

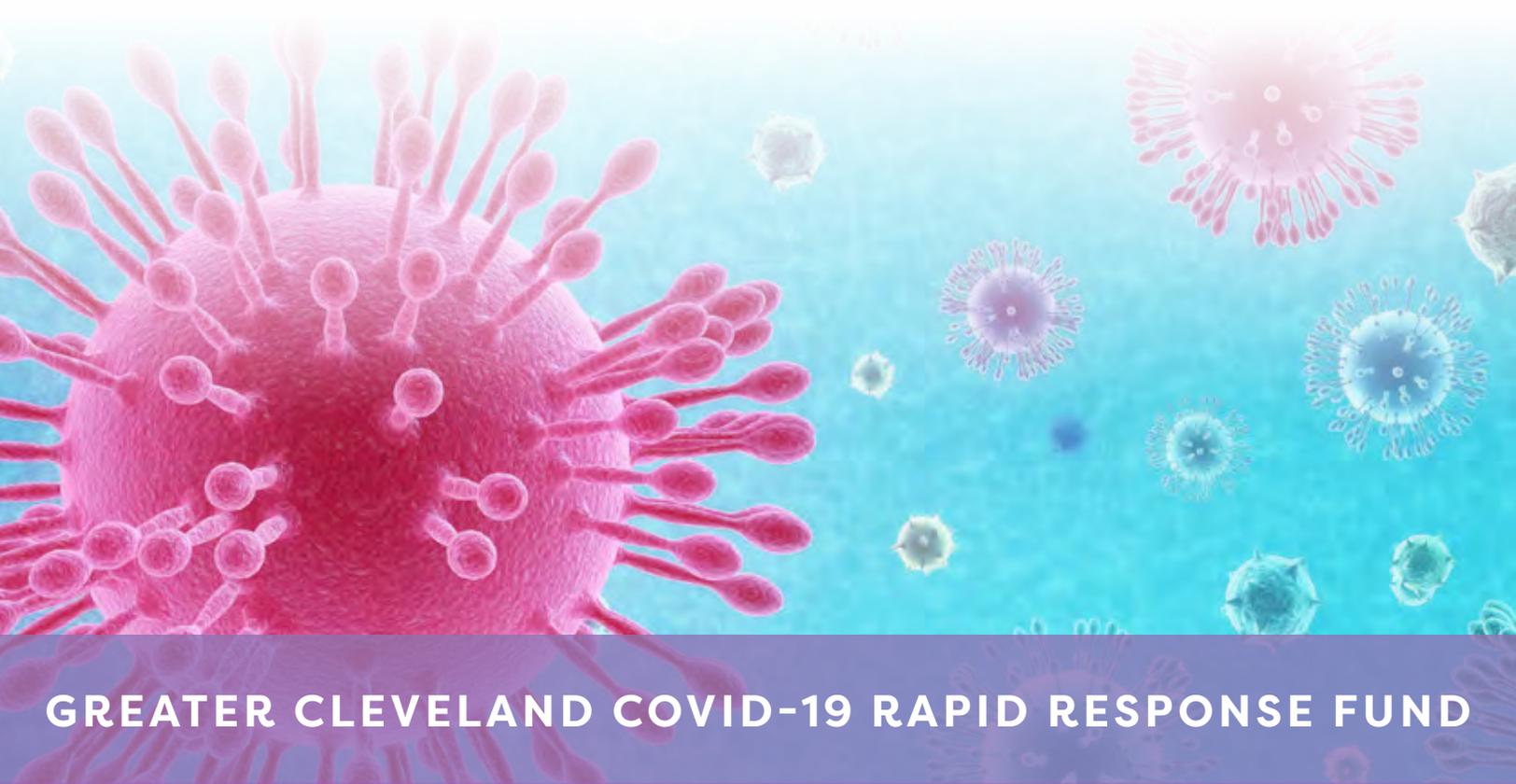


GREATER CLEVELAND COVID-19
RAPID RESPONSE FUND

APRIL 2021

REFLECTING ON ONE YEAR OF RAPID RESPONSE

A community report to capture and reflect on the growth of a funding collaborative in response to the COVID-19 pandemic.



GREATER CLEVELAND COVID-19 RAPID RESPONSE FUND

To Our Colleagues and the Greater Cleveland Community,

A year ago, in March 2020, the COVID-19 pandemic hit home, with the first case of the novel coronavirus reported in Ohio. Within days, a small team of grantmaking professionals got together to form the Greater Cleveland COVID-19 Rapid Response Fund. Though we did not know exactly how the crisis would unfold, we knew it would require the philanthropic community to come together, understand emerging local needs, and quickly deploy resources to meet those needs. Within the first few months, our efforts grew into a collaborative of more than 80 cross-sector partners from community, family, and private foundations, local governments, corporations, and more. To date, over 2,500 individuals contributed to the Fund.

Since the start of the pandemic, more than 18,500 Ohioans have lost their lives and many more have experienced significant hardship. Even as more vaccines become available, significant short-term needs remain for food, housing, personal protective equipment (PPE), vaccine access, and more. In addition, this pandemic has exacerbated socioeconomic disparities and racial

inequities in our country and our region. In terms of recovery, we have a long road ahead of us, and we must face these disparities and inequities in health and economic well-being head on.

Through our collaboration, the local philanthropic community has modeled a new way of doing business that can both shape COVID recovery efforts and create a new template for tackling community challenges of all kinds. We must continue to work together to meet the emerging and urgent needs in Greater Cleveland as we also apply our lessons learned to shape how we approach our region's recovery. Our goal with this report is to share key learnings from the work of the Greater Cleveland COVID-19 Rapid Response Fund, what's next, and how we all can be involved. We hope it will be useful to people and organizations across sectors, now and in the future.

Thank you for your continued support, your unwavering leadership, and your resilience.

The Greater Cleveland COVID-19 Rapid Response Fund



We dedicate this report to the people and organizations who have been working courageously and tirelessly on the frontlines of this crisis: the healthcare professionals and first responders, essential workers, and – central to the impact of the Greater Cleveland COVID-19 Rapid Response Fund – the nonprofit organizations meeting vital needs in our community.



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Introduction

PHASE I

The Greater Cleveland COVID-19 Rapid Response Fund started on March 18, 2020, to expand local capacity to rapidly meet emerging community needs arising from the coronavirus outbreak.¹ In its first phase (March – August 2020), the Fund prioritized resources to health, basic human services, and economic needs of those disproportionately impacted by COVID-19. The Fund concentrated resources within organizations that could meet evolving community needs, had expertise in health and human services, and had a track record of serving historically marginalized communities.

In Phase I, the Fund took both a proactive and reactive strategy to COVID-19 response. Partners worked closely with local and state policymakers to identify and respond to emerging needs, and had

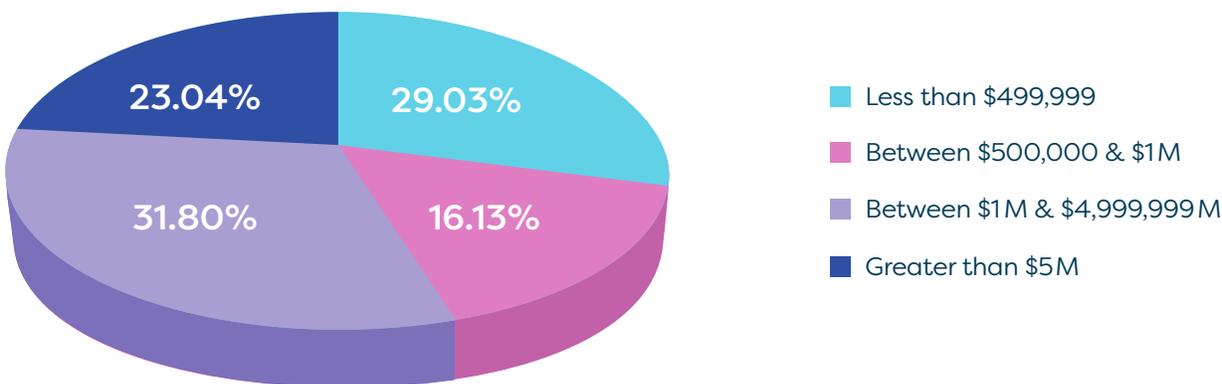
community leaders, local government officials, and others provide critical updates at Fund partner meetings.

The initial pool of funding was spent down by August 2020, and on September 1, 2020, a coalition of partners announced the creation of Phase II of the Rapid Response Fund. Going into the second phase, the Fund heard from 700+ community leaders, nonprofits, and residents, and learned it was imperative to continue rapid response, while helping the nonprofit sector adapt and build resilience, and focusing on long-term recovery efforts.

This report attempts to tell the story of the breadth, depth, and impact of this historic philanthropic collaboration and looks ahead to what this could mean for our future.

SIZE OF ORGANIZATIONS THAT RECEIVED RRF FUNDING IN PHASE I & II*

* Grants through Neighborhood Connections not included



The Fund worked quicker than any of the organizations around the table were used to, making weekly and bi-weekly grants to match emerging needs on the ground. The deployment of these resources positioned our region's nonprofit organizations, big and small, to pivot their operations and services to safely meet the needs of Greater Cleveland's residents.

In addition, the Fund put out regular press releases, videos, and stories highlighting the work of nonprofit partners. Many media outlets offered in-kind advertising support through ads, articles, and even a telethon. This media support was critical to bringing in more fundraising dollars to support rapid response.

¹ See Appendix II for the full list of Phase I and Phase II Fund Partners.

A Year of Rapid Response: By the Numbers

March 2020 – March 2021

FUNDRAISING

\$20M total raised

\$9M raised in Phase I **\$7M** raised in Phase II **\$4M** aligned funding for homeless services

2,500+ individual donors

80+ fund partners

GRANTMAKING

\$14,168,198 total dollars awarded

675 applications reviewed (451 Phase I; 224 Phase II)

264 total grants made (163 Phase I; 101 Phase II)²

275+ Small community grants through Neighborhood Connections

Grantee Highlight: Neighborhood Connections' PPE Coordination

The Rapid Response Fund partnered with Neighborhood Connections to launch the PPE & Hygiene Supply Program in June 2020 to rapidly deploy PPE and hygiene supplies to residents through a network of grassroots community groups and small nonprofits. The supplies were distributed during weekly pickup events hosted at May Dugan Center, Murtis Taylor, and the Cuyahoga County Emergency Operations Center, and have helped community groups to safely operate vital projects such as pantries, education support, and delivery of supplies to homebound neighbors.

Between June 2020 and February 2021, the program provided 550,000 cloth masks and six semi-trucks full of hygiene supplies to more than 450 groups responding to COVID-19 in Cuyahoga, Lake, and Geauga counties. As more contagious variants of COVID-19 become prevalent and our communities work toward achieving herd immunity, Neighborhood Connections will continue to provide supplies so that all families have the opportunity to keep themselves and their neighbors safe through double-masking, high filtration masks for essential workers, and personal care supplies.

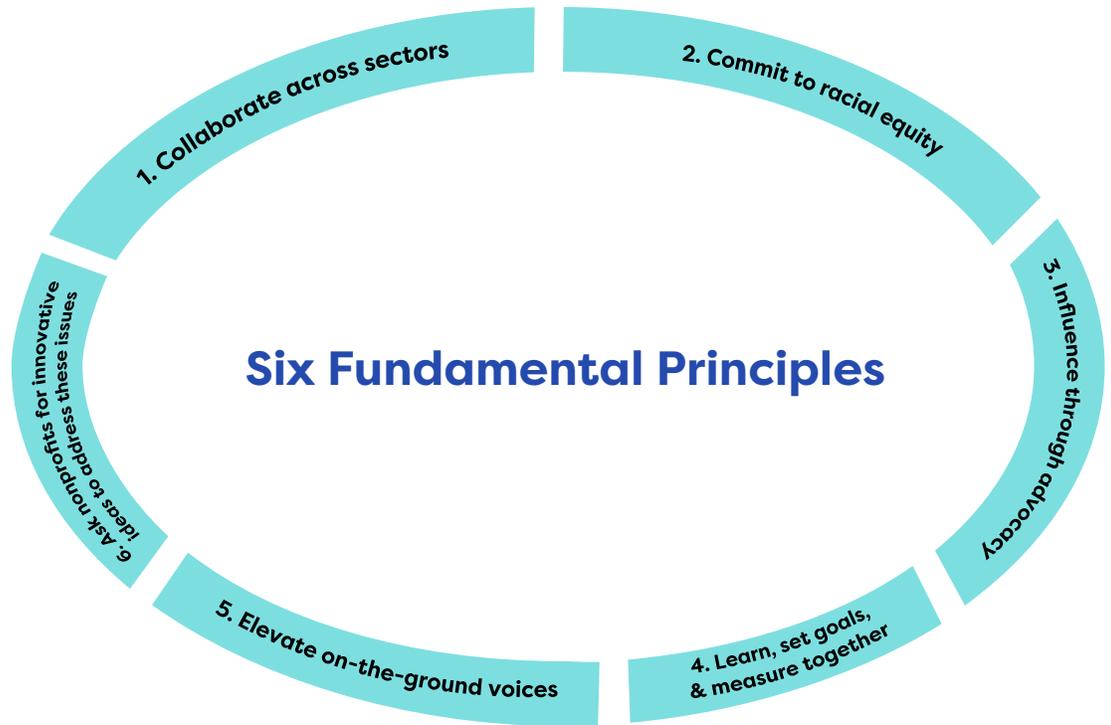


² See Appendix I for the full list of Phase I and Phase II Grantees.

Imagining a New Type of Funding Collaborative

PHASE II

As the first phase of the Rapid Response Fund began to wind down in the summer of 2020, Fund partners knew that there was a continued need for widespread response to the pandemic, as well as a significant opportunity to continue a collaboration among Cleveland’s philanthropic institutions. When it was time to develop the second phase of this work, Fund partners prioritized listening to the nonprofit community, system leaders, and Greater Cleveland residents to understand what a continued collaboration could look like.



We learned from hundreds of community residents and service providers not only that there was need for a second phase of funding but also that Phase II should reflect and incorporate six fundamental principles for action.

Based on a thorough analysis of the first phase, a national scan of 22 other rapid response funds, and engagement of 750+ local nonprofits, residents, and community leaders, the Rapid Response Fund narrowed its Phase II focus in three key areas.



STRUCTURE OF PHASE II



Together, these elements created a new structure for the second phase of the Rapid Response Fund, intended to prototype a collaboration rooted in listening, learning, and responding together. The second phase of the collaborative consists of the following elements¹:

1. A Response Workgroup overseeing the second phase of the pooled fund focusing on decreasing the spread of COVID-19.
2. An Adaptation Workgroup focused on equitably building resilience in the nonprofit sector.
3. A Recovery Workgroup focused on dismantling racist policies and practices and promoting economic well-being by influencing policy and advocacy.
4. A Strategy Team to set the tone for the development of the collaborative and to inform how the work connects inside and outside of the partnership.
5. Consistent mechanisms to incorporate community engagement and input into the collaborative.

The Breadth of Phase II: By the Numbers



15 Funding organizations working together



400+ Total nonprofits organizations engaged



40+ Grantmaking professionals driving the work



25+ Nonprofit leaders and community members actively shaping the work

¹ See Appendix III for a list of members for each area of the collaborative.

What We've Learned

TOP 10 LESSONS LEARNED

During the past year, Rapid Response Fund partners have learned a great deal through working together about responding to crisis, moving quickly, collaborating effectively, meeting community need, and much more. It is our hope in that memorializing these lessons and sharing them widely, we will help shape future collaborations in our region and beyond.

1. **We can move fast and be nimble.** The Fund was set up one week after the first case of coronavirus in Ohio. A simplified application and a process for distributed decision-making condensed what would normally be a several month grantmaking process into bi-weekly funding cycles. Setting up a small core team, dividing and conquering, and providing regular updates to all partners allowed the Fund to do a massive amount of work in a short amount of time.
2. **We can do more together.** Through collaboration, Fund partners built trust with one another and learned they can reduce burdens on grantees, work toward a shared community vision, leverage each other's strengths and capabilities to move common agendas, be proactive, and leverage their collective power to move key issues forward.
3. **We can learn from each other.** There is a wealth of collective knowledge and skills that is shared through opportunities for peer-to-peer connection and collaboration.
4. **We can fill gaps together.** Funders started sharing grants that were declined by the Rapid Response Fund with each other, and in several cases, partners chose to fund a grant applicant outside of the Rapid Response Fund. Funders also aligned and contributed to additional efforts, like focusing on vaccine access and communications and hiring a government affairs firm to attract more resources to the region as new needs emerged.
5. **We can be responsive to community needs in real-time.** During the last year, the Fund has heard from and created its strategies based on the voices of nearly 1,000 residents, community leaders, nonprofit leaders, and others. We shifted our priorities in real-time based on what we learned.
6. **We have an immense role in recovery.** Fund partners learned their role in recovery was listening, learning, and taking direction from people more proximate to issues, supplementing government relief strategically, prioritizing equity and inclusion, shaping policy, and creating space for new leadership.
7. **We must continue to leverage the hub and spoke model.** The Rapid Response Fund focused on supporting both large organizations (hubs), like the Greater Cleveland Food Bank, and small organizations and community-based efforts (spokes) to meet the needs of those who weren't readily connected to the hubs. The Fund also partnered with Neighborhood Connections as an intermediary to make smaller grants to neighborhood-based response efforts led by residents.
8. **We need to be both responsive and proactive.** Investing in PPE distribution systems at the onset of the collaborative and collaborating with the state and federal government to ensure the most at-risk individuals can access the vaccine are just a few ways the collaborative is being both responsive and proactive in meeting emerging needs.
9. **It's hard to be nimble and share power.** The second phase of the collaborative had five times the amount of people in decision-making roles than the first phase; thus, processes and procedures had to be put in place to balance sharing of power with the need to make decisions quickly.
10. **We must leverage policy and advocacy.** In the last year, the Fund has been influential in advocacy efforts to slow the spread of COVID-19 and help the region recover, including supporting the depopulation of homeless shelters, expanding benefits access, increasing transportation budget allocations, and more. Philanthropy must include a focus on policy and advocacy as one of its tools.

LIVING OUR FUNDAMENTAL PRINCIPLES

Reflecting on the six fundamental principles we set forth at the beginning of Phase II is critical to holding ourselves accountable to living into them. We will continue to reflect, discuss, and make modifications to uphold our commitment to these principles.

Collaborate across sectors.

Phase II of the Rapid Response Fund has intentionally brought funders across different issue areas, nonprofit leaders, government leaders, and others together to inform this work from the onset. In Phase II, the Rapid Response Fund partnered with Cuyahoga County to distribute funds toward decreasing the spread of COVID-19 among the homeless population.

Influence through advocacy.

The Rapid Response Fund partnered with a government affairs firm with the goal of maximizing resources to support regional response efforts. A Government Affairs Task Force, led by one of the Fund partners, oversees this work. As the Rapid Response Fund looks ahead, this Task Force will evolve into a broader recovery effort, focused on advocating for long-term systems change.

Elevate on-the-ground voices.

During Phase II, the Rapid Response Fund held monthly grantee listening sessions, began collecting regular data through surveys to the nonprofit sector at large, and has consistently integrated nonprofit and community speakers to present during meetings about the needs and challenges faced on the ground.

Seek out new and innovative ideas.

During the development of Phase II, the Rapid Response Fund intentionally brought nonprofit leaders to the table to co-create the collaborative. The work around helping build resilience in the nonprofit sector and thinking through long-term recovery will help the Rapid Response Fund continuously seek out new and innovative ways to address the long-standing issues that exacerbated the impact of COVID-19 in Black and Brown communities.

Learn, set goals, and measure together.

This principle is structurally infused into the second phase of this work. Through an automated dashboard, guest speakers, local COVID-19 case data and other relevant research, the Fund is regularly using data and the on-the-ground voices to learn, set goals, measure together, and evaluate progress toward those goals.

Commit to racial equity.

At the beginning of Phase II, the Fund was intentional about ensuring diversity in decision-making roles and collecting demographic data to monitor investments. A majority of the funding coming out of the Response Workgroup has been invested in communities of color, and partners are actively seeking to understand the landscape and needs of Black-and Brown-led nonprofits in the region.

Grantee Highlight: The Spanish American Committee

The mission of the Spanish American Committee is to serve as the gateway of socioeconomic success for the Hispanic community.

Through funding from the RRF, they will continue to give food, utility, and rental assistance stipends to low-income and elderly Latinx populations in Greater Cleveland, while also providing clients with emotional and mental health resources and crisis financial planning assistance.



COLLECTING THE RIGHT DATA

At the onset of Phase II, Fund partners set out to intentionally monitor the progress of the collaborative as a mechanism to inform grantmaking, assess progress toward goals, and embed continuous, shared learning into the fabric of the collaborative. Aligning data collection with goals, listening to grantees, engaging with community experts, and regularly surveying nonprofits are just a few of the ways the collaborative collected quantitative and qualitative data to inform decision-making.

Aligning data collection with goals.

When the Rapid Response Fund launched Phase II, partners revised the application to collect information that directly aligned with their goals of decreasing the spread of COVID-19 and allocating resources to communities disproportionately affected by the pandemic. In addition, the Fund asked applicants to provide racial demographic information about the population they served, as well as their board, leadership team, and staff. Asking this information at the outset allowed the Fund partners to collect and analyze information that showed how well our grantmaking aligned with priorities, and how we were living into their fundamental principles, namely being intentional about racial equity in their grantmaking.

Listening directly to grantees.

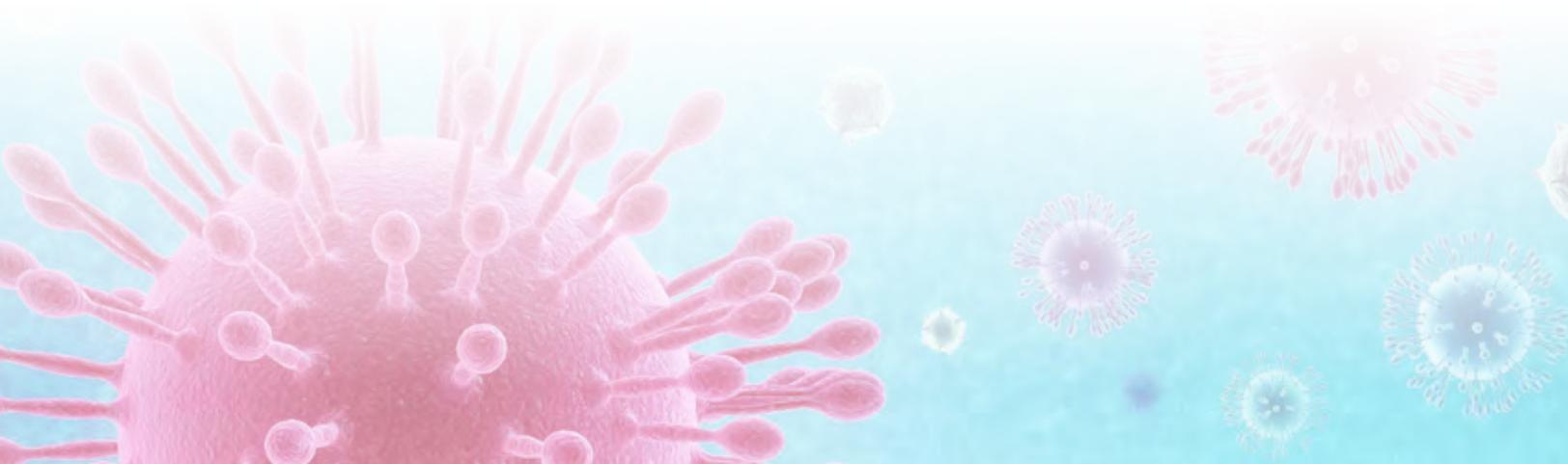
In addition to quantitative data, the Rapid Response Fund created several mechanisms to listen directly to grantees. We hosted grantees as guest speakers at our bi-weekly Fund partner meetings and held monthly grantee listening sessions during Phase II to learn about the needs of nonprofits. Stories from people on the frontlines provided real-time information to shape funding priorities. The Rapid Response Fund heard directly from more than 100 organizations about how client needs evolved and how nonprofits adapted their services to support these emerging needs.

Regularly engaging with community experts.

At bi-weekly grant approval meetings, Fund partners hosted community and public sector leaders to share their experience leading COVID-19 response efforts at the community level and provide insights into emerging needs.

Keeping a pulse on the nonprofit sector.

In July 2020 and January 2021, the Rapid Response Fund heard from nearly 500 nonprofit professionals through pulse surveys designed to better understand the impacts of COVID-19 on the programming, operations, and financial health of these organizations. Findings from these surveys are detailed in the 'Understanding the Needs of Nonprofits' section on page 10.



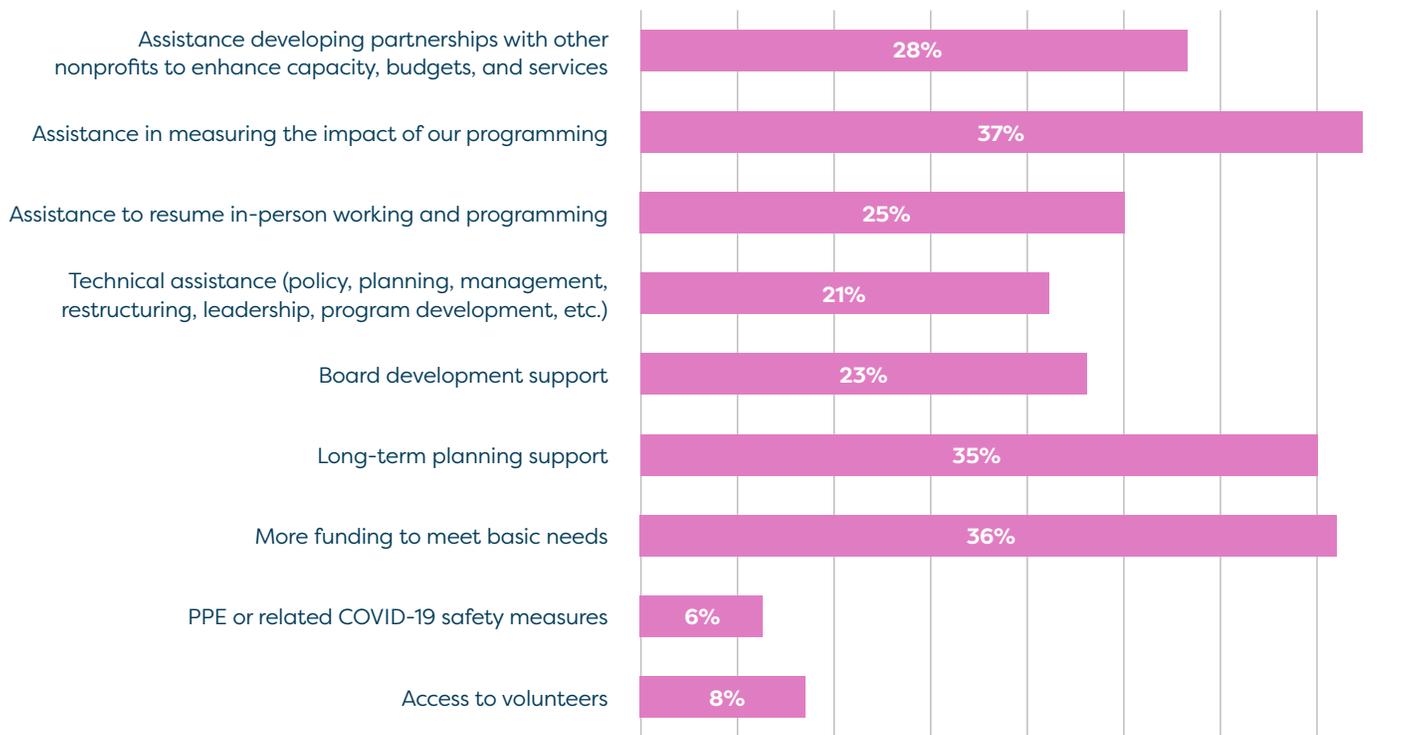
UNDERSTANDING THE NEEDS OF NONPROFITS

The Fund regularly engages nonprofits through monthly grantee listening sessions and bi-annual surveys. Overall, 84 grantees attended grantee listening sessions. In addition, 312 nonprofits responded to an initial survey administered in June 2020 to identify the most pressing needs and gauge overall financial health, and 146 nonprofits responded to a second survey to gauge changes in financial health and needs in January 2021. This outreach helped inform the Rapid Response Fund about emerging needs and challenges in the sector. During Phase II, the Rapid Response Fund began disaggregating this data to learn about the differences in the needs between White-led and nonprofits led by Black, Indigenous, and/or other people of color (BIPOC).

Overall Greatest Needs

Organizations continue to see an increased need for more funding to support basic needs work. In addition, assistance measuring impact, more funding to meet basic needs, and long-term planning support rise to the top as the most pressing and greatest needs among all nonprofits.

The needs identified by BIPOC-led organizations are different than all organizations combined. These organizations identified resuming in-person working and programming, board development, and assistance developing partnerships with other nonprofits to enhance capacity, budgets, and services as their most immediate needs.



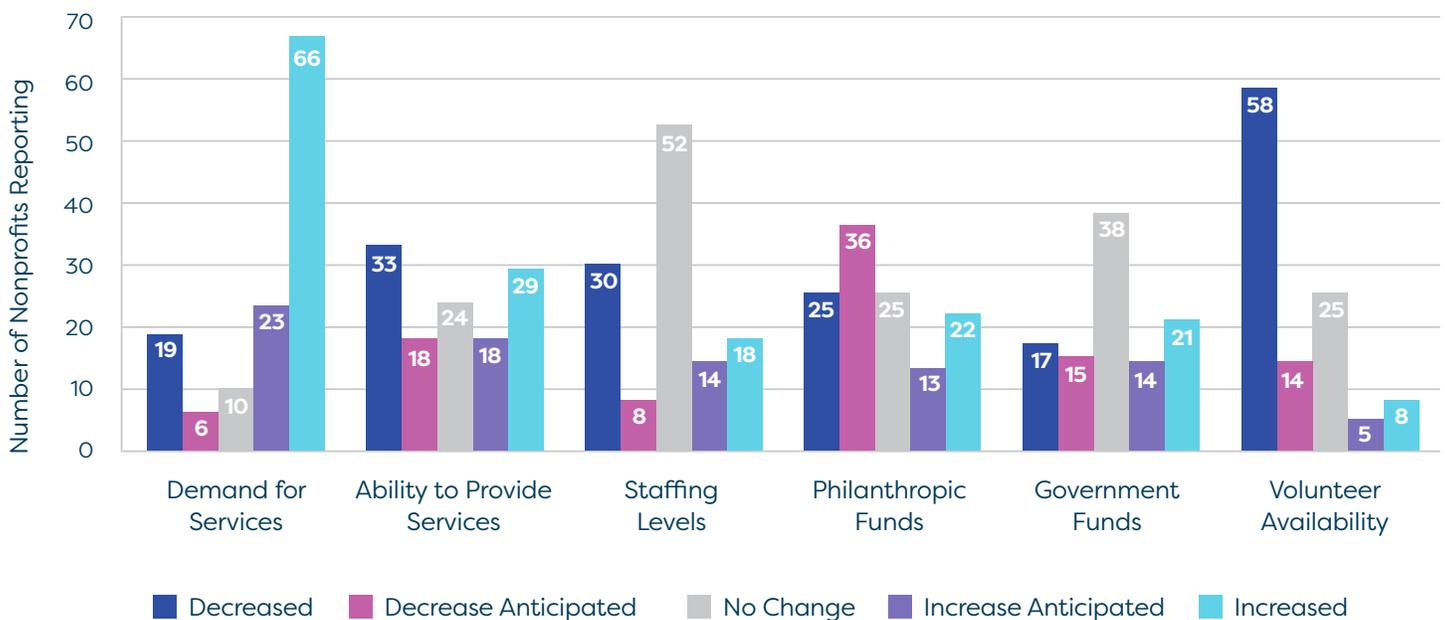
SHORT-TERM IMPACT OF COVID-19

Impact of COVID-19 on Services, Staffing, Funding, and Volunteer Availability

Between the survey conducted in June 2020 and January 2021, the financial stability and confidence throughout the nonprofit sector as a whole have improved. Nonprofits seeing or projecting a decrease in the ability to provide services has dropped from more than half to 41% since June 2020. In addition, projected decreases in philanthropic support dropped from 66% to 50% and dropped from 50% to 26% for government support since June 2020. 68% of nonprofits anticipate no change or an increase in staffing levels, while 20% are seeing or anticipating a decrease. This possibly relates to the lower levels of anticipated decrease in philanthropic and government funding since June 2020. While 72%

of nonprofits see an increased demand for services, 33% still have a decreased ability to provide services, down from over 50% in June 2020.

This perceived stability and confidence is not the same for all nonprofits though. Specifically, BIPOC-led nonprofits seeing or projecting a decrease in the ability to provide services is at 48%, significantly higher than the average for all respondents. BIPOC-led organizations are seeing an increase in demand for services more than the average for all respondents, 87% to 72%, and are more likely to project a decrease in their ability to provide services and a decrease in philanthropic and government funds.



Grantee Highlight: All Faiths Pantry

The mission of All Faiths Pantry is to bring nutritious free groceries to local seniors.

All Faiths Pantry is a simple, practical program that delivers nutritious groceries to seniors and people with limited mobility once a month at no cost to the recipients. With their direct deliveries to clients' homes, they are practicing their vision of a community where diverse individuals and groups unite to feed the underserved.



Key Strategies Nonprofits are Using to Adapt

Partnerships and Collaboration: The adage *teamwork makes the dream work* has never been truer. From referrals to technical support and resource-sharing, nonprofits are forming collaborative relationships with those in their network to ensure that their clients' and staff's needs continue to be met. Nonprofits are also seeing the benefits of these collaborations, citing the need to rethink long-term engagement and collaboration as one of the biggest needs for the future.

Pivoting Service Delivery Methods: Organizations had to quickly rethink what services they provided in response to clients' new or exacerbated needs, and how they would provide them in safe ways. Many organizations went virtual, mobile, or some combination of both in order to get important resources to their clients. Others focused on areas such as basic needs, transportation, and technological support, even if that wasn't

part of their original programming. As a result, many of these organizations therefore had new, unforeseeable IT and transportation costs.

“Every time we think we have what we need, the CDC guidelines change and we have to pivot the protocols for the organization.”

—GCCRRF Grantee

Increasing Staff Support: At the beginning of the pandemic, nonprofits were very concerned about keeping their staff safe with PPE, social distancing, etc. As the pandemic continued, staff safety also meant preventing mental and physical health problems as a result of burnout. To prevent burnout, some organizations are providing self-care and staff wellness activities and incentivizing increased responsibilities through financial or other means.

Key Challenges Nonprofits are Facing in Service Delivery

“Staff come at 7:30am and don't leave until 6pm. We try to compensate them well, but it is not about money for the employees, it is about time. They are on the verge of burnout.”

—GCCRRF Grantee

Low Staff Capacity: Due to an increase in clients served, onerous CDC regulations, and soaring COVID-19 cases, many nonprofits suffered a drastic reduction in their capacity to serve their clients and communities. This was particularly true in health and human service organizations where nimbleness became the word of the day as staff were forced to work overtime and take on additional or entirely different roles in order to sustain service delivery.

COVID Safety: CDC guidelines necessitated new sanitation protocols, building codes, masking, and

social distance regulations to be swiftly implemented by nonprofits as they continued to serve their clients and communities. N-95 / cloth masks, face shields, hand sanitizer, gloves, and other personal protective equipment became increasingly difficult to procure. Currently, PPE items are more widely available, though they pose an additional long-term expense to many already financially strapped organizations.

Operations: Within a matter of weeks, nonprofits were forced to overhaul almost every element of their operations in order to meet the emerging needs of the community, all without additional access to general operating support.

“We need more flexible funding.”

—GCCRRF Grantee

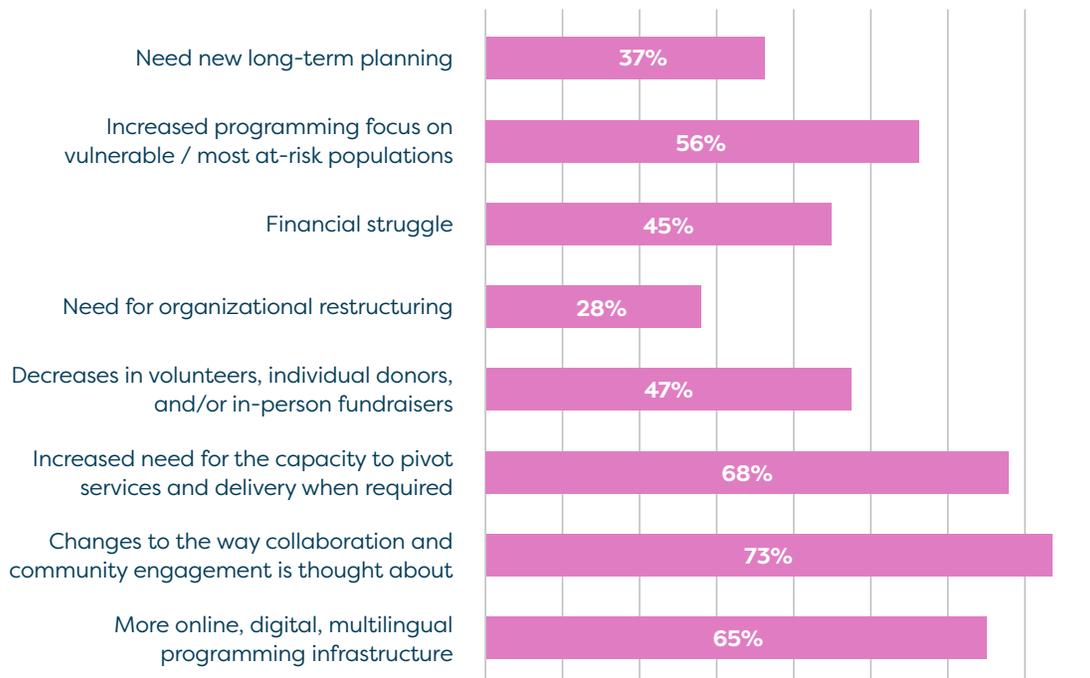


Future Needs

The projected need for increased programming focusing on most at-risk populations has increased by 11% since June 2020. Conversely, the number of nonprofits projecting long-term financial struggle has decreased by 20% since June 2020. In addition, the projected need for organizational restructuring has dropped considerably – from 51% to 28% since June 2020.

BIPOC-led organizations see more of a need for increased programming focusing on vulnerable/at-risk populations, 74% to the general respondents' 56%. They also see a greater need to be able to pivot services and delivery – 10% higher than the percentage for all respondents – and a greater need for online/digital programming than the survey respondents overall – 74% to 65%.

Expected Impact of COVID-19 in the Next 3-5 Years



Grantee Highlight: 1000 Ties

The mission of 1000 Ties is to enhance the quality of life for youth by teaching them skills they can use for a lifetime. With the help of men from the community, young men ages 6-21 in high poverty rate cities will learn these skills. They will develop their confidence so that they can interview, network, and break the cycle of generational poverty starting with something as simple as a tie.

1000 Ties is a youth mentorship program that holds events that are free for young men ages 6–21. They developed and distributed hygiene kits to youth in the Cleveland Metropolitan School District to help reduce the spread of COVID-19.



LISTENING TO THE NEEDS OF GREATER CLEVELAND RESIDENTS

Frontline nonprofit program managers, staff, and community leaders regularly provided information about the needs of their communities. The top five community needs consistently identified are:

“The needs have not changed; they just became more compounded.”

—GCCRRF Grantee

1. **Basic Needs:** The pandemic exacerbated existing inequities in access to essential resources. Widespread job loss and income reduction led to food and housing insecurity for many Cleveland residents, many of whom for the first time required the assistance of social safety net programs (including SNAP, HEAP/PIPP, and SSI), as well as the support of local social service organizations. Many residents are still facing barriers in access due to language, transportation, childcare, cultural/religious responsiveness, and unusually long wait times.

2. **Digital Divide:** The transition to virtual delivery of education, primary care, behavioral care, and case management exacerbated access issues for those without reliable internet or devices. In addition to access to the technology itself, many Clevelanders experienced a steep learning curve related to understanding and utilizing new technologies and virtual platforms in new and effective ways.

3. **Social Isolation:** Stay at home orders, quarantines, and other social distancing practices produced adverse socioemotional consequences for many across our community. Among those most impacted were individuals with disabilities and the elderly, particularly those in residential care. Reduced visits and connection to their loved ones and social routines often led to a reduced quality of life, increased health and behavioral challenges, and, in some instances, death. In other instances, lack of connection to social support has put victims of domestic violence, abuse, and neglect at an increased risk while lowering their access to help.

4. **A Sense of Hopelessness:** In addition to the socioemotional consequences inherent to pandemic measures, the last year has also been marked by deep civil and racial unrest. For Black and Brown communities in Cleveland, many of whom were already experiencing first-hand the injustices of an inequitable society, the cumulative impact of the pandemic and racial unrest may have increased a sense of hopelessness and distrust of the same systems they should expect to be supported by in times of crisis.

“We had 88 residents die last year. Only two of them were from COVID-19. The rest were from isolation and loneliness. Our administration and direct care providers have really been the world to our residents [since family visits stopped in March 2020].”

—GCCRRF Grantee (Nursing Home)

5. **Vaccine Access and Education:** With inconsistent public sentiments around the safety of the vaccine, there continues to be a need for valid and accurate information to be equitably disseminated about the vaccine, its efficacy, and how individuals may access it.

“Transportation is an issue. Some of the clients that are coming are having to walk several blocks to get food, and then carry it home.”

—GCCRRF Grantee (Food Pantry)



COMMITTING TO RACIAL EQUITY IN OUR GRANTMAKING PROCESS

The COVID-19 pandemic has laid bare the impact of historical and structural racism across the country and in our region. Access to health care, disparities in employment conditions, and economic hardship throughout the pandemic have disproportionately affected communities of color. From the onset of Phase II, the Rapid Response Fund committed to racial equity. The Fund upheld this commitment by building a diverse workgroup to oversee decision-making; committing to putting dollars into Black and Brown communities; and learning together about how, through rapid response grantmaking, this group could support Black-and Brown-led nonprofits.

During Phase II, the Rapid Response Fund updated the application to collect racial demographic data on applicants' board members, leadership, staff, and populations served in the grant applications to align with the Fund's commitment to racial equity. This allowed the collaborative to learn about how structural racism and historic underinvestment in

Nearly 80% of the Rapid Response Fund's Phase II dollars went to support low-income communities, and over 75% directly supported people of color.

Black and Brown nonprofit leadership was showing up in grantmaking.

Through analysis of this data for the first four months of Phase II, the Rapid Response Fund learned about how the disparities between White-led and BIPOC-led* grantees were showing up in its grantmaking and was able to use this information to have meaningful discussions about what commitments and actions partners could take to ensure equity in grantmaking.

ANALYSIS OF THE FIRST FOUR MONTHS OF PHASE II GRANTMAKING*

Applicants	Total Dollars Requested	Funding Rate	Total Dollars Awarded
33% BIPOC-led 66% White-led	42% BIPOC-led 47% White-led	32% BIPOC-led 46% White-led	\$.5M BIPOC-led \$1.3M White-led

*The Fund defined BIPOC-led in its data analysis as being the average racial makeup of all individuals with significant decision-making power within the organization, including board members and the leadership team of a nonprofit.

A smaller number of total applications came from BIPOC-led organizations, however, the total amount of money BIPOC-led organizations requested was much closer to the total amount of dollars requested by White-led organizations. This indicates that BIPOC-led organizations are requesting higher total grant amounts.

Analysis of funding rates and total dollars awarded indicates that White-led organizations were more likely to receive a grant from RRF (funding rate) and were more likely to receive a higher grant award. We also saw a disparity in assets accumulation in terms of endowments, and that the amount of dollars that BIPOC-led organizations need for operating and staff support is greater than what White-led applicants are requesting.

The region does not currently have baseline data about BIPOC-led nonprofits and their services to use in an evaluation of whether or not the Rapid Response Fund is funding organizations equitably. What the data does show is the effect of historical and structural racism on the nonprofit landscape² and an increased need for operating support among Black-and Brown-led nonprofits. They also illustrate that something is happening in the grantmaking priorities and process that is reinforcing the disparity in the distribution of dollars among BIPOC-led and White-led organizations. As a result of collecting and discussing these data, the Response Workgroup identified a set of commitments, actionable practices, and areas for further exploration, outlined in the 'Applying What We've Learned' section of this report on page 16.

² Racial Equity and Philanthropy: Disparities in Funding for Leaders of Color Leaves Impact on the Table

Applying What We've Learned

PRIORITIZING OUR FUNDING BASED ON COMMUNITY NEED

The Rapid Response Fund continuously used the information available through guest speakers, neighborhood-level case data, grantee listening, and connections at the local, state, and federal levels to influence its funding priorities. At the onset of Phase II, the Fund prioritized basic needs, support to families, and PPE, testing, and contact tracing. As the case numbers grew over the winter, and more information about the vaccine became available, the Response Workgroup reprioritized their funding areas to include a two-pronged strategy:

- **Proactively addressing emerging issues** through earmarked support of 1) an effort to increase vaccine awareness, access, and uptake spearheaded by a Fund partner, and 2) the establishment of a Government Affairs Task Force and support to retain a government affairs firm to attract as many resources as possible into the region to support COVID-19 response.
- **Being responsive to urgent community needs** by focusing funding grant proposals that addressed basic needs, housing, and PPE, testing and vaccination access.

Fund Partners re-evaluate priorities regularly to ensure alignment with both emerging issues and urgent community needs.

TAKING ACTION TOWARD OUR COMMITMENT TO RACIAL EQUITY

Collecting demographic information on grant applicants helped shape a reflective conversation within the Response Workgroup about how to ensure equitable grantmaking practices. Together, the group identified a set of commitments, actionable practices, and areas for further exploration.

Commitments as Workgroup Members	Actionable Practices to Integrate into Workgroup Processes	Areas for Continued Exploration
<ol style="list-style-type: none"> 1. Although more data and information would be helpful to understanding how systemic and structural racism shows up in grantmaking processes, we need to commit to addressing this disparity while we're studying more. 2. Talk to each other, our colleagues, and our boards about what we are learning through tracking this data. 3. Push past our alignment of trust with familiarity. 	<ol style="list-style-type: none"> 1. Conduct more due diligence to understand the potential impact of programs/initiatives through conversations directly with the applicants. Do additional due diligence for BIPOC-led organizations, with the effort of understanding how we can do more (not less). 2. Add the racial makeup of applicants' leadership to the decision-making documents so we can see in real-time how our decisions reinforce or combat disparity in funding. 3. Carry the understanding that BIPOC-led organizations often need more operating support into our decision-making processes. 4. Connect declined applications with other philanthropic dollars or other community partners that may be able to support their work. 	<ol style="list-style-type: none"> 1. Determine if there are opportunities to rethink the distribution of dollars per cycle to support equitable grantmaking. 2. Continue to learn about and correct disparities in the Rapid Response Fund's grantmaking through data collection and discussion. 3. Explore how this disparity affects the way BIPOC-led organizations perceive philanthropy. 4. Think about how our profession and practice are rooted in white dominance and continue to work together to make change.



CREATING SPACE FOR EMERGING OPPORTUNITIES

The collaborative moved into Phase II recognizing that there would be emergent needs requiring coordinated response. While the collaborative was focused on responding in real-time to community need through grantmaking and building out the rest of its structure, different Fund partners took on leadership roles in moving five targeted efforts forward through smaller task forces.

Government Affairs Task Force

Phase II of the collaborative prioritized influencing policy and advocacy where applicable. At the end of 2020, the Rapid Response Fund retained a government affairs firm to stay informed of opportunities to leverage local, state, and federal policy to attract more resources to the region to support populations disproportionately affected by the pandemic. Early on in the state's budgeting process, the Rapid Response Fund partnered with several local entities to oppose a large reduction of transportation funding. As a result of these and other efforts, the Ohio House and Senate restored and significantly increased the transportation funding in its state budget proposal. The Fund will continue to identify opportunities like this that are critical to ensuring the health, safety, and economic well-being of Greater Clevelanders.

Once the short-term goals of supporting COVID-19 response efforts are met, this group will eventually evolve into a long-term Recovery Workgroup focused on advocating to dismantle racist policies and practices that shape our human service systems and promoting economic well-being for residents.

Housing and Homelessness Task Force

In Fall 2020, the Rapid Response Fund partnered with Cuyahoga County to help distribute funds to support emergency shelter and housing needs for the homeless population. A separate task force made up of Rapid Response Fund partners, county partners, and direct service providers came together to define the immediate needs and discuss how resources could be leveraged to meet immediate needs and build long-term sustainability. A complete list of Homelessness and Housing Task Force members can be found in Appendix III.

Vaccination Communications Task Force

As information from the federal government unfolded at the end of 2020 and beginning of 2021, Fund partners discussed the need to be proactive about preparing our region for vaccines.

A 15-member task force made up of public health, communication, and community leaders are working to lead efforts to increase awareness and access among populations who have been historically mistreated by the medical system and, as a result, may distrust the vaccine. Mt. Sinai Health Care Foundation is spearheading this work on behalf of the collaborative. A complete list of Vaccination Communications Task Force members can be found in Appendix III.

School-based Testing Initiative

Rapid Response Fund partners are collaborating with Cleveland Metropolitan School District (CMSD), MetroHealth System, and Greater Cleveland Congregations to create a school-based COVID-19 testing program. School-based testing would allow CMSD students, families, faculty, and staff to detect cases before they arise and follow up more quickly on possible exposure; together with other prevention strategies, testing has proven to reduce school outbreaks. Partners have formed a School Testing Task Force to design and deploy a testing prototype, to be scaled across the District in the coming months. Mt. Sinai Health Care Foundation, a Fund partner, is leading the Task Force to move this work forward.

Increasing Vaccine Access

As the supply for vaccines increased across the state, the Rapid Response Fund partnered with FEMA, and the local, state, and federal health departments to increase access to the vaccine. The Rapid Response Fund is working quickly to mobilize our region's nonprofits and community-based organizations to assist with scheduling, transportation, and other barriers to vaccine access for the local mass vaccination site and other vaccine clinics.



Looking Ahead

There is a significant role for philanthropy to play in helping the region to recover from COVID-19 and come back stronger. The Greater Cleveland COVID-19 Rapid Response Fund has created a new way of doing business collectively and collaboratively and intends to use what it has learned to shape COVID-19 recovery efforts, and as a template for tackling future community challenges.

CONTINUED RAPID RESPONSE TO EMERGING NEEDS

It is clear there is still a need to respond to the COVID-19 pandemic. Even as the vaccination is rolling out, this pandemic is not over. The Greater Cleveland region is still seeing a demand for food security, emergency shelter, vaccination access and education, and much more. The Response Workgroup and Fund partners are continuing to raise dollars into a pooled fund to support rapid response grantmaking through summer 2021.

BUILDING RESILIENCE AMONG NONPROFITS

Research and engagement of the local nonprofit community indicates a significant need to help nonprofit organizations both adapt to emerging circumstances stemming from the COVID-19 pandemic, and build resilience for the future. An Adaptation Workgroup made up of nine local foundations kicked off their work in March 2021, with the purpose of identifying strategies to build resilience in the nonprofit sector to better prepare for future needs and aligning resources toward those strategies through coordinated grantmaking and support. Key objectives of this work will include supporting nonprofits in becoming more adaptable, flexible, and resilient, and understanding and responding to the needs of Black- and Brown-led and Black- and Brown-serving nonprofits.

LISTENING TO THE COMMUNITY

The Fund will continue to elevate on-the-ground voices to inform the decision-making of the three workgroups and the Strategy Team. Continued listening and learning will help shape workgroup strategies, uplift and share on-the-ground perspectives, and hold the collaborative accountable to fundamental principles.

FOCUSING ON LONG-TERM SYSTEMS CHANGE

While the Rapid Response Fund is working to address the emerging needs of our communities and service providers, a strategic long-term approach must be created to ensure that all members of the Greater Cleveland community experience an equitable recovery from COVID-19 – one that puts us in an even better position than we were before. A Recovery Workgroup made up of members of the Government Affairs Task Force and other funders interested in aligning around long-term recovery efforts is launching in Spring of 2021. This group will take a policy and advocacy approach to dismantling structural racism and promoting economic well-being.



Ways to Get Involved

Become a Response Fund Partner

By contributing to the pooled fund, philanthropic partners have an opportunity to support Cleveland-area nonprofits in their diligent efforts to support populations most impacted by the COVID-19 pandemic. To provide a comprehensive response, the Fund has a proactive and reactive strategy.

- **Proactive:** Coordinate and strategize to provide resources toward COVID-19 vaccination education, engagement, and communication, as well as support policy and advocacy efforts that bring valuable resources into our community.
- **Reactive:** Continue to respond to proposals from local nonprofit organizations, prioritizing basic needs, housing, and PPE, testing, and vaccination access to prevent the spread of COVID-19.

To date, the Fund has awarded \$14,698,198 in Phase I and Phase II, including \$1.86M in aligned funding to support homeless services. As the pandemic and its ramifications roar on, decreasing the spread of COVID-19 and supporting the emerging needs of the community continue to be top priorities.

Join the Adaptation Workgroup

The unprecedented nature of COVID-19 and its impact on our communities necessitate an equally novel approach to building long-term resilience in the nonprofit sector. This aligned funding workgroup will give its members in the philanthropic community the ability to work together more intentionally to ensure that nonprofits can adapt to meeting the emerging needs of their constituents and build resilience in the long-term. Reach out to Heather Lenz, at heather@sangfroidstrategy.com, to join this effort.

Join the Recovery Workgroup

While we respond in real time to the needs of our communities and service providers, a strategic long-term approach must be created to ensure that all members of the Greater Cleveland community experience an equitable recovery from COVID-19 - one that puts us in an even better position than we were before. Members of this workgroup will take a policy and advocacy approach to dismantling structural racism and promoting economic well-being. Reach out to Heather Lenz, at heather@sangfroidstrategy.com, to join this effort.



Appendix I: List of all Phase I and Phase II Grantees

1000 Ties
 A Vision of Change, Inc.
 ACE Mentor Program of Cleveland
 Achievement Centers for Children
 All Faiths Pantry
 American Cancer Society
 Applewood Centers Inc.
 Asian Services in Action, Inc.
 Beech Brook
 Bellaire Puritas Development Corporation
 Benjamin Rose Institute on Aging
 Better Health Partnership
 Big Brothers Big Sisters of Greater Cleveland
 Birthing Beautiful Communities
 Blossom Hill Inc.
 Boys & Girls Clubs of Northeast Ohio
 Boys Hope Girls Hope Northeastern Ohio
 Building Hope In The City
 Burten, Bell, Carr Development, Inc.
 Case Western Reserve University
 Catholic Charities Corporation
 CHN Housing Partners
 Church of God and True Holiness
 City Club of Cleveland
 Cleveland Baptist Association
 Cleveland Chesed Center
 Cleveland Christian Home
 Cleveland Clergy Alliance
 Cleveland Hearing and Speech Center
 Cleveland Metropolitan School District
 Cleveland Transformation Alliance
 Cleveland Rape Crisis Center
 Collaboration Station
 Collinwood and Nottingham Village Development Corporation
 Community Assessment & Treatment Services, Inc.
 Community Dialysis Center
 Community of Hope
 Community Service Alliance
 Council for Economic Opportunities in Greater Cleveland
 Cuyahoga Metropolitan Housing Authority
 David's Challenge, Inc.
 Denison Avenue United Church of Christ
 Detroit Shoreway Community Development Organization
 DigitalC
 Diocesan Council Society of St. Vincent de Paul Cleveland Diocese
 East Cleveland City School District
 East Cleveland Public Library
 East End Neighborhood House Association
 EDWINS Leadership & Restaurant Institute
 Emerald Development and Economic Network Inc.
 Enterprise Community Partners Inc.
 Epilepsy Association
 Esperanza Inc.
 Fairhill Partners
 Famicos Foundation, Inc.
 Family Pride of Northeast Ohio, Inc.
 Family Promise of Greater Cleveland
 Feed the Soul
 FOCUS North America
 Forbes House
 Franciscan Communities - Mount Alverna Home
 Front Steps Housing and Services
 Garfield Human Development Corporation
 Global Cleveland
 Grace Christian and Missionary Alliance Church
 Greater Cleveland Congregations
 Greater Cleveland Food Bank, Inc.
 Greater Cleveland Neighborhood Centers Association
 Greater Cleveland Volunteers
 Harvard Community Services Center
 Harvard Square Center
 Hebrew Free Loan Association
 Heights Christian Church
 Help Foundation Inc.
 Henry Johnson Center
 Hispanic Business Center
 Hitchcock Center for Women, Inc.
 HOLA Ohio
 Hunger Network of Greater Cleveland
 Islamic Center of Cleveland
 Jordan Community Resource Center
 Joseph's Home
 Journey Center for Safety and Healing
 Kidney Foundation of Ohio, Inc.
 Koinonia Homes Inc.
 Lake County Free Clinic
 Lakewood Community Services Center
 LBGTQ+ Lake County
 Lesbian Gay Bisexual Transgender Community Center
 Lexington-Bell Community Center
 Life Exchange Center
 Linking Employment Abilities & Potential (LEAP)
 Little Africa Food Collaborative
 Long Term Care Ombudsman
 Lutheran Metropolitan Ministry
 Malachi House, Inc.
 March of Dimes
 McCall Consultants & Associates
 McKinley Community Outreach Center
 Medina Creative Housing Inc.
 MedWish International
 MedWorks
 Merrick House
 MidTown Cleveland
 Milestones Autism Resources
 Mommy and Me Too Inc.
 Motivated and Empowered Inc.
 Mt. Sinai Health Care Foundation

Murtis Taylor Human Services System
 National Church Residences Foundation
 New Agrarian Center
 New Directions, Inc.
 North Coast Community Homes, Inc.
 Northeast Ohio Adoption Services
 Northeast Ohio Alliance for Hope
 Northeast Ohio Black Health Coalition
 Northeast Ohio Coalition for the Homeless
 Northern Ohio Recovery Association
 Nueva Luz Urban Resource Center
 Ohio City Incorporated
 Old Brooklyn Community Development Corporation
 Olivet Housing & Community Development Corp.
 Our Lady of the Wayside, Inc.
 Paralyzed Veterans of America Buckeye Chapter
 Partnership Schools
 PCs for People
 Phillis Wheatley Association of Cleveland
 Pregnant with Possibilities Resource Center
 Progressive Baptist Association
 Project Hope for the Homeless
 Providence House Inc.
 Ravenwood Mental Health Center
 Recovery Resources
 Relink.Org
 Salaam Clinic
 Salvation Army
 Scranton Road Ministries Community Development Corporation
 Seeds of Literacy
 Semach Sedek R.I.A.S. Kosher Food Pantry
 Senior Citizen Resources, Inc.
 Senior Transportation Connection of Cuyahoga County
 Slavic Village Development
 Smart Development Inc.
 SMART Recovery USA Inc.
 SOS Strengthening Our Students
 Spanish American Committee for a Better Community
 St. Aloysius Catholic Church
 St. Paschal Baylon Roman Catholic Parish
 St. Paul's Community Outreach

Starting Point
 Stella Maris, Inc.
 Suite 1300 Services, Inc.
 The Diaper Bank of Greater Cleveland
 The Edna House for Women Inc.
 The May Dugan Center
 The Rid-All Foundation
 Thea Bowman Center
 Towards Employment Incorporated
 TreatmentWorks Inc.
 Trinity Cathedral
 True Freedom Enterprises
 TWO Foundation
 Union Miles Development Corporation
 United Black Fund of Greater Cleveland, Inc.
 United Cerebral Palsy of Greater Cleveland, Inc.
 United Church Homes Inc.
 United Way of Greater Cleveland
 United Way Services of Geauga County
 Universal Health Care Action Network of Ohio (UHCAN)
 University Settlement Inc.
 Ursuline Piazza
 US Together
 Vineyard Christian Fellowship
 Welcome House, Inc.
 West Park Baptist Church
 West Park United Church of Christ
 West Side Catholic Center
 West Side Community House
 Women's Recovery Center
 WomenSafe Inc.
 YWCA of Greater Cleveland
 Zion Hill Baptist Church



Appendix II: Fund Partners

PHASE I FUND PARTNERS

The Abington Foundation
 Bank of America
 The Bruening Foundation
 Catch Meaning Fund
 Chip and Karen Chaikin
 Citizens Charitable Foundation
 The City of Cleveland
 Cleveland Cavaliers and Rocket Mortgage FieldHouse Organization
 Cleveland Foundation
 Cleveland Indians Charities
 Community West Foundation
 Pam Conover and Jon Adams
 The Covia Foundation
 Cuyahoga County
 The Dan and Ellen Zelman Family Foundation of the Jewish Federation of Cleveland
 The Davies Family
 Deaconess Foundation
 The DentaQuest Partnership for Oral Health Advancement
 Dollar Bank
 Dominion Energy
 Ellen E. & Victor J. Cohn Supporting Foundation of the Jewish Federation of Cleveland
 First National Bank
 Michael and Ashley Fisher
 The Frank Hadley and Cornelia Root Ginn Foundation
 Barbara and Peter Galvin
 The George Gund Foundation
 George W. Codrington Foundation
 Giant Eagle Foundation
 The Glenmede Trust Company, N.A.
 JoAnn and Bob Glick
 The Gries Family Foundation
 Gries Financial Partners
 Haslam 3 Foundation
 Karry and Jonathan Hatch
 HealthComp Foundation
 The Higley Fund
 Humana
 Huntington Bank
 Jack, Joseph and Morton Mandel Foundation
 Jarosz Family Fund
 Jewish Federation of Cleveland
 The Kelvin and Eleanor Smith Foundation
 The Kent H. Smith Charitable Trust
 KeyBank Foundation
 Kramer Family Foundation
 Lincoln Electric
 Lowenthal Family Fund
 The McHale Family Foundation
 Medical Mutual
 The Meisel and Pesses Families
 Mt. Sinai Health Care Foundation

Mullin, Shank & Rehak Family
 The Neary Family
 David and Katharine Outcalt
 Jane and Jon Outcalt Foundation
 Robin and Jon H. Outcalt Jr.
 The Pavey Family
 PNC
 Judy and Bob Rawson
 The Reinberger Foundation
 William W. Rowley
 RPM International Inc.
 Saint Luke's Foundation
 Samuel H. and Maria Miller Foundation
 The Sherwin-Williams Company
 Sisters of Charity Foundation of Cleveland
 Solarflo Corporation
 Sotera Health
 Stanley E. And Sally Harris Wertheim Family Foundation of the Jewish Federation of Cleveland
 The Stone Family Fund in memory of
 Lael Stone, M.D.
 Bill and Pam Summers
 Swagelok Foundation
 TEGNA Foundation
 Third Federal Foundation
 The Thomas H. White Foundation, a Key Trust
 Three Arches Foundation
 The Treu-Mart Fund
 Union Home Mortgage Foundation
 United Way of Greater Cleveland
 UnitedHealthcare
 U.S. Bank
 William J. and Dorothy K. O'Neill Foundation
 Margaret W. Wong
 Woodruff Foundation
 Sandy and Tim Wuliger

PHASE II FUND PARTNERS

Community West Foundation
 Cuyahoga County
 Deaconess Foundation
 The George Gund Foundation
 HealthComp Foundation
 Huntington Bank
 KeyBank Foundation
 Mt. Sinai Health Care Foundation
 Evelyn B. Newell
 The Payne Fund
 Frank & Fran Porter
 Saint Luke's Foundation
 Sisters of Charity Foundation of Cleveland
 Third Federal Foundation
 Three Arches Foundation
 United Way of Greater Cleveland

Appendix III: List of all Collaborative Members to Date

PHASE I CORE TEAM MEMBERS

Adrienne Mundorf, Sisters of Charity Foundation of Cleveland
 Dale Anglin, The Cleveland Foundation
 Daniel Cohn, Mt. Sinai Health Care Foundation
 Heather Torok, Saint Luke's Foundation
 Kirby Suntala, The Cleveland Foundation
 Marcia Egbert, The George Gund Foundation
 Michael White, The Jack, Joseph, and Morten Mandel Foundation
 Nancy Mendez, United Way of Greater Cleveland

PHASE II STRATEGY TEAM MEMBERS

Adrienne Mundorf, Sisters of Charity Foundation of Cleveland
 Bishara Addison, Towards Employment
 Bradford Davy, Fund for Our Economic Future
 Carrie Carpenter, Huntington Bank
 Dale Anglin, The Cleveland Foundation
 Daniel Cohn, Mt. Sinai Health Care Foundation
 Elaine Tso, ASIA Inc.
 Marcia Egbert, The George Gund Foundation
 Nancy Mendez, United Way Cleveland
 Peter Whitt, Saint Luke's Foundation
 Phyllis Harris, LGBT Community Center of Greater Cleveland
 Ricardo Leon, Metro West Community Development Organization
 Tania Menesse, Cleveland Neighborhood Progress
 Tom O'Brien, Neighborhood Connections
 Tracy Carter, Healthcare Advocate

PHASE II RESPONSE WORKGROUP MEMBERS

Amanda Petrak, Keybank
 Andrew Katusin, United Way of Greater Cleveland
 Ann Mullin, The George Gund Foundation
 Ben Miladin, United Way of Greater Cleveland
 Carrie Carpenter, Huntington Bank
 Dale Anglin, The Cleveland Foundation
 Daniel Cohn, Mt. Sinai Health Care Foundation
 Emily Thome, Third Federal Foundation
 Jeanine Gergel, Foundation Management Services, Inc.
 Jessica May, The George Gund Foundation
 Joseph Black, Sisters of Charity Foundation of Cleveland
 Kara Porter, United Way of Greater Cleveland
 Keisha Gonzalez, The Cleveland Foundation
 Kirby Suntala, The Cleveland Foundation
 Kurt Karakul, Third Federal Foundation
 Marcia Egbert, The George Gund Foundation
 Maya Curtis, The George Gund Foundation
 Peter Schindler, Community West Foundation
 Peter Whitt, Saint Luke's Foundation
 Stephanie Molnar, The Cleveland Foundation

PHASE II ADAPTATION WORKGROUP MEMBERS

Ali Foti, Mt. Sinai Health Care Foundation
 Dale Anglin, The Cleveland Foundation
 Danielle Crawford, United Way of Greater Cleveland
 Emma Kopp, The Cleveland Foundation
 Jessica May, The George Gund Foundation
 Kathleen Hallisey, The Cleveland Foundation
 Kristin Broadbent, Three Arches Foundation
 Margaret Eigsti, Sisters of Charity Foundation of Cleveland
 Robbin Hudson, United Black Fund

VACCINE TASK FORCE MEMBERS

Adam Nation, Mt. Sinai Health Care Foundation
 Alan Ashby, The Cleveland Foundation
 Dani Carlson, Center for Community Solutions
 Daniel Cohn, Mt. Sinai Health Care Foundation
 Delores "Miss Dee" Collins, A Vision of Change
 Eliza Wing, Cuyahoga County
 Elizabeth Cusma, Global Cleveland
 Frances Mills, Cleveland Department of Public Health
 Gregory Hall, National Institute for African American Health
 Jazmin Long, Birthing Beautiful Communities
 Juan Galeano, The Cleveland Foundation
 Khalilah Worley Billy, Greater Cleveland Congregations
 Kimyette Finley, MetroHealth
 Lila Mills, Neighborhood Connections
 Ramonita Vargas, Spanish American Committee
 Rev. Brian Cash, East Mount Zion Baptist Church
 Veronica Dahlberg, HOLA Ohio

GOVERNMENT AFFAIRS TASK FORCE AND RECOVERY WORKGROUP MEMBERS

Adam Nation, Mt. Sinai Health Care Foundation
 Adrienne Mundorf, Sisters of Charity Foundation of Cleveland
 Bishara Addison, Towards Employment
 Carrie Carpenter, Huntington Bank
 Daniel Cohn, Mt. Sinai Health Care Foundation
 Marcia Egbert, The George Gund Foundation
 Mitchell Balk, Mt. Sinai Health Care Foundation
 Peter Whitt, Saint Luke's Foundation
 Tracy Carter, Healthcare Advocate

HOMELESS SERVICES TASKFORCE

Andrew Katusin, United Way of Greater Cleveland
 Angela D'Orazio, Sisters of Charity Foundation of Cleveland
 Catherine Tkachyk, Cuyahoga County
 Dale Anglin, The Cleveland Foundation
 David Merriman, Cuyahoga County
 Jenny Eppich, Enterprise Community Partners
 Kirby Suntala, The Cleveland Foundation
 Latonya Murray, Frontline Services
 Leon Harris, Cuyahoga County
 Max Rodas, Nueva Luz Urban Resource Center
 Melissa Sirak, Cuyahoga County Office of Homeless Services
 Michael Sering, Lutheran Metropolitan Ministries
 Peter Schindler, Community West Foundation
 Sherri Clancy, Foundation Management Services, Inc.
 Teresa Sanders, YWCA of Greater Cleveland