

## The Q/A Interview

**NOTE: This is an actual Q/A interview I did for my online publication, Ledge. I submitted the questions to the interviewee and he simply answered them at his leisure. We then posted the “interview” on the site; it appears as if it was a real-time conversation.**

**Visit the website and check it out...[www.ledgemagazine.com](http://www.ledgemagazine.com) (Jamil Fletcher).**

**All you do is submit 5-8 questions to someone who connects with your issue or audience, then have them answer the questions and submit to your campus/community paper as a finished Q/A interview. You will also need a photo and brief bio of the person interviewed. The hardest part is getting the subject to get the answers back to you in a timely fashion 😊.**

*Chris Cathcart*

**The “Truth” about why Black AIDS groups struggle for funding and what we can do about it.**

**Ledge speaks with Jamil Fletcher, leading fundraising expert.**

*Funding is the life's blood of all non-profits. For Black AIDS groups, it is a never-ending, uphill battle. Ledge had the opportunity to speak with Jamil Fletcher, one of the nation's leading development experts, on why this is the case and what we can do about it.*

**LEDGE:** *While it is evident that many non-profits struggle for funding, why do you think Black AIDS groups seem to face an even greater uphill climb for financial support?*

**JF:** Where do I begin! There are numerous reasons why Black AIDS groups are particularly challenged with securing funding. Most of these organizations lack the capacity to cultivate the types of stakeholders required to offer ongoing, sustainable financial support. We are talking about community-based organizations that have limited staff resources, operating with annual budgets less than one million dollars.

Chances are they function without a fulltime staff member who is dedicated to raising money. In most cases, the organizations were started by activist who responded to a need without the luxury of having access to wealthy benefactors. As they were able to secure government funding and grants over the years to operate programs, most organizations never invested in building their base of discretionary financial support amongst diverse funding streams. Our organizations just do not have the donors in place.

The lack of overall interest in addressing HIV/AIDS within African American communities also presents a challenge to securing funds. The issue is still somewhat taboo given how the disease remains associated with homosexuality and other marginalized demographics (prostitutes, intravenous drug users, the incarcerated, etc.). Institutions that typically support Black causes have offered nominal support, at best, in response to our community's apathetic posture regarding this issue. Traditional institutions that are typically in the forefront of advocating for health issues within our communities are not quite fully engaged in this issue. It's just a little too uncomfortable for some to get involved.

There has also been a major push to direct government funding towards direct medical services, which most Black AIDS groups do not provide.

**LEDGE:** *Traditionally, from what sources do most Black AIDS groups receive funding? Have those sources been slowed during this economic downturn?*

**JF:** Most Black AIDS organizations are still primarily supported by government funding, on both the national and local level. Ideally, any charity should have a diverse revenue stream to permit them to endure decreases in any one particular source. Relying solely upon government funding can be especially problematic, as the agenda and focus varies with different administrations. Just look at the differences between Presidents Bush and Clinton. President Bush's emphasis on "abstinence only" diverted much-needed dollars from ongoing interventions that were often housed within Black AIDS organizations. The programs often disappeared as the funding went away.

The downturn in the economy has significantly impacted governmental resources, both nationally and locally. Many municipalities have been forced to cut much needed services, especially health and human services to poor, underserved communities. I have heard that some Black AIDS service organizations have been forced to cut much of their programs.

**LEDGE:** *During your years in development work, what are the significant changes—good or bad—you've seen as it relates to fundraising for Black non-profits?*

**JF:** I cannot honestly say that much has changed when it comes to raising money for Black charitable organizations. The bulk of funding still comes from sources outside of the community being served. We as a people tend to rely

upon everyone else to support our organizations except when it comes to our churches. Government, corporate and foundation funding remain prominent sources of revenue for our organizations across the board.

**LEDGE:** *How much does competition for the same funds impact Black AIDS groups' ability to secure funding?*

**JF:** Competition plays a role. Groups with complimentary services are strongly encouraged to develop working collaborations to achieve their goals instead of competing against each other.

**LEDGE:** *Do you think mainstream AIDS groups face the same funding issues as Black groups? If not/if so – Why?*

**JF:** First of all, there are no “mainstream” AIDS groups. Most organizations addressing the HIV/AIDS epidemic were started by white gay men. While they are not marginalized by race, they are still marginalized just the same. That being said, such organizations currently serve a largely Black demographic.

Funding overall for HIV/AIDS support has decreased and thus everyone is affected. White gay men continue to support these organizations despite the shift in the demographic being served, but their continued connection has the possibility of fading over time.

**LEDGE:** *What can Black AIDS groups do to generate new, untapped revenue streams?*

**JF:** We must expand the universe of stakeholders both inside and outside of our communities, and develop the capacity to cultivate relationships, and thus support, by engaging anyone that is concerned about Black people in this fight.

Survey your environment and examine all of the institutions in your midst that have a stake in curbing the trend of infections and invite them to invest in your organizations. Create advisory committees to leverage support from corporate, religious and media stakeholders.

Raising money is all about building relationships, and relationships take time to develop. I would encourage all organizations to invest in the services of a professional fundraiser.

Remember, people give money to people they know and even more to people they like. So, take the time to build relationships and interest with people who have either the capacity to give or access to others who have the capacity to give.

**LEDGE:** *How can everyday folk help in the fundraising process, in particular young people?*

**JF:** Everyone can play a role in securing funding for his or her charity of choice. We all know someone who knows someone that knows someone that is willing and able to make a donation.

While you may not be able to make a significant financial contribution yourself, your passionate advocacy and commitment may convince someone else to write a check.

So, join an advisory committee or volunteer at a fundraising event. All of that goes a long way in helping to raise money.

### ***Jamil A. Fletcher***

Mr. Fletcher has over 10 years of non-profit fundraising experience working with international, national and community-based organizations. Jamil has worked extensively within the HIV/AIDS field with organizations like the National Minority AIDS Council, Black AIDS Institute, and Whitman-Walker Clinic. Some of the other organizations Mr. Fletcher has worked with include the United Negro College Fund (UNCF), Medical Education for South African Blacks (MESAB), National Youth Advocacy Coalition (NYAC), C-Span, and Children's National Medical Center just to name a few. Jamil also serves as a fundraising consultant/instructor with the Office of Minority Health Resource Center.



**Jamil A. Fletcher**