

Social Impact Exchange Business Plan Competition

Green & Healthy Homes Initiative

Public-Private Partnership Initiative to Spur Innovation to Produce Healthier, Safer, Energy Efficient Homes

Stable Communities | Sustainable Jobs | Better Outcomes for Children

A. Brief description of scaling/expansion initiative

The Green & Healthy Homes Initiative™ (GHHI) is a social innovation designed to improve government efficiency and capitalize on investments in energy efficiency to deliver green, healthy, and safe homes in low and middle income communities. The GHHI has been launched in 17 communities (below) and has fast become a national model and movement.

- Atlanta, GA
- Baltimore, MD
- Buffalo, NY
- Chicago, IL
- Cleveland, OH
- Cowlitz Tribe, WA
- Denver, CO
- Detroit, MI
- Dubuque, IA
- Flint, MI
- Jackson, MS
- New Haven, CT
- Oakland, CA
- Philadelphia, PA
- Providence, RI
- San Antonio, TX
- Spirit Lake Tribe, ND

The 17 GHHI Project sites are expected to produce a minimum of 3,500 Green and Healthy Homes during the first two years using GHHI's integrated approach, with a plan to advance 100,000 units over the next three to five years as more cities come on-line. Each GHHI project site is expected to produce 250-500 units during this period using a comprehensive assessment and single stream intervention process to reduce lead hazards, indoor allergens, safety hazards and energy consumption (through weatherization and energy efficiency interventions). Each site will utilize a newly developed Comprehensive Assessment Field Tool and a single auditor/inspector model to conduct energy audits and environmental assessments to assess multiple hazards and to develop a single Scope of Work for an integrated, cost effective and efficient intervention.

GHHI works in collaboration with local and federal agencies, and philanthropic partners to align, braid, and coordinate funding and programs to create green, healthy, and safe homes in low-income communities nationwide. Directed by the Coalition to End Childhood Lead Poisoning (Coalition), and with support from the U.S. Department of Housing and Urban Development, the Centers for Disease Control and Prevention, the Department of Energy and national and local foundations, GHHI replaces stand-alone programs with a comprehensive strategy to improve health, economic and social outcomes through an integrated housing intervention framework.

The GHHI national team works with local GHHI site leaders to provide a comprehensive whole house assessment tool and better access to community-based green jobs, and implement a single intake portal for green and healthy housing interventions. GHHI provides ongoing technical support, evaluation and cost-benefit analyses in order to achieve innovations in government that reduce expenses and create wealth retention in communities.

Brief description of outcomes/impact to-date

Through its demonstrated success over two years, GHHI has developed and implemented policies, strategies and tools around which systemic reforms in housing intervention, workforce development, and home-based environmental hazard reduction can be shaped and replicated nationally.

HUD is providing funds to support Technical Assistance for the first 17 sites, committing an initial \$1.7 million to serve as a catalyst for developing infrastructure and building capacity. HUD is partnering with the U.S. Department



of Energy (DOE) and the U.S. Centers for Disease Control and Prevention (CDC) on implementing the GHHI, which is the first joint project between the three agencies and the private sector. This historic collaboration is crucial to fortify health-based housing standards and criteria, test various intervention models, and provide experience for adjusting on-the-ground approaches as necessary. GHHI also actively informs the Federal Interagency Working Group on Healthy Homes whose core members include not only HUD, DOE, and the CDC, but other organizations within the Department of Health and Human Services, Environmental Protection Agency, Department of Labor, Department of Agriculture, and National Institute of Standards and Technology.

Capital required for scaling/expansion

The organization would require approximately \$2.5-\$3.3 million (\$7.5-\$10 million over 3 years) in additional revenue annually to meet the staffing, programmatic and operational need to go to scale. In order to reach 100,000 units, we would need to leverage \$10,000/unit in public and private resources or a total of \$1 billion.

Timetable for scaling/expansion (including extent of scaling to-date)

GHHI launched in 2009 as a pilot with a set of 14 sites and a 2 year goal of completing 3,500 units. With support from our federal, philanthropic and non-profit partners, we have added 3 sites to-date for a total of 17 sites. With support of these same partners, GHHI has been charged with going to scale to reach 100,000 units by the end of 2014. To accomplish this, GHHI is working to expand its site designation to provide Technical Assistance and guidance for communities to produce GHHI units while driving a national policy and practices platform which would create a market shift yielding unit production across jurisdictions.

If geographic scaling, number of proposed sites and locations

GHHI has received formal requests for designation from 44 jurisdictions (below), ranging from cities to states.

- Akron, OH
- Albuquerque, NM
- Austin, TX
- Boston, MA
- Boise, ID
- Bridgeport, CT
- Cedar Rapids, IA
- Columbus, OH
- Des Moines, IA
- East Orange, NJ
- Erie, PA
- Greensboro, NC
- Hartford, CT
- Houston, TX
- Iowa counties, IA
- Joliet, IL
- Los Angeles, CA
- Mesa, AZ
- Miami, FL
- Milwaukee, WI
- Minneapolis, MN
- Montgomery, AL
- Nashville, TN
- New Orleans, LA
- New York, NY
- Omaha, NE
- Pittsburgh, PA
- Quincy, IL
- Portland, OR
- Raleigh, NC
- Riverside, CA
- Salt Lake County, UT
- San Francisco, CA
- Santa Ana, CA
- Santa Fe, NM
- Savannah, GA
- Seattle, WA
- St. Louis, MO
- Spokane, WA
- State of Connecticut
- State of Delaware
- Toledo, OH
- Washington, D.C.
- Waukesha, WI

GHHI has been successful in working with the U.S. Conference of Mayors to pass a resolution adopting GHHI as a platform and model amongst over 1,200 cities from across the nation.

B. Market Context and Need

The Burden of Unhealthy and Energy Inefficient Homes

American taxpayers needlessly lose hundreds of millions of dollars every year in medical bills, skyrocketing energy costs and lost wages due to inefficient and unhealthy housing conditions. Nearly six-million households live with moderate to severe physical housing problems, including water leaks and intrusion, injury hazards, pests, heating, plumbing, and electrical deficiencies, which place them at-risk for illnesses and injuries including asthma, slip and falls, and respiratory illnesses¹. Hardest hit by environmental health hazards in the home are low-income individuals, children, and the elderly.

¹ American Housing Survey, U.S. Department of Commerce, Bureau of the Census, 2007.

Far too many American homes don't meet basic healthy homes principles – dry, clean, ventilated, free from pests and contaminants, well-maintained and safe. This costs our country billions of dollars annually in housing-related healthcare costs for asthma, lead-based paint poisoning and injury, as well as lost productivity in the labor force. Besides the physical health toll an at-risk home can have on its inhabitants (thousands of unnecessary emergency visits annually due to housing related accidents and illness), the monetary costs of unhealthy homes are enormous. Total annual costs for certain childhood environmental diseases are estimated to be \$54.9 billion: \$43.4 billion for lead poisoning, \$2.0 billion for asthma, \$0.3 billion for childhood cancer, and \$9.2 billion for neurobehavioral disorders. This sum amounts to 2.8 percent of total U.S. health care costs (Landrigan PJ, et al, Environ Health Perspect. 2002; 100(7):721-728).

In addition to the significant negative health outcomes due to excess heat and cold, improving energy-efficiency provides much needed financial relief to low-income families, better enabling them to meet basic needs such rent or mortgage payments and on-going standard property maintenance:

- Families eligible for federal home energy assistance spend 20% of their income on home energy bills – six times more than average;
- Improving efficiency in very low-income housing would deliver 25 percent to 40 percent energy savings in up to 25 million residential units;
- The estimated energy savings of up to 20% of heating and cooling costs, or up to 10% of total energy costs, are by air sealing homes, adding insulation in attics, floors over crawl spaces, and accessible rim joists.

Although great strides have been made in revamping housing policies to address unhealthy and energy inefficient housing conditions, it is critical that steps are taken to align, braid and coordinate programs and resources that will better leverage both health and energy benefits. A solution where people no longer have to choose between paying their utility bill, and the health and safety of their children, themselves or an elderly parent is paramount.

C. Strategy and Theory of Change (the “solution”)

Description of Organization and Mission

The stated purpose of the Coalition is to work to "break the link between unhealthy housing and unhealthy children." Living in poor, deteriorating, and energy inefficient housing stock, millions of children suffer needlessly from preventable housing-based illnesses, which affect their well-being and life prospects. The knowledge about how to address these issues is substantial, with proven approaches that must form the basis for developing even more effective and efficient housing intervention methods. An unprecedented combination of public and philanthropic resources was poised to respond if directed and coordinated properly.

The Coalition created GHHI with its clear and directed pathway to achieve the goal of our work. By integrating healthy homes standards and practices into weatherization, energy efficiency and other housing work, government agencies, nonprofits and nongovernment contractors will help reduce asthma, lead poisoning and home-related injuries. The Coalition also realized that ARRA funding presented an historic opportunity on a national scale to leverage dollars targeted for weatherization and energy efficiency with existing programs providing in-home lead hazard reduction and Healthy Homes interventions that would result in increased funding for health interventions and a systemic change in the approach to housing interventions.

Description of Scaling/Expansion Initiative (including how it advances the organization's Theory of Change)

The expansion of GHHI will inform and enable the systems and policy changes that are at the core of the GHHI mission and Theory of Change: government innovation in service delivery; development of sustainable, community-based “green collar” jobs and social enterprise; creation of stable and sustainable green and healthy homes in low-income neighborhoods; measurable improvements in health outcomes for children and families; wealth retention and foreclosure prevention; and new tool development to ensure sustainable systems change.

As the initial GHHI sites have done, each new GHHI Site will commit to a written GHHI Compact of core standards, principles and practices, and a strategic Site Work Plan. As part of the GHHI Compact, sites will commit to:

- A comprehensive health and housing assessment process;
- A single stream intervention process to address energy, health and safety issues in the home;
- Coordination – all site housing and health related agencies will pool resources and work in a holistic manner to remove barriers to integration among agencies and private partner stakeholders;
- Protocols that support a collaborative and integrated inter-agency housing intervention approach to cost effectively braid multiple funding sources;
- Implement green jobs training and hiring practices designed to ensure that low income residents and those with criminal records are the primary beneficiaries of new jobs created through GHHI;
- Share in the creation of recommendations to address barriers to an integrated intervention process;
- Establish learning networks to provide key reporting data to help assess progress on housing interventions, hiring, integration of assessment and agency-based processes, health outcomes such as asthma, injury and lead poisoning through a shared data platform

The Compacts serve as a vehicle of public commitment and accountability that will be signed by local government (i.e. – the Mayor, local cabinet officials, and Commissioners of local Housing, Energy and Health Departments), local foundation presidents, and executive leadership of other lead partner agencies and non-profits. The Compacts will also solicit broader representation from other local stakeholders who wish to commit their organizations to the success of the Initiative.

The effort to expand GHHI has already begun with the addition in 2011 of Jackson, Mississippi and Dubuque, Iowa to the initial 15 sites. These two communities represent smaller and more rural populations. These sites will enable the Coalition and its federal and philanthropic partners to evaluate and develop adaptive models for health and housing intervention programs based on statewide platforms to deliver services in communities with lower population density and different housing stock than more traditional urban neighborhoods. The previously noted list of 44 additional jurisdictions seeking GHHI designation represents communities of all sizes and locations, including states and cities, both rural and urban.

Evidence of Results To-Date (key outputs and outcomes)

To-date, GHHI has achieved the following results through 15 project sites:

- 1,245 completed “GHHI” units, with 3,815 in the pipeline
- Corporate and philanthropic foundations committing \$25,199,450
- 10 GHHI Compacts signed
- Health and safety benefits recognized through reduced emergency room visits and hospitalizations
- Energy consumption reductions resulting in an average of \$360/home/year in utility costs
- Program efficiencies resulting in 20-25% cost savings per unit
- Increased access resources for families via “one-stop-shop”
- 500 persons trained to perform “green & healthy” assessments and interventions; increased wages for from \$9 to \$15-\$22 per hour

D. GHHI 3-YEAR SCALING PLAN

The GHHI 3-year plan to create 100,000 GHHI units will be accomplished by:

- Development of a strong innovation and technical assistance program, website and tools to ensure each site builds out the appropriate capacity to implement GHHI
- Adoption as a standard practice within public and private sector housing practices, programs, and delivery systems within local jurisdictions and federal housing planning and intervention investments;
- Creation of funding flexibility principles and identified opportunities to leverage resources across federal and non-federal programs for GHHI activities;

- Development of incentives to integrate GHHI activities into existing financing tools, program related investments (PRI's) and loan and loan re-modification packages;
- Obtaining commitment from the US Conference of Mayors, National League of Cities, National Association of Counties and National Governors Association to sign on to the Compact for Green and Healthy Homes; and
- Establishment of a GHHI educational marketing and branding program.

Key measures in the 3-year plan include:

1. Identify and eliminate barriers to coordination of funds to address housing quality and energy performance:
 - Implement streamlined delivery of services across health, housing and energy;
 - Implement system changes to allow re-alignment and repurposing in identifying available local funds and the delivery of local housing and energy interventions;
 - Gain approval for statutory amendments to expand eligible uses of Weatherization Assistance, State Energy Program, and Lead Hazard Control funds to more fully address water leaks, roof replacement and repair, pest intrusion, condensation, safety hazards, and other healthy housing best practices.
2. Adoption of a Green & Healthy Homes Initiative Compact by the US Conference of Mayors, the National League of Cities, the National Association of Counties, and the National Governors Association by December 2012. As part of the designation mayors, county executives, governors, and key stakeholders will sign a GHHI Compact outlining the standards, practices, principals and guidelines. New GHHI localities will have identified philanthropic partners. In return, each member will receive technical assistance through the applicable associations. Additionally, each group will provide GHHI Innovation awards to the localities that exhibit GHHI standards of excellence on an annual basis.
3. Successful creation of a Compact for Funders to support grantees in the use of GHHI standards.
4. Adoption by HHS's Health Resources and Services Administration (HRSA) to incorporate GHHI practices into their programs and to pay for home assessments and interventions under their Title V home visiting programs.
5. Adoption by HUD, US Department of Energy, US Department of Health and Human Services, and US Treasury (through the Federal Home Loan grants program) to integrate GHHI practices into public housing practices, programs, and delivery systems for all programs that fund housing interventions in existing older low and moderate income housing.
6. Adoption by national community development, home remodeling and residential energy efficiency groups to integrate GHHI practices into their programs. As part of this effort, GHHI will work to encourage an expansion of revolving loan funds or other financing tools for GHHI upgrades.
7. GHHI will work to create an effective GHHI branding and marketing strategy.
8. Establishing a national Green & Healthy Homes Initiative Housing Standard, similar to LEED or EnergyStar. The standard will include conditions relating to structural and lead hazards, Healthy Homes indicators, energy efficiency, and weatherization, defining a "Green and Healthy Home". The standard will be developed and finalized through the GHHI and the work of the Interagency Working Group on Healthy Homes, as well as bringing in expertise from other organizations.

Core Program Elements and Success Factors (what's needed to succeed)

- New Federal Standard on Housing – mandate private sector
- Cross-Agency Funding
- Uniform eligibility across public funding streams
- Cost-Benefit Analysis yielding sustainable funding streams
- New/Innovative financing tools that support preventative health savings

Timetable, Milestones & Measurable Three-Year Performance Goals

The Green & Healthy Homes Initiative is completing the second year of its 3-year Task Order with HUD and CDC. Progress, milestones and measurable goals are tracked on an ongoing basis in order to more quickly respond to challenges or remove barriers to production and implementation. Data is gathered from each GHHI project site

quarterly through a custom designed Efforts to Outcomes™ (ETO) database and is evaluated on an ongoing basis. The GHHI staff meets weekly with the HUD Office of Healthy Homes and Lead Hazard Control Director of Regional Management and Technical Support to address barriers and challenges and measure progress against goals and benchmarks.

At the end of three years, GHHI's first 3,500 homes are expected to produce (data being collected and analyzed):

- Energy savings of \$350 per year for a total of \$1,225,000; ^(see footnote 2)
- Health and safety improvements for homes with asthmatic are estimated to create an average health care savings of \$247,300,000 per year; ^(see footnote 3)
- Health and safety improvements related to lead poisoning reduction are estimated to create an average health care savings of \$68,400,000 per year; ^(see footnote 4)
- Health and safety improvements related to injury prevention for children, especially with respect to improving stairs, steps and floors, are estimated to create an average health care savings of \$2,865,625 per year; ^(see footnote 6)
- Additional wealth creation will be fostered by the creation of a tangible career pathway that produces 1,400 direct high quality green jobs through GHHI trainings and certifications of unemployed or underemployed workers to ensure better wages, benefits and long-term opportunities, building upon existing training resources; ^(see footnote 7)

Projected Social Impact

- GHHI energy improvements estimated to create a savings of over \$35,000,000 in energy costs savings nationwide²;
- GHHI health and safety improvements estimated to create a savings of over \$7,057,100,000 in health care expenditures nationwide³;
- GHHI health and safety improvements related to lead poisoning reduction estimated to create a savings of over \$19,542,200,000 in health care expenditures and work loss savings nationwide⁴;
- GHHI health and safety improvements related to injury prevention for children are estimated to create an average health care savings of \$81,800,000 per year⁵;
- GHHI improvements in 100,000 units are expected to create over 2,000 jobs and tens of thousands of direct and indirect jobs in related industries⁶.

Vision for Influencing Sector or System Change

1. Sustainable Medicaid Funding – Work with Medicaid to adopt a policy that uses housing as a platform for health by providing funding for health-based housing intervention by proven and projected cost savings. Revise policies to permit Medicaid funds to be utilized to address home-based environmental health hazards;
2. National Housing Standard – Continue GHHI's work to have adopted a health-based housing standard that will establish a minimum standard for healthy, safe, and energy efficient housing that integrates a range of housing interventions such as lead and injury hazard elimination, indoor allergen reduction, weatherization and energy efficiency through a vehicle in which resources are coordinated and used efficiently;

² ORNL/CON-493, ORNL/CON-484, EIA Annual Energy Outlook for 2009, EIA Short Term Energy Outlook

³ Annual mean health care expenditures for children with asthma are nearly 2.5 times the amount incurred for children without asthma (\$2140 vs \$887). Productivity losses due to missed work by parents of children with asthma total \$333 each year per child with asthma. (Lozano P, Sullivan SD, Smith DH, Weiss KB. *The economic burden of asthma in US children: estimates from the National Medical Expenditure Survey. J Allergy Clin Immunol.* 1999;104(5):957-963).

⁴ Assuming average medical treatment costs per child of \$565 for drug and counseling therapy and average parental work loss costs of \$119 per child, lead exposure costs \$267 million annually to \$181 to \$269 billion, resulting in a return of \$17–\$221 for each dollar invested in lead hazard control (*Environmental Health Perspectives, volume 117, number 7, July 2009*).

⁵ Average cost per individual age 20 years and/or younger is \$818.75 on an annual basis. Cost refers to the medical cost + indirect cost + quality of life loss. Injuries include both fatal (leading to death) and non-fatal. *University of North Carolina Injury Prevention Research Center, State of Home Safety in America: Facts About Unintentional Injuries in the Home. 2002; 70-74.*

⁶ Federal investment in the WAP alone supports nearly 25,000 direct and indirect jobs within related industries, and creates 52 new jobs for every \$1 million of funds invested (Sources: ORNL/TM-2010/66, EIA February 2010 Short Term Energy Outlook).

3. SHHIP Certification – Support HUD’s development of the Safe and Healthy Homes Investment Partnership (SHHIP) designation to integrate federal policy and standards to promote healthy, safe and energy efficient homes. By establishing this designation, SHHIP will serve as a driver in the housing intervention arena in various jurisdictions across the country by spurring the integration of housing and health intervention resources and by incentivizing further public and private partnerships and collaborations;
4. Healthy Homes Integration into CDBG Requirements – Advocate for the adoption by HUD’s Community Development Block Grant Program of Healthy Homes standards into all CDBG housing intervention funding to increase funding for indoor allergen reductions and household safety prevention;
5. DOE Funding Flexibility– Support policy change at DOE to allow for a more flexible use of dollars to address broader health and safety issues hazards during Weatherization Assistance Program (WAP) interventions;
6. New Workforce Standards and Certifications - Work with the White House Council on Environmental Quality (CEQ) and the US Departments of Labor and Energy to help devise a new worker standard for training and certification for green housing rehabilitation in distressed communities.

E. Organization

Organization History

The Coalition to End Childhood Lead Poisoning (“Coalition”) is a 501(c)3 founded in 1986, that creates, implements, and promotes programs and policies to eradicate childhood lead poisoning and create Green and Healthy Homes. The scope of the Coalition’s work has grown locally and nationally to encompass the design, development and implementation of effective Green and Healthy Homes programs; innovative media, outreach, education, and advocacy strategies; public policy and legislative initiatives; legal and family advocacy services; lead safe housing relocation initiatives; energy efficiency, weatherization, green and sustainable initiatives; and national technical assistance. The Coalition has shown a unique acumen for leveraging direct service programs into concrete policy change at the local, state and federal level while creating an increasing stock of affordable, energy efficient, and sustainable Healthy Homes.

The Coalition’s direct service programs include lead hazard control services and Healthy Homes, legal services, relocation services, education and training programs, case management services, public policy design and technical assistance. The Coalition has successfully managed over \$40 million in public and private grant funds since 1993.

The Coalition has conducted direct service work with over 1,200 families per year since 1994 (approx. 20,400 total) and reached well over 3.6 million Maryland residents and virtually every home in Baltimore via the media, direct mailings or community programs. Since 1997, the Coalition created more than 2,700 healthy homes units.

The Coalition’s current work is focused on the continued development and implementation of the Coalition’s national GHHI effort that is utilizing an integrated, single stream assessment and intervention model to comprehensively combine lead hazard reduction, Healthy Homes, weatherization, and energy efficiency in 15 cities and two tribal nations. In August of 2010, the Coalition established a Providence based office to manage the Providence GHHI effort, support the implementation of GHHI in other Northeastern cities, and oversee data collection and evaluation of the national GHHI effort. In December of 2011, the Coalition established a Washington, DC office for strategic development and policy associated with GHHI and its mission.

Organization Structure and Governance

The Coalition is a 501(C)3 with a managing Board of Directors composed of 10 members. The Board has an Executive Committee which includes a President, Vice President, Secretary and Treasurer. The Board also has a Finance Committee, which is responsible for managing and reviewing the annual audit and 990, and overall financial health of the organization. The Board is responsible for managing and evaluating the effectiveness of the Executive Director. The Executive Director is the primary executive responsible for the operations and day-to-day program and organization implementation. The Executive Director has direct supervision of the senior leadership team and management committee.

Current Size and Reach

The Coalition implements a portfolio of work that is national in scope. Under the GHHI, the organization has designated work within 17 project sites with a national policy and practice agenda. Within the scope of additional Coalition programs, the organization provides various forms of technical assistance to states and cities across the nation. The Coalition runs a series of direct service programming focused on GHHI within the Baltimore region. Currently, the organization has approximately 35 staff and interns. The organization manages funding relationships with over 23 foundations and partnerships with over 50 foundations and 12 federal agencies along with hundreds of additional local, state and federal non-profit, private and government partners.

Management Team

The Coalition is led by Ruth Ann Norton, who has been Executive Director for over 19 years. Wes Stewart is the Director of Programs and has been with the organization for more than 15 years. Beth Bingham brings a diverse background and critical strength to the organization in the role of Communications Director. Mark Finley has been with the organization for nearly a year as the Director of Finance. See bio’s for additional information.

F. Financial Plan for the Scaling/Expansion Initiative

Projected 2-Year Revenue and Expense Budget

The Coalition is a 501(c)3 that has operated on a nearly budget neutral scheme since its founding. In order to accomplish its goals, and implement the necessary programming, the Coalition would need approximately \$9.6 million in revenue and to fuel the correlating expenses.

Current Funders and Commitments

To-date, GHHI has 28 funders with \$15,043,950 invested. Not listed are direct public and private intervention dollars which amount to tens of millions of additional investment.

Annie E. Casey Foundation: \$325,000	Kresge Foundation: \$450,000
U.S. CDC: \$1,400,000	Living Cities Collaborative: \$275,000
Abell Foundation: \$821,950	New York Attorney General: \$2,100,000
C.S. Mott Foundation: \$212,000	Maryland Department of Health: \$780,000
Cleveland Foundation: \$180,000	Maryland Department of the Environment: \$150,000
Community Foundation of Greater Atlanta: \$7,500	Polk Brothers Foundation: \$50,000
Community Foundation of Greater Buffalo: \$200,000	Rhode Island Foundation: \$130,000
BGE Foundation: \$1,000,000	Skillman Foundation: \$70,000
Children's Health Forum: \$400,000	Osprey Foundation: \$190,000
U.S. HUD: \$3,900,000	St. Luke's Foundation: \$750,000
Home Depot Foundation: \$25,000	The Funders’ Network: \$7,500
Jacob and Hilda Blaustein Foundation: \$50,000	US Conference of Mayors: \$200,000
U.S. DOE: \$1,200,000	Baltimore Community Foundation: \$20,000
Joyce Foundation: \$50,000	Community Foundation of Gtr. Dubuque: \$100,000