional learning for Illinois students: Policy, practice, and progress* (The Illinois Report 2011). Champaign: Institute of Government and Public Affairs, University of Illinois.

Halpern, R. (2013). Tying early childhood education more closely to schooling: Promise, perils and practical problems. *Teachers College Record, 115*, 1–28.

Hogg Foundation for Mental Health. (2012a). A guide to understanding mental health systems and services in Texas. Retrieved October 1, 2013, from *http://hoggblogdotcom.files.wordpress.com/2013/01/hoggmentalhealthguide.pdf*.

Hogg Foundation for Mental Health. (2012b). Hogg Foundation awards $2 million in grants to benefit mental health services for Houston-area children. Retrieved November 11, 2013, from *www.hogg.utexas.edu/detail/265/.html*.

Johnson, F., Zhou, L., & Nakamoto, N. (2011). Revenues and expenditures for public elementary and secondary education: School year 2008–2009 (fiscal year 2009) (NCES 2011-329). Retrieved October 1, 2013, from *http://nces.ed.gov/pubs2011/2011329.pdf*.

Kansas State Department of Education. (n.d.). Partnership in character education program grant progress report. Retrieved October 1, 2013, from *www.ksde.org/portals/30/partnership%20in%20character%20education%20progress%20reportweb.pdf*.

Kendziora, K., Weissberg, R. P., Ji, P., & Dusenbury, L. A. (2011). *Strategies for social and emotional learning: Preschool and elementary grade student learning standards and assessment*. Newton, MA: National Center for Mental Health Promotion and Youth Violence Prevention, Education Development Center.

Kim, P., Perreault, G., & Foster, W. (2011, August). Finding your funding model: A practical approach to nonprofit sustainability. Retrieved October 1, 2013, from *www.bridgespan.org/publications-and-tools/funding-strategy/finding-your-funding-model-a-practical-approach-to.aspx#.uspr_ej8tbw*.

Lawrence, S. (2012, June). Foundation growth and giving estimates. New York: Foundation Center. Retrieved October 1, 2013, from *http://foundationcenter.org*.

Lind, C., Crocker, J., Stewart, N., Torrico, N., Bhat, S., & Schmid, W. (2009, May). *Finding funding: Supporting making connections core result that children are healthy and prepared to succeed in school*. Washington, DC: Finance Project. Retrieved October 1, 2013, from *www.financeproject.org/publications/findingfundingsupportingmakingconnections.pdf*.

Miller, C. (2008). Truth or consequences: The implications of financial decisions. Retrieved October 1, 2013, from *www.nonprofitquarterly.org/management/20281-truth-or-consequences-the-implications-of-financial-decisions.html*.

National Association of State Boards of Education. (2013). State education governance. Retrieved November 11, 2013, from *www.nasbe.org/wp-content/uploads/state-education-governance-2013-state-by-state-matrix.pdf*.

National Center for Charitable Statistics. (2010). Number of private foundations in the United States, 2010. Retrieved October 1, 2013, from *http://nccsdataweb.urban.org/pubapps/profile-drilldown.php?state=us&rpt=pf*.

National Center for Mental Health Promotion and Youth Violence Prevention and CASEL. (2008). Social and emotional learning and student benefits: Research implications for the SS/HS core elements. Retrieved October 1, 2013, from *www.promoteprevent.org/content/social-and-emotional-learning-and-student-benefits-research-implications-sshs-core-elements*.

National Prevention Council. (2011). National prevention strategy. Retrieved October 1, 2013, from *www.surgeongeneral.gov/initiatives/prevention/strategy*.

New York State Office of Mental Health. (2008). The children's plan: Ifnproving the social and emotional well being of New York's children and their families. Retrieved October 1, 2013, from *http://ccf.ny.gov/childplan/cpresources/childrens_plan.pdf*.

Oliff, P., Mai, C., & Leachman, M. (2012). New school year brings more cuts in state funding for schools. Retrieved October 1, 2013, from *www.cbpp.org/cms/?fa=view&id=3825*.

Raven, S. (2013). *CASEL collaborating districts initiative implementation grant: Year 1 interim report*. Austin, TX: Austin Independent School District.

Safe Schools/Healthy Students (SS/HS). (2013). Safe

Schools/Healthy Students National Evaluation. Retrieved November 11, 2013, from *www.sshs. samhsa.gov/community/evaluation.aspx.*

Seattle Department of Neighborhoods, Office of Education. (n.d.). 2011 Families and Education Levy overview. Retrieved October 1, 2013, from *www.seattle.gov/neighborhoods/education/ overview.htm.*

Sklad, M., Diekstra, R., De Ritter, M., Ben, J., & Gravesteijn, C. (2012). Effectiveness of school-based universal social, emotional, and behavioral programs: Do they enhance students' development in the area of skill, behavior, and adjustment? *Psychology in the Schools, 49*(9), 892–909.

Stark Renter, D., & Acosta Price, O. (2014, May). *A guide to federal education programs that can fund K–12 universal prevention and social and emotional learning activities.* Washington, DC: Center for Health and Health Care in Schools. Retrieved November 23, 2014, from *www. healthinschools.org/en/School-Based-Mental-Health/Funding-Guide-for-SEL.aspx.*

Support SEL Schools. (n.d.). Support SEL schools. Retrieved November 11, 2013, from *www.sup-portselschools.com/levyinformation.aspx.*

Tennessee Department of Education. (n.d.). School climate. Retrieved November 11, 2013, from *www.tennessee.gov/education/safe_schls/cli-mate/index.shtml.*

The Travelers Rest Tribune. (2012, October 7). LiveWell Greenville awarded $1.95 million to help create healthier communities in Greenville County. Retrieved on October 1, 2013, from *www.trtribune.com/index.php?option=com_ content&view=article&id=5346.*

United Way of Greater Toledo. (2012). History/ women's initiative. Retrieved November 11, 2013, from *www.unitedwaytoledo.org/women-sinitiative/history.*

U.S. Department of Education. (2010). Elementary and secondary education. Retrieved November 5, 2013, from *www2.ed.gov/policy/elsec/leg/ esea02/index.html.*

U.S. Department of Education. (2011). Improving basic programs operated by local education agencies (Title I, Part A). Retrieved November 11, 2013, from *www2.ed.gov/programs/titlei-parta/index.html.*

U.S. Department of Education. (2012). Fiscal year 2013 budget, summary and background information. Retrieved on November 5, 2013, from *www2.ed.gov/about/overview/budget/bud-get13/summary/13summary.pdf.*

U.S. Department of Health and Human Services (USDHHS). (2013). Prevention and public health fund. Retrieved November 11, 2013, from *www. hhs.gov/open/recordsandreports/prevention.*

U.S. Department of Health and Human Services, Health Resources and Services Administration. (n.d.). Title V maternal and child health services block grant program. Retrieved November 11, 2013, from *http://mchb.hrsa.gov/programs/ titlevgrants.*

U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA). (2012). Cooperative agreements for linking actions for unmet needs in children's health (RFA No. SM-12-009). Retrieved October 1, 2013, from *www.samhsa. gov/grants/2012/sm-12-009.pdf.*

U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA). (2013). FY 2014-2015 block grant application. Retrieved on October 1, 2013 from *www.samhsa.gov/grants/ blockgrant/doc2/bg-application.pdf.*

Weare, K., & Nind, M. (2011). Mental health promotion and problem prevention in schools: What does the evidence say? *Health Promotion International, 26*(Suppl. 1), i29–i69.

Wellesley Centers for Women. (2012). $1M investment to implement Open Circle in 23 Boston public schools. Retrieved October 1, 2013, from *www.wcwonline.org/2013/1m-investment-to-implement-open-circle-in-23-boston-public-schools.*

APPENDIX 8.1. The Basics of Federal Funding

In principle, federal spending requires authorizing language (i.e., legislation) that permits appropriation of funding and eventual budget approval by the Senate and House of Representatives. Although authorizations are typically for 5 to 10 years, the federal budget must be approved annually by the House and Senate. The federal budget outlines federal expenditures (e.g., entitlement programs such as Medicaid or Title I, as well as defense and nondefense appropriations, such as highway construction, environmental protection, and federal judiciary), and federal revenues from individual income taxes, payroll taxes, corporate taxes, and the borrowing of money through the sale of bonds. The President triggers the process by laying out his priorities for federal programs in a budget request that is submitted to Congress. Congress then debates and negotiates general spending (appropriations) and revenue amounts until a budget can be passed and funds authorized and then dispensed by the federal agencies.

The executive branch of the federal government is responsible for federal appropriations, such as discretionary or appropriated programs that make up approximately one-third of all federal spending, and create either categorical or block grants in order to distribute this funding. Categorical grants specify how the money can be spent and are distributed either on a formula basis to states, usually according to population size or population in poverty, or on a project basis, also known as "discretionary grants." Congress annually appropriates an overall fixed level of funding for each discretionary grant program; eligible applicants (i.e., state authority, local education agency, nonprofit organization, private entity) compete for this funding and awards are made based on merit.

On the other hand, block grants, originally established with the passage of the Omnibus Budget Reconciliation Act of 1981 as part of the Social Security Act of 1935, are lump sums that allow maximum flexibility in their use through a broad range of eligible activities by giving more discretion to recipients to identify problems and design programs to address those problems. Federal block grants are directed by a federal agency and awarded to the appropriate state agency, such as state education, public health, or mental health agencies, which administers the funds to local governments using granting guidelines set by the state (see Appendix 8.2 for a list of federal block grants). State authorities often submit an application to the designated federal agency, where a number of requirements must be met, including state planning and reporting, stakeholder input into the use of funds, and sometimes state monetary match (i.e., a proportion of state and/or local funds that must be set aside to support the activities outlined in the application). As with many discretionary grants programs, block grant amounts are often determined by statutory formulas and are linked to population characteristics or demographics, such as rates of poverty or illness.

APPENDIX 8.2. Federal Block Grants Associated with Children's Social and Emotional Health

Block grant program name	U.S. federal agency	State/local recipient	Purpose	FY 2012 amount (est.)	Proposed for FY 2013
Child Care and Development Block Grant (CCDBG)	Department of Health and Human Services/Administration for Children and Families	States, territories, tribes, and tribal organizations	Helps low-income families gain access to quality, affordable childcare and after-school programs.	$2,278,000,000	Increase
Community Development Block Grant (CDBG)	Department of Housing and Urban Development	Larger cities and urban counties	Provides resources to address community development needs.	$3,408,000	Decrease
Community Services Block Grant (CSBG)	Department of Health and Human Services/Administration for Children and Families	State human service agencies or Community Action Agency—local	Alleviates the causes and conditions of poverty by providing effective services in communities.	$666,673,000	Decrease
Maternal and Child Health Block Grant (MCHBG)	Department of Health and Human Services/HRSA	State Health Department and local health departments	Improves the health of all mothers and children.	$639,000,000	Increase
Mental Health Services Block Grant (MHBG)[a]	Department of Health and Human Services/SAMHSA	State and local mental health authorities	Improves public mental health service systems.	$439,000,000	Same
Preventive Health and Health Services Block Grant (PHHS)	Centers for Disease Control and Prevention (CDC)	State and local public health authorities (and tribes and territories)	Tailors prevention and health promotion programs to particular public health needs.	$80,000,000	Eliminated
Social Services Block Grant (SSBG)	Department of Health and Human Services/Administration for Children and Families	State human service agencies (including territories)	Supports programs that help communities maintain economic self-sufficiency and reduce dependency on social services.	$1,700,000,000	Decrease
Substance Abuse Prevention and Treatment Block Grant (SABG)[a]	Department of Health and Human Services/SAMHSA	State and local substance abuse prevention agencies (include territories)	Enables states to provide substance abuse treatment and prevention services.	$1,456,000	Decrease

[a] The FY 2014–2015 SAMHSA block grant application allows states to submit a combined application for mental health and substance abuse services as well as a biannual versus an annual plan. Based on U.S. Department of Health and Human Services, SAMHSA (2013).

APPENDIX 8.3. Questions to Facilitate Access to Available Funding Sources

Organizations hoping to acquire long-term funding need to ask a number of targeted questions that will help them navigate an increasingly complex funding terrain. Questions about funding needs and internal capacity, about who makes or influences funding decisions, and about how to access specific funding streams effectively will facilitate discussions of the most appropriate strategies for sustaining prevention programs. Examples include the following:

Questions about Funding Needs

- What type of funding is best suited for our organization and to achieve our mission/mandate?
  - When is this funding most essential (i.e., for initial launch, short-term adoption, or long-term integration or our program)?
- How many different funding streams are we able to manage given our capacity and our goals?
  - How do funding time tables match with our organization's projected growth or development?
- What are we seeking to finance (i.e., research/evaluation, program implementation, training, collaboration, system development)?
  - What will be accomplished with this support (i.e., individual education-related outcomes, health-related outcomes, system-related outcomes, a combination)?
- Do we have the right mix of skills and/or collaborators to accomplish these goals?

Questions about Decision Makers

- What are the priorities for children's health and education in my state?
  - Who are the legislators who have sponsored a pro-children agenda?
  - Who are the influential child advocacy organizations that help set the state or local agenda?
- What are major funding sources that support children in this region or state, and where does this funding come from (e.g., federal, state, local, private funders)?
  - Who are the gatekeepers for this funding source?
  - Is accessing this funding source politically feasible and who are the potential competitors?
- Is there an interagency, cross-system entity that is authorized to examine and help address the needs of children and youth in this state (i.e., a Children's Cabinet or Council)?
  - Do they have any funding authority?
- Who is on the state board of education, and what vision have they set for education in the state?
  - Is the state board accountable to an electorate or to the governor?
- Who is elected to the local school board and what issues seem prominent to their agenda?
  - How would someone share information about the benefits of health-promoting programs offered in schools with a board member?
- What local revenue streams support K–12 education?
  - What individuals or committees have oversight or determine funding priorities for local dollars?

Questions about Accessing Funding Streams

- Is my organization, coalition, or program eligible to apply for the identified funds?
  - If not, what adjustments can be made in order to meet eligibility requirements?
- What block grant program(s) has my state or county applied for and/or received?
  - What are the goals of the application/plan?
  - What state agency is accountable for reporting on that block grant, and who is the state contact?
- Is there a required advisory group or planning committee that determines how block grant funds can be used?
  - Who sits on that advisory group and how does one gain entry into the group?
  - What is the mechanism for offering public comment, suggestions, information, or feedback to the advisory group?
  - How are final decisions made and are certain people, organizations, or types of information (i.e., data vs. personal testimony) more/less influential in that process?
- What are some examples of successful blending or braiding of public and private funding?
  - How much flexibility is associated with this identified pot of money?
  - Are there specific reporting and accounting requirements outlined by this funder?
- What foundations actively award grants in my city/county, region, or state?
  - Do any of my organization's staff, board members, or partners have a relationship with any program officer or senior staff person at this foundation?

- How does the project we propose fit with the foundation's mission?
  - With what portfolio or strategic area of the foundation does this proposed activity align?
  - What other similar organization or program has this foundation funded in the past?
  - For how long? For how much?

Related Online Resources

Bridgespan
www.bridgespan.org

Fundsnet Services
www.fundsnetservices.com/showcats/91/ foundation-directory.html

Foundation Center:
http://foundationcenter.org

Finance Project
www.financeproject.org

School Grants
www.schoolgrants.org