

The Foundation Review

Volume 14
Issue 2 *Philanthropy's Response to the Crises of 2020*

6-2022

Immediate Needs and Systemic Solutions: Harnessing a Collective Crisis Response by Regional Philanthropy Alongside Systemic Change

Clotilde Perez-Bode Dedecker
Community Foundation for Greater Buffalo

Nancy M. Blaschak
Consultant

Follow this and additional works at: <https://scholarworks.gvsu.edu/tfr>



Part of the [Nonprofit Administration and Management Commons](#), [Public Administration Commons](#), [Public Affairs Commons](#), and the [Public Policy Commons](#)

Recommended Citation

Perez-Bode Dedecker, C., & Blaschak, N. M. (2022). Immediate Needs and Systemic Solutions: Harnessing a Collective Crisis Response by Regional Philanthropy Alongside Systemic Change. *The Foundation Review*, 14(2). <https://doi.org/10.9707/1944-5660.1609>

Copyright © 2022 Dorothy A. Johnson Center for Philanthropy at Grand Valley State University. The Foundation Review is reproduced electronically by ScholarWorks@GVSU. <https://scholarworks.gvsu.edu/tfr>

Immediate Needs and Systemic Solutions: Harnessing a Collective Crisis Response by Regional Philanthropy Alongside Systemic Change

Clotilde Perez-Bode Dedecker, M.A., Community Foundation for Greater Buffalo; and
Nancy M. Blaschak, M.B.A., Consultant

Keywords: COVID-19, pandemic, community response, convene, collective response, Community Foundation for Greater Buffalo, Buffalo disaster response, systems change, request for ideas, microgrant, Moving Forward Together, build back better, planning grants, piloting

Introduction

The first days of the COVID-19 pandemic are ones we are all unlikely to forget. We watched as public health reports on the news shifted ever closer to our own communities, uncertain how a new virus would affect livelihoods, daily routines, and access to health care and safe spaces. As businesses, nonprofits, schools, and community centers closed their doors in an effort to flatten the curve, the pandemic severed precarious lifelines that kept the most vulnerable among us afloat. In western New York (WNY), across communities known for their resilience and good neighbors, this global crisis spurred not only a collective philanthropic response to local emergency needs, but also the development of systemic solutions that will leave our communities stronger as we face the future.

Led by the Community Foundation for Greater Buffalo, the John R. Oishei Foundation, the Health Foundation for Western & Central New York, and United Way of Buffalo & Erie County, a convening call was held on March 13, 2020, to assess the willingness to stage a coordinated and regional philanthropic response. There was a resounding “yes,” and the WNY COVID-19 Community Response Fund was created. The Ralph C. Wilson, Jr., Peter & Elizabeth C. Tower, and Western New York foundations joined in leading and staffing an effort that rapidly grew to include more than 60 funding partners.

Key Points

- On March 13, 2020, the Community Foundation for Greater Buffalo invited the John R. Oishei Foundation, the Health Foundation for Western & Central New York, and United Way of Buffalo & Erie County to convene all funders in western New York to respond collectively to the impending COVID-19 crisis. Funding was raised swiftly and, using a racial equity lens, more than \$14.2 million was granted in 18 months to more than 400 nonprofits of all sizes serving on the front lines in eight counties.
- While emergency funding was the first priority for the collective group of more than 60 foundations, the magnitude of the response found the participants answering an important question in May 2020: How do we use this moment and this unprecedented collaboration to innovate and strengthen the region’s ability to face the future? We quickly launched proactive systems-change initiatives to address public policy and develop a robust regional food system.

(continued on next page)

Since that time, the partnership has raised \$14.4 million from over 100 community leaders, foundations, and corporations, and more than 1,900 other individuals. Guided by a racial equity lens,

Key Points (continued)

- To surface additional collaborative solutions, we issued a “request for ideas” to seek out visionary concepts from nonprofit leaders that were collaborative, included multiple sectors, and addressed persistent challenges by centering race and lived experience. After an overwhelming response, grants were awarded to develop concepts in housing and homelessness, health equity, education, arts and culture, substance use disorders, criminal justice, digital literacy, and refugee services. This transformational work continues with implementation funding for the majority of the plans, which were selected with community input.

the fund has granted \$14.2 million to more than 400 nonprofits throughout eight counties in western New York. Behind these numbers is a story of unprecedented collaboration, generosity, and innovation.

At the outset, the Community Foundation built a core team of staff, consultants, and funders with deep local knowledge and disaster-response experience, ensuring representation from communities of color and rural communities. This collection of expertise, the ability to act with speed and agility, and an emphasis on learning along the way allowed us to innovate in the face of unpredictable circumstances and ensure that our region will be better positioned for the future.

Like many communities across the country, our approach to the pandemic was shaped by disaster management practice, which is often organized into three phases: (1) react, (2) respond, and (3) recover. We initially prioritized reacting and responding to immediate community needs, but kept recovery ever-present in our minds: it was a reality we would confront once the impact of the disaster became clearer. The basis for our recovery efforts would be to “build back better” (U.N. Office for Disaster

Risk Reduction, 2017) — to use the recovery, rehabilitation, and reconstruction phases of the disaster to build stronger infrastructure and systems that will ultimately increase community resilience and revitalize livelihoods, local economies, and the environment. Each stage in our response encouraged long-term solutions to community challenges.

React

The Community Foundation’s role as a convener and facilitator of philanthropic and cross-sector partnerships made it a natural fit for the back-bone lead of the collaborative fund. Long guided by the Framework for Community Leadership by a Community Foundation (Council on Foundations et al., 2013), developed by CFLeads, the foundation strategically applies its resources. The framework is based on the principle that community foundations are well equipped for community leadership challenges because they possess such relevant characteristics as wide-ranging relationships, convening power, and flexible resources.

The foundation first leveraged what it considers its core asset: relationships defined by trust. Just days after the first convening of the western New York philanthropic community, the Community Foundation established a coordinating committee for the WNY COVID-19 Community Response Fund comprised of private and public funders to serve as the decision-making body of the larger funder group. The initial focus was to assess community needs and the challenges nonprofit organizations faced in meeting those needs. The Western New York Nonprofit Support Group, the Tower Foundation, and United Way of Buffalo & Erie County developed and distributed a survey to more than 1,000 nonprofits in the region to understand how their services had changed in response to the pandemic and how philanthropy could best help them to address the needs of their communities. (See Appendix).

The survey results informed weekly coordinating committee meetings. Nonprofits spoke of immediate needs, but also reflected on the increasing urgency of their work. Already

fragile systems (e.g., food access and distribution, education, and health care) were collapsing under the increasing stress of the pandemic. Nonetheless, even as revenue streams declined and funding cuts loomed in the weeks before federal COVID-19 response funding began to flow, nonprofit organizations never faltered in their commitment to their communities and quickly adapted to changing needs. They kept their doors open while they made difficult decisions, such as laying off or furloughing staff; served as a source of critical information for their clients and peer organizations who faced their own unique challenges; and implemented entirely new modes of service delivery. The urgency was clear — we had to act quickly.

The coordinating committee received regular updates from the 211 system and government and nonprofit leaders. With the benefit of this information and starting with existing connections, they worked together to build an inclusive list of western New York organizations that were on the front lines, meeting basic needs. Funders on the committee had strong relationships with nonprofits that had demonstrated a significant positive impact on the community, and the ability to draw on these relationships, built over decades of work in the community, made it possible to respond quickly. But relying solely on these connections could perpetuate inequality, leaving vital smaller organizations who lacked long-term funder connections — and their clients — behind. Researchers exploring racial inequities in philanthropic funding recently found that revenues at black-led nonprofit organizations were 24% lower than white-led organizations. Unrestricted funding, often understood as an indicator of trust between nonprofits and funders, was 76% lower (Dorsey et al., 2020).

We knew that limiting our focus to organizations with established funder connections would inevitably limit our reach. Collectively, the funders understood this was a challenge to working together, and committed to finding ways to ensure funding reached every corner of the community (e.g., small food pantries run out of churches and public buildings). The

We knew that limiting our focus to organizations with established funder connections would inevitably limit our reach. Collectively, the funders understood this was a challenge to working together, and committed to finding ways to ensure funding reached every corner of the community.

pandemic brought into sharp focus the inextricable link between health and social factors. Communities of color were disproportionately affected by the virus, with higher rates of illness, hospitalization, and death due to COVID-19 than white communities (Centers for Disease Control and Prevention, 2021). In general, social and economic factors account for 40% of the social determinants of health, a greater share than individual health behaviors (30%), clinical care (20%), and physical environment (10%) (University of Wisconsin Population Health Institute, 2014).

For these reasons, we needed to support organizations led by people of color, which are often trusted resources for communities of color, in order to achieve our vision. To do so, we convened leaders — community advisors — in those communities to review the list of front-line nonprofits and identify deeply embedded organizations that were providing for basic needs but that may not have had established relationships with large funders. We ultimately developed a diverse list of agencies providing vital services to their communities. We continued to review the list for equity and inclusion with our community advisors in each round of funding.

We also strove to represent different geographic needs. The eight counties of western New York

The Community Foundation served as the administrative and facilitation lead for the fund, creating a system for raising, receiving, reporting on, and disbursing the funding. Although all major decisions were made in partnership with the coordinating committee, the foundation's role allowed teams implementing those decisions to move quickly within newly established communication channels.

encompass approximately 6,500 square miles and are home to 1.6 million people. The region includes a major metropolitan area as well as rural municipalities with fewer than 500 people (U.S. Census Bureau, 2021). As we began to understand the pandemic's impact throughout our region, it became clear that we needed even more localized efforts that reached deeper into each community to ensure we were addressing the full variety and scope of need.

Convening essential public and nonprofit agencies is an important step in reacting to a disaster. The nature of the pandemic made in-person meetings impossible, and virtual settings did not lend themselves to large-scale collaboration. Facing these unique challenges, we reached out to leaders in the eight counties to gauge interest in establishing regional, county-specific Zoom calls for coordinating, sharing information, and expressing needs.

While some counties pursued other ways of communicating, we began to host regular hub

calls in Cattaraugus, Erie, and Orleans counties. The Community Foundation staffed the calls, and county leaders who were trusted members of the community spoke with local organizations to begin establishing a roster for the calls. They worked to forge and facilitate relationships within the network, one key to long-term capacity and coordination. Beginning in April 2021, we hosted a call with each county every two weeks. These calls often took place in the early morning hours, as nonprofits serving basic needs did not have time to spare during the day. Participants represented agencies across the public and nonprofit sectors. The calls served as a forum for sharing critical information and facilitated our continued understanding of what nonprofits across a wide and varied region needed. These hub calls continue to connect today.

Respond

The Community Foundation served as the administrative and facilitation lead for the fund, creating a system for raising, receiving, reporting on, and disbursing the funding. Although all major decisions were made in partnership with the coordinating committee, the foundation's role allowed teams implementing those decisions to move quickly within newly established communication channels.

The foundation relied upon internal systems and a long-standing cross-functional structure. These organizational structures have contributed to the success of some of the most innovative organizations in the world (Podolny & Hansen, 2020). The Community Foundation's own cross-functional structure allowed it to apply expertise flexibly as the pandemic evolved and needs in the community shifted. Rather than aligning whole teams with particular projects, the foundation aligns internal teams with particular competencies and functions. Almost every project requires input from multiple functions, making cross-functional collaboration the norm.

Facing sudden and unprecedented levels of need, funders in western New York — and throughout the country — embraced flexibility and cooperation like never before. They removed funding restrictions, made supplemental grants

to grantees, and shifted funds from usual grant processes to emergency response. Research supports prioritizing speed and flexibility over perfection and planning amid disruption (Wade et al., 2021). Less than two weeks passed between the announcement of the fund and the first round of grants, which totaled \$4.5 million, to 74 nonprofits across eight counties. The group's strategic agility and operational speed would later allow us to widen the focus beyond immediate needs to lasting systemic change.

By design and out of necessity, the application for immediate-needs grants was far simpler than what funders typically use. (See Appendix.) With reduced staff loads and the struggle to stay open, front-line nonprofits lacked the time and resources to complete a standard application. Because the list of organizations had been thoughtfully compiled with broad input, the funders' collaborative trusted that applicants would use the grants in the best interest of the communities they served. In the simplified application, we asked organizations to provide their service area and a brief budget narrative, describe how they planned to use the grant dollars, and identify the populations they intended to serve. We limited open-ended questions to 250 words and used check boxes with set options wherever possible. Although there was no required reporting, many grantees sent emails, letters, and videos reporting on the impact of the funding. For both funders and grantees, this was a significant departure from the usual program funding model.

A small subgroup of funders committed to reading all of the applications and proposing a distribution of grant dollars — a challenging task, as requests far surpassed available funding — and made recommendations to the larger group for final approval. Ultimately, over the course of four rounds of immediate-needs grantmaking and tireless fundraising, we were able to meet 60% of the stated need. In the final round of funding, grantees reported serving low-income residents (90%), older adults (72%), people with disabilities (72%), non-English speakers (60%), children (33%), and emergency responders (13%). Organizations would use the funding to cover

The microgrants program was key to addressing our challenge of expanding the network of nonprofits beyond those with which the funders collective had previous relationships.

a variety of immediate needs, including food, mental health, transportation, health care, housing, personal care, and child care.

While the immediate-needs grants ensured a broad, regional reach, the coordinating committee developed a targeted microgrants program to reach communities at sufficient depth to establish access points at the neighborhood level. The program was created to rapidly deploy resources to small urban and rural organizations serving populations that might not be best served by larger efforts. One organization in each of the eight counties served as the conduit to its community of nonprofits, convening local advisors to compile a list of nonprofits on the front lines of pandemic response. For a small stipend, they received bulk funding for their county and administered the grants. The microgrants program was key to addressing our challenge of expanding the network of nonprofits beyond those with which the funders collective had previous relationships.

To speed the distribution of critical funding, grantees were not required to submit an application for a microgrant. The intermediaries ensured that nontraditional grantees, such as a caregiver whose home is the only day care center available in a community, could receive funding and continue to support people in need. Microgrants of \$500 to \$2,000 supported projects ranging from creating and stocking neighborhood food pantries and purchasing personal protective equipment (PPE) to arranging transportation to health services.

Understanding that the funders consciously committed to providing flexibility and minimal reporting responsibilities, especially with the intermediaries and microgrant recipients, our measure of impact is the stories of gratitude shared by those organizations who chose to do so.

Without an official application process, the county intermediary worked with organizations to identify appropriate funding needs within set parameters. The money had to be used to meet basic needs or for general operations of nonprofits serving basic needs. We worked with the intermediaries to ensure that small organizations that might not be well known to them, including those working with migrant communities and refugees, were among the microgrant recipients. In each funding round, the groups carefully considered whether there were any organizations they had not yet reached.

Throughout the immediate-needs and microgrants processes, we relied on quantitative data to distribute funding responsibly and, more importantly, equitably. The Community Foundation's knowledge management analyst regularly provided data to inform the effort, including the distribution of population, poverty, and asset-limited, income-constrained, employed (ALICE) households across our eight-county region. When a donor offered PPE for Buffalo residents when affordable options were hard to find, we used the U.S. Census Bureau's American Community Survey data to identify and target zip codes in the city where individuals were statistically more likely to lack the resources and infrastructure to access those

supplies. We utilized food pantries and other community organizations to handle distribution of PPE in those zip codes.

Understanding that the funders consciously committed to providing flexibility and minimal reporting responsibilities, especially with the intermediaries and microgrant recipients, our measure of impact is the stories of gratitude shared by those organizations who chose to do so. We had to trust the data we had upfront to ensure we reached diverse organizations. From our grant recipient list, we know there are hundreds of nonprofits that received funding that our collaborative had never funded before. This intentionality was important in addressing one of our original collective challenges of reaching outside our funding relationships prior to the pandemic.

Even as we dedicated the bulk of our time to understanding the needs of western New York, the knowledge management analyst regularly reviewed the activities of over 80 other COVID-19 response funds across the country, in communities and with fundraising amounts both large and small. Deeply embedded in the needs of our own community and moving at a breakneck pace, we understood that retaining this perspective was necessary to ensure that we continued to learn from our peers in other geographic areas. We gathered information on funders, fund criteria and guidelines, and general trends in changes to the funds. Research shows that organizations that emphasize learning over failure, allowing for people to take risks, are more likely to thrive in uncertain environments (Wade et al., 2021).

Our collective response not only addressed funding and material needs, but also supplied critical information and ultimately built enduring and inclusive networks of local nonprofits. Hub-call participants continued to meet and share return-to-office plans and surveys asking for staff input. Representatives from public health and social services provided updates on mandates and legislation, including information on child care credits. By attending and listening, foundations developed a deeper understanding

of and stronger channels of communication with the areas they served. For some, the hub calls served as the incubator for joint programs for the community. Representatives from the WNY COVID-19 Community Response Fund regularly attended the calls to share information about the immediate-needs grant process and other funding opportunities and updates.

After just one year, the Community Foundation transferred the administration of all but one of the hub calls to organizations in those counties, assisting in the transition as needed. Since then, participation has grown and their purpose evolved. Although the calls themselves were an invaluable part of the immediate response to the crisis, the networks that formed continue to deliver value. The calls further strengthened the ties between nonprofit organizations in each participating county and forged new connections with funders. These networks are evidence of a new capacity for collaborative problem solving.

Recover

The pandemic exacerbated existing inequities and increased already profound needs across our region. It stretched systems intended to support community needs, such as food access, child care, housing, and elder services, beyond capacity. But it also heightened awareness, which created conditions to develop systemic solutions through collective impact efforts (Kania & Kramer, 2011). In response to extraordinary basic human need, philanthropy, nonprofits, businesses, government, and individuals worked collaboratively to pool resources including funding, knowledge, and time. The coordination needed to respond to basic needs across a variety of sectors and issue areas naturally transitioned to recovery efforts.

Community foundations in the United States maintain strong networks of support and continuous learning and resources that proved even more valuable during the pandemic. When our own philanthropic community shifted toward recovery, our peers in other states offered initial frameworks for funding long-term and

Our collective response not only addressed funding and material needs, but also supplied critical information and ultimately built enduring and inclusive networks of local nonprofits.

collaborative efforts to help the region recover from COVID-19. The Delaware Community Foundation, for example, offered Vision Grants.¹ The goal of the Vision Grants program was to improve service to Delaware communities through boldness, innovation, collaboration, and moving beyond “business as usual.” This framework informed our own steps toward recovery and increased resilience in western New York.

In June 2020, a subset of the WNY COVID-19 Community Response Fund launched the Moving Forward Together (MFT) initiative to support innovative collaborative solutions that would strengthen our ability to face the future. The initiative convened three initial collaborative initiatives — digital equity, food, and public policy — and a broader variety of solutions submitted in response to a request for ideas.

The three proactive initiatives were born directly from reports of need from nonprofit organizations in our region. As part of the public policy initiative, advocacy partners worked to sustain telemedicine resources beyond the immediate aftermath of the pandemic. Although generally not covered by insurance companies prior to COVID-19, the implementation of telemedicine in place of in-person services during mandated lockdowns led to changes in coverage and allowed practitioners to provide life-changing support to individuals they had previously struggled to reach. Additional issues included evictions, rental assistance, and water shut-offs.

¹ See <https://delcf.org/vision-grants/>

The request for ideas solicited visionary collaborative concepts from nonprofit leaders. These concepts had to exhibit the potential to address critical issues for people in western New York. Rather than address the needs of individual nonprofits or improve a single sector's infrastructure, the ideas created a platform for cross-sector collaboration. The grant process had two phases to support a broader base of ideas in different levels of development. The planning or piloting phase supported organizations that needed planning resources to develop full proposals to implement that idea or provide support for organizations already prepared to pilot their ideas. The implementation phase supported plans from the first phase for implementation based on merit and available funding.

The coordinating committee began to work toward recovery for the region, even as many nonprofits continued to respond rapidly to emergency needs. Understanding that the request for ideas required at least some dedication of resources, we offered two public webinars to make the process as transparent as possible and answer questions. More than 400 organizations attended.

The request included a short list of open-ended questions about each respondent's innovative approach to address systemic issues in western New York. Specifically, it sought answers to issues that no one nonprofit, private, or public entity could solve independently — especially those systemic issues that arose from or were exacerbated by the pandemic. In addition to questions about the target population, expected long-term impact, and resources needed for the solution, respondents were asked to identify the partners who had committed to collaborate in the design and development of that solution. The guiding principles of MFT included centering race equity, trauma-informed care, and human-centered design. In order to build a foundation of trust for successful systems change, it was critical that respondents include people with lived experience as full partners in the design and development of the solutions.

In addition to the application, the committee met with prospective grantee teams to provide an additional forum for discussion of their work. Over 130 ideas were received in response to the request. Once again, community advisors were convened to review and provide input on all ideas. The initiative funded both one-time grants and two-part planning and implementation grants. The MFT committee provided feedback to the organizations leading efforts that were ultimately not funded. Not all planning grantees were awarded implementation grants, but the funding for the planning phase positioned them to seek funding from other private and public sources in the future. To date, the MFT committee has awarded nine grants, which are in implementation and are engaging 435 partners or organizations spanning the public, private, and nonprofit sectors in western New York. An additional six initiatives are in various phases of planning and implementation. The full potential of these investments will continue to unfold, and the portfolio of all MFT initiatives is expected to close out in 2024. The coordinating committee continues to monitor the state of the region as it supports the MFT effort through regular updates from the 211 system, nonprofits, and government leaders.

Conclusion

Even as we write this, the pandemic continues — as do the strains placed upon the most vulnerable populations in the western New York region. The temptation exists to return to familiar ways of doing business. It will be incumbent on all of us to harvest the lessons learned through this collaborative philanthropic effort and carry these approaches into the future.

Key lessons we commit to keep top of mind:

- By joining forces as funders and nonprofit leaders, philanthropy can reach deeper into systemic solutions. The core systems we addressed together did not necessarily align with the stated funding priorities of our respective foundations; however, we anticipate a positive impact on our priorities because we are building a more solid core infrastructure. A stronger 211 system, for

example, benefits all health and human services by better connecting residents to needed supports and by deepening collective understanding of needs.

- The effort was powered by trust. The funders demonstrated collaboration and trust. They trusted the nonprofit leaders to advise decisions and agencies to do the right thing with the money given to them. They trusted each other. A subset of experienced grantmakers made funding decisions informed by nonprofit leaders and data and reported back to the larger coordinating committee.
- Forging connections when resources are tight expands our options. During hub calls, organizations that had resources helped others that needed assistance. And, by identifying a local or embedded organizational lead in each county for distribution of funds, funding could be targeted to reach a particular population or community.
- Leadership can come from unexpected funders and organizations — foundations can play a role in convening, funding, and staffing. Funders of all sizes provided in-kind staffing and fully funded seasoned consultants with disaster relief and grantmaking expertise to expand our capacity.

This experience has developed new collaborative “muscle” within the funding community and among the funders, government, and nonprofit leaders. This new capacity, defined by a sense of partnership and enhanced trust, will no doubt serve our community well as we continue to build for the future.

References

- CENTERS FOR DISEASE CONTROL AND PREVENTION. (2021, April 19). *Health equity considerations and racial and ethnic minority groups*. <https://www.cdc.gov/coronavirus/2019-ncov/community/health-equity/race-ethnicity.html>
- COUNCIL ON FOUNDATIONS, CFLEADS, & ASPEN INSTITUTE COMMUNITY STRATEGIES GROUP. (2013). *Framework for community leadership by a community foundation*. <https://cfleads.org/wp-content/uploads/2019/10/CFLeads-Framework-1.pdf>
- DORSEY, C., KIM, P., DANIELS, C., SAKAUE, L., & SAVAGE, B. (2020, May 4). Overcoming the racial bias in philanthropic funding. *Stanford Social Innovation Review*. https://ssir.org/articles/entry/overcoming_the_racial_bias_in_philanthropic_funding
- KANIA, J., & KRAMER, M. (2011, Winter). Collective impact. *Stanford Social Innovation Review*. https://ssir.org/articles/entry/collective_impact
- PODOLNY, J. M., & HANSEN, M. T. (2020, November–December). How Apple is organized for innovation: It’s about experts leading experts. *Harvard Business Review*. <https://hbr.org/2020/11/how-apple-is-organized-for-innovation>
- U.N. OFFICE FOR DISASTER RISK REDUCTION. (2017). *Build back better in recovery, rehabilitation and reconstruction*. https://www.unisdr.org/files/53213_bbb.pdf
- U.S. CENSUS BUREAU. (2021). *Decennial Census, 2020* [Data set]. Retrieved from <https://data.census.gov/cedsci/>
- UNIVERSITY OF WISCONSIN POPULATION HEALTH INSTITUTE. (2014). *County health rankings model* [Infographic]. <https://www.countyhealthrankings.org/explore-health-rankings/measures-data-sources/county-health-rankings-model?componentType=factor-area&componentId=4>
- WADE, W., JOSHI, A., & TERACINO, E. A. (2021, September 2). 6 principles to build your company’s strategic agility. *Harvard Business Review*. <https://hbr.org/2021/09/6-principles-to-build-your-companys-strategic-agility>

Clotilde Perez-Bode Dedecker, M.A., is president and CEO of the Community Foundation for Greater Buffalo. Correspondence concerning this article should be addressed to her at clotilded@cfgb.org.

Nancy M. Blaschak, M.B.A., is a consultant and retired regional chief executive officer of the American Red Cross for Western New York/Finger Lakes.

APPENDIX COVID-19 WNY Nonprofit Survey Questions

IMPACTS OF COVID-19 WNY NONPROFIT SURVEY

* 1. Which of the following impacts has your organization experienced or anticipates experiencing due to COVID-19/Coronavirus?  



- ☐ Assistance communicating with clients, communities, stakeholders, etc.
- ☐ Disruption of supplies or services provided by partners
- ☐ Budgetary implications related to strains on the economy
- ☐ Increased and sustained staff and volunteer absences
- ☐ Cancellation of programs or events and corresponding reduced revenue
- ☐ Increased demand for services/support from clients and communities
- ☐ Disruption of services to clients and communities
- ☐ Internal capacity (e.g. HR, IT, Accounting, etc.)
- ☐ Other (please specify)

* 2. If your organization is experiencing or is anticipating a decrease in revenue related to COVID-19/Coronavirus, please list either the dollar amount or the percent decrease (estimates are fine).  

* 3. If your organization is experiencing or is anticipating an increase in expenses related to COVID-19/Coronavirus, please list either the dollar amount or the percent increase (estimates are fine).  

* 4. Has your organization responded, or does it anticipate responding, to the spread of COVID-19/Coronavirus in any of the following ways? (Check all that apply, and/or share additional ways next to "Other")  

- ☐ Rescheduling or cancelling programs and events (e.g. fundraisers)
- ☐ Changing in-person events to virtual events using video conferencing software (e.g. Zoom, Google Hangouts, etc.)
- ☐ Revisiting or instituting updated remote work and sick leave policies and updating employees
- ☐ Staying informed via news media and updates from the CDC and local Departments of Health
- ☐ Other (please specify)

* 5. How can state and local government be helpful to your agency? (Check all that apply, and/or share additional ways next to "Other")  



☐ Relax/suspend reporting requirements for now



☐ Fast track/release funding for previously submitted reimbursement requests



☐ Provide temporary/emergency SNAP benefits

☐ Pay for child care for emergency/front line workers



☐ Other (please specify)

* 6. Are there any resources or guidance you are seeking on COVID-19/Coronavirus preparation?  

* 7. What else do you think we should know? Please feel free to list any concerns, ideas, recommendations, etc.  

* 8. Please select the county/counties you serve: (check all that apply)  

<input type="checkbox"/> Allegany	<input type="checkbox"/> Monroe
<input type="checkbox"/> Cattaraugus	<input type="checkbox"/> Orleans
<input type="checkbox"/> Chautauqua	<input type="checkbox"/> Niagara
<input type="checkbox"/> Erie	<input type="checkbox"/> Wyoming
<input type="checkbox"/> Genesee	

* 9. Please select your organization's annual budget  

<input type="radio"/> Under \$500,000	<input type="radio"/> \$5M - \$10M
<input type="radio"/> \$500,000 - \$2M	<input type="radio"/> \$10M - \$20M
<input type="radio"/> \$2M - \$5M	<input type="radio"/> Over \$20M

Note: Developed by the Western New York Nonprofit Support Group, the Peter & Elizabeth C. Tower Foundation, and United Way of Buffalo & Erie County.