The Center for
High Impact Philanthropy
School of Social Policy & Practice
University of Pennsylvania

Charting Impact:

Findings from the COVID Dashboard and Lessons for the Road Ahead

by the Center for High Impact Philanthropy
with Philanthropy Network Greater Philadelphia

Philadelphia, PA

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The unprecedented scale of COVID-19's effects means that funders everywhere need better tools to understand how their philanthropic funds can best help.
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Preface

On March 17, 2020, Philanthropy Network Greater Philadelphia (Philanthropy Network) convened a virtual briefing for funder CEOs to discuss the potential impact of COVID-19 on local communities and the nonprofit sector, as well as offer a platform to launch our region's response. We announced the PHL COVID-19 Fund, led by Philadelphia Foundation and the United Way of Greater Philadelphia and Southern New Jersey, and efforts in Delaware, Montgomery, and Chester Counties to expedite support for nonprofits and small businesses to address the mounting community needs.

From the start, it was clear that our region required an extraordinary, coordinated effort to address these needs, especially in communities that were already resource strained and known for experiencing racial disparities in education, health, and economic status. Funding partners launched several new funds over the next few weeks, with some of them specifically designed to address these disparities and potential gaps in funding support. Simultaneously, we began to field questions about the flow of this support to address the effects of COVID-19 in Greater Philadelphia. What organizations are receiving support? What needs are being addressed? What communities are being served? Are there communities that are left out or under-funded?

We turned to William Penn Foundation and The Lenfest Foundation to explore the development of a community data platform that would attempt to answer some of these questions. With their support and advice, we partnered with the Center for High Impact Philanthropy (CHIP) at the University of Pennsylvania School of Social Policy & Practice and their partners to develop the regional COVID-19 Response Dashboard. CHIP's globally recognized expertise in producing social impact data insights and their experience in disaster philanthropy produced a tool that I believe will set the standard for data collection and assessing philanthropic effectiveness in our region for years to come.

Philanthropy Network is committed to helping our region recover from the effects of COVID-19, address the racial injustice in our communities, and create a new and more just normal. This will require continued funder flexibility, collaboration, and coordination, along with adopting a data standard to visualize the ongoing flow of funding. Our region's COVID-19 response and the development of the COVID-19 Response Dashboard are steps toward achieving this.

Sidney R. Hargro
President
Philanthropy Network Greater Philadelphia

Smarter giving. Greater good.
philanthropy NETWORK GREATER PHILADELPHIA

In late March, like many organizations across the region, our entire team transitioned to working remotely. During this transition, we began developing guidance for donors around the world. COVID-19 Pandemic: How Can I Help? was released April 15, 2020, offering guidance during the COVID-19 pandemic and recovery, including strategies for effective grantmaking, urgent needs to address, and nonprofits to consider supporting. At the same time, our team was having conversations with stakeholders throughout this region to understand how to respond to the wide-reaching health, social, and economic crisis in our own backyard.

From 13 years of covering previous disasters and crises, we know that **timely, relevant information is critical for an effective, coordinated philanthropic response**. Over an intense two-week period, we had numerous discussions with Sidney Hargro (President of Philanthropy Network), Hilary Rhodes (Director of Evaluation and Learning of William Penn Foundation), Wes Somerville (Director of The Lenfest Foundation), and other funders working to understand and address COVID-19 in the region. We also analyzed news reports and spoke with front-line workers to gain a deeper understanding of where and how COVID-19 was affecting real people, families, and businesses in the region and around the world.

That work informed our partnership with Philanthropy Network to create the COVID-19 Response Dashboard. **The dashboard's creation required an extraordinary amount of collaboration, coordination, real-time problem solving, and trust during an especially challenging time.** Representatives of participating funds worked with members of CHIP's applied research team to provide relevant data, while still actively fundraising, reviewing, and making grants. The mapping visualizations and analytics provided in the atlas section of the dashboard would have been impossible in such a short timeframe without the contributions of CHIP's collaborators at the University of Pennsylvania: Actionable Intelligence for Social Policy and Urban Spatial. All involved were simultaneously managing a host of challenging situations: the effects that COVID-19 had on their personal lives; news of police violence around the country and subsequent protests, civil unrest, and property destruction in our region; and severe summer storms that left parts of the region and several of our colleagues and collaborators without power.

Our hope is that the dashboard, which is now publicly available at www.impact.upenn.edu/toolkits/covid-response-dashboard, along with this public report, might serve as community assets to help all funders and the organizations they support plan beyond their initial relief efforts.

Katherina M. Rosqueta
Founding Executive Director
Center for High Impact Philanthropy

Executive Summary

The unprecedented scale of COVID-19's effects means that funders everywhere need better tools to understand how their philanthropic funds can best help. Between April and July of 2020, the team at the Center for High Impact Philanthropy (CHIP), in partnership with Philanthropy Network Greater Philadelphia (Philanthropy Network), developed the regional COVID-19 Response Dashboard (www.impact.upenn.edu/toolkits/covid-response-dashboard). **The dashboard is one of the first efforts we are aware of to collect data at the level of individual grant awards from more than a dozen shared funds and then visualize that data against census-tract level indicators of community need.**

Between March 18 and June 29, 2020, **13 COVID-19 response funds** in Southeastern Pennsylvania and Southern New Jersey made **4,892 grants totaling $40,133,289** in grant awards across 10 counties in the region. These funds represent the majority of the shared funds launched to provide relief from the initial effects caused by COVID-19. All were established in a short 13-day period in late March. As a result, they provide a good reflection of the region's early, organized philanthropic response to the pandemic.

One of the key lessons of this report is that until funders have better and more standardized demographic information, they will be unable to understand how well their grantmaking aligns with their social justice goals. While we were developing the dashboard, interest in the demographics of the leadership and of the communities served by grantee organizations increased significantly. Growing awareness of the disproportionate impact of COVID-19 by race and growing calls for racial justice, sparked by police killing of unarmed Black citizens, further reinforced the importance of demographic data. However, given the speed required in crisis grantmaking, only the seven funds that routinely captured detailed demographics before COVID-19 were able to systematically collect and report that data for their COVID-19 relief efforts. Of these seven, each tracked different data points (race/ethnicity, age and/or gender of leadership or population served) according to their own programmatic needs, limiting use in the aggregate.

Key Findings

13 participating funds gave out $40,133,289, with 4,892 grants made throughout Southeastern Pennsylvania and Southern New Jersey between March 18 and June 29, 2020.

90% of the total amount awarded came from Philadelphia-based funds, which included COVID-19 Arts Aid PHL; Philadelphia COVID-19 Small Business Relief Fund; PHL COVID-19 Fund; and Philadelphia Emergency Fund for Stabilization of Early Education. The remaining 10% of grant funding came from smaller regional and specialty funds.

Grant funding was distributed to many nonprofits, businesses, and individuals across the region. 95% of grantees received less than $50,000, with the **majority under $10,000**. The average grant size was $8,211, and 93% of grantees received one grant.

The two largest special populations the grants were intended to address show both the human and economic toll. The top population was **Children/Youth/Young Adults** ($11,965,101), reflecting the effects of the school and daycare closures throughout the region. As the pandemic shuttered businesses, the second largest population was **Small Business Owners** ($10,096,500).

Giving in other counties was mostly commensurate with **need and population**, with some outliers. Bucks and Chester Counties had relatively high per capita grant awards ($8.04, 3rd highest, and $6.20, 4th highest, respectively), but low social vulnerability (9th and 10th ranked) and COVID-19 death rates (7th and 10th ranked), compared to other participating funds. To contrast, rural Cumberland County in New Jersey had the 2nd highest Social Vulnerability, just behind Philadelphia, but the lowest granting, at just $0.62 per capita.

The community needs the grants were intended to address reflect the pandemic's sweeping human and economic scope. **The top six needs** addressed by participating shared funds were: Economic Activity ($13,247,754), Education ($11,890,452), Health ($11,364,296, including $5,120,265 for agriculture, food, and nutrition aid), Human Services ($7,884,128), Arts and Culture ($4,069,949), and Housing ($2,355,587).

Most grant funds went to nonprofits based in Philadelphia. That level of response seemed well aligned for two reasons. First, Philadelphia is a county with high need. Of the 10 counties, Philadelphia is the county with the highest average Social Vulnerability Index and the 4th highest COVID-19 death rate. Second, many nonprofits with Philadelphia addresses serve individuals and families in other counties as well.

Best practices in crisis grantmaking emphasize speed of disbursement over data collection. The need for rapid deployment of funds meant that unless funds already had systems in place to capture demographic data, data on demographics of organization leadership and population served was incomplete. As racial disparities in COVID-19 effects became apparent, and the nation and region faced a reckoning on racial justice, **the lack of demographic data for reporting and accountability was brought into sharp relief**. Similarly, lack of information on grantees' geographic service area (vs. organizational address) meant funders could not use valuable, census-tract level data to help target funding.

Project Background

Project Purpose and Team

The purpose of the dashboard was to provide a tool that could help all funders across the region understand the initial philanthropic response to COVID-19 and how well that response aligned with the needs throughout our communities.

With no time or money to waste, funders sought answers to key questions: What organizations are receiving support? What needs are being addressed? What communities are being served? Are there communities that are left out or under-funded?

The dashboard provides answers to those questions. By showing what has been funded to date and the gaps that remain, the dashboard can help funders across the region plan for an even better and more coordinated response to address the unmet and anticipated ongoing needs. It is the result of a collaboration between **Philanthropy Network Greater Philadelphia** (Philanthropy Network) and the **Center for High Impact Philanthropy** (CHIP) at the University of Pennsylvania School of Social Policy & Practice. Mapping visualizations and analytics were provided by CHIP's Penn partners, Actionable Intelligence for Social Policy (https://www.aisp.upenn.edu) and Urban Spatial (http://urbanspatialanalysis.com).

Process and Timeframe: An Iterative, Multi-Step Approach

The number and diversity of stakeholders and the novelty of this effort required a highly iterative, multi-step, collaborative approach. We formally launched this project in April 2020 for a completion date of July 31, 2020 with the following process:

1 Mid-March to mid-April **Project planning and development**

Representatives from Philanthropy Network, CHIP, William Penn Foundation and The Lenfest Foundation met to plan the project. We also consulted with representatives of the largest regional COVID-19 response fund, PHL COVID-19, a shared fund administered by the Philadelphia Foundation and the United Way of Greater Philadelphia and Southern New Jersey, in coordination with the City of Philadelphia.

2 March 26 to April 9 **Engaging participating shared funds**

Philanthropy Network invited all 14 newly created COVID-19 response funds to participate. Thirteen agreed to a consultative call with CHIP to discuss the purpose of the dashboard and to help the CHIP team understand each fund's work to date.

3 Mid-April to mid-May **Initial calls and collection of participating funds' preliminary data**

The CHIP team conducted introductory, consultative calls with representatives of each of the 13 participating funds. We requested information that included a description of the fund's grant application process, eligibility criteria, and process for determining who gets funded. We also requested data on total funds raised, total funds disbursed, and cycles of funding, if applicable. By the middle of May, nine shared funds had sent data to CHIP in varying formats. The CHIP team cleaned and analyzed the data.

4 Mid-May to May 29 **Analysis and visualization of initial data (Round 1)**

CHIP's analysis of the grant-level data provided by participating funds found consistent data quality and completeness for only three data fields across nine shared funds, representing a total of 3,729 grants awarded and $2,314,068. These data fields were: location of grantee, award amount, and need addressed. Need addressed was only captured across the nine funds based on organizational mission, as coded by the employer identification number (EIN) of awarded organizations. This constituted Round 1 awarded grant data.

In mid-May, colleagues at Actionable Intelligence for Social Policy and Urban Spatial created a preliminary atlas, where map-based visualizations of Round 1 awarded grant data mapped against the Social Vulnerability Index and Housing Instability Index, two datasets that served as indicators of community need. Concurrently, CHIP created descriptive, static, and non-map-based visualizations and related content, as well as the homepage for the dashboard.

Given the diversity of data collected in Round 1 and the dearth of common data fields that were complete and of high quality, CHIP developed a preliminary data standard composed of minimal data fields with data definitions and labels. For more information on the iterative process we followed from June to develop the data standard, please consult www.impact.upenn.edu/regional-data-dashboard/methodology.

5

June — Initial static dashboard and feedback

On June 8, during one of Philanthropy Network's biweekly COVID-19 briefings, CHIP presented the initial static dashboard.

From June 16 to June 24, CHIP conducted three focus groups and three individual feedback sessions on the initial static dashboard to collect what practitioners liked or did not like about all of the preliminary visualizations. Participants included representatives from many of the participating shared funds and select stakeholders that offered broader perspectives on crisis grantmaking and data-informed decision making.

6

July — Final aggregated dataset, analysis, and visualization

Based on the feedback and our analysis of data provided to date, the CHIP team requested supplemental data according to the data standard from all participating shared funds and conducted another round of consultative calls. When data were not available, the CHIP team analyzed additional sources of information provided by the shared funds and publicly accessible reports to ensure that the data for this final round was as complete and of the highest quality possible. The CHIP team then cleaned and coded the data to produce the final aggregated dataset consisting of 4,892 grants from 13 funds totaling $40,133,289 granted between March 18 and June 19, 2020. Non-map-based analyses were based on this dataset.

The CHIP and Urban Spatial teams updated the dashboard homepage and atlas to incorporate the final dataset and introduce interactive mapping capabilities. The map-based visualizations were based on two subsets of data that relied on two definitions of location, allowing users to customize their views of the grant awards data and the contextual need. For example, users could now view maps that show the number of grants and the amount of dollars granted against a backdrop of need, as measured by social vulnerability, housing instability, health disparity, and child welfare.

7

August, Week 1 — Demonstration to Philanthropy Network community participating funds

8

September 2 — CHIP's final presentation to Philanthropy Network community

CHIP released the public link to the dashboard and announced a series of webinars and community training sessions to support the dashboard's use (see Appendix B).

Communication and Coordination Across Multiple Stakeholders

The number of stakeholders involved in developing the dashboard, the distinctiveness of the project, and the speed with which data were shared required a high degree of trust and frequent and regular communication. CHIP and Philanthropy Network established multiple communication channels to ensure alignment across all those involved in the dashboard's development:

PROJECT GOVERANCE: In addition to ad hoc communication via email and Zoom calls, representatives from CHIP, Philanthropy Network, William Penn Foundation, and The Lenfest Foundation formed a project governance group and held biweekly meetings throughout the project, where CHIP presented on project progress, including roadblocks, and sought feedback on ways to address them.

FUNDER BRIEFINGS: Starting in March of 2020, Philanthropy Network began convening regional funders in regular, weekly COVID-19 funder briefings. As response efforts were established, Philanthropy Network converted the briefings to biweekly. In addition to providing opportunities for funders to learn from each other, this group provided a ready and engaged forum for the CHIP team to share its progress and strategic approach as it developed the dashboard.

KNOWLEDGE SHARING: Over the course of the project, CHIP team members conducted 30 consultative calls with representatives of each shared fund, three focus groups, and a half dozen briefings and individual interviews with corporate, family foundation, and individual funders. These exchanges provided necessary context for shared funds to understand the purpose of the data requests and potential value to their grantmaking efforts. For the CHIP team, these exchanges helped explain the limitations of current data collection efforts and guided us to a data standard that would be useful and practical.

DATA ANALYSIS AND VISUALIZATION: As data were received and analyzed by the CHIP team, members of CHIP's applied research team began meeting more frequently with our colleagues at Actionable Intelligence for Social Policy and Urban Spatial to problem solve how best to analyze and visualize the data.

Our hope is that the level of communication, trust, and problem-solving displayed during the project will serve as a foundation for future and improved philanthropic action.

Philanthropic Response by Participating Shared Funds

How Much Funding Was Provided by Participating Funds?

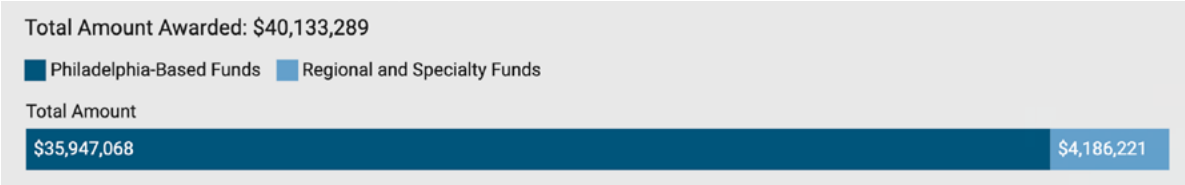
The participating funds reflect $40,133,289 of grant awards from 13 COVID-19 response funds in Southeastern Pennsylvania and Southern New Jersey, with 4,892 grants made between March 18 and June 29, 2020. Note that funders have continued to make grants after the period covered by this report.

Table 1 **Participating Funds, Ordered by Amount Awarded**

Fund Name	Administered by	Amount Granted
PHL COVID-19 Fund	Philadelphia Foundation and United Way of Greater Philadelphia and Southern New Jersey	$16,918,229
Philadelphia COVID-19 Small Business Relief Fund	City of Philadelphia Department of Commerce and Philadelphia Industrial Development Corporation	$10,096,500
Philadelphia Emergency Fund for Stabilization of Early Education (PEFSEE)	Reinvestment Fund	$5,007,390
COVID-19 Arts Aid PHL	Greater Philadelphia Cultural Alliance	$3,924,949
Emergency Response Fund	Jewish Federation of Greater Philadelphia	$1,062,072
COVID-19 Response Fund	United Way of Chester County	$622,758
Healthcare and Economic Relief Fund	Brandywine Health Foundation	$496,921
Delaware County COVID-19 Response Fund	Foundation for Delaware County	$472,034
MontCoPA COVID-19 Response Fund	Montgomery County Foundation	$450,500
COVID-19 Rapid Response Fund	Chester County Community Foundation	$430,980
South Jersey COVID-19 Response Fund	Community Foundation of South Jersey	$324,000
COVID-19 Recovery Fund	United Way of Bucks County	$191,956
Rapid Response General Operating Fund	Women's Way	$135,000

Ninety percent (90%, $35,947,068) of the total amount awarded came from Philadelphia-based funds, which included COVID-19 Arts Aid PHL; Philadelphia COVID-19 Small Business Relief Fund; PHL COVID-19 Fund; and Philadelphia Emergency Fund for Stabilization of Early Education. The other 10% of funds came from regional and specialty funds. They included Brandywine Health Foundation Healthcare and Economic Relief Fund; Jewish Federation of Greater Philadelphia Emergency Response Fund; Chester County Community Foundation COVID-19 Rapid Response Fund; Delaware County COVID-19 Response Fund; MontCoPA COVID-19 Response Fund; Community Foundation of South Jersey COVID-19 Response Fund; United Way of Bucks County COVID-19 Recovery Fund; United Way of Chester County COVID-19 Response Fund; and Women's Way Rapid Response General Operating Fund.

Chart 1 **Total Amount Awarded by Location of Participating Funds**

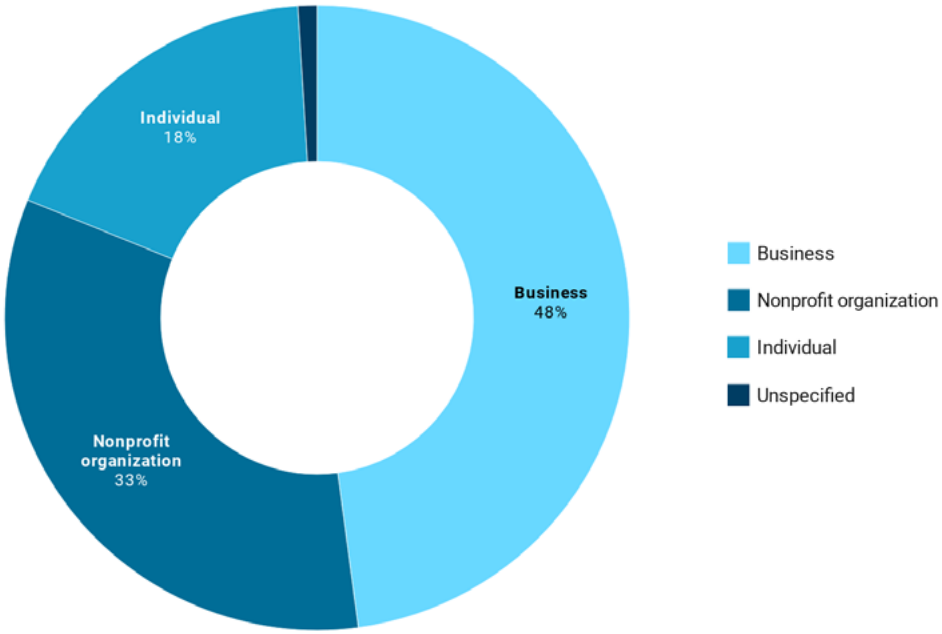


Source: www.impact.upenn.edu/toolkits/covid-response-dashboard. Note: Data includes grants made between March 18 and June 29, 2020.

What Types of Recipients Received Grants and What Size Were Those Grants?

Thirty-three percent of grants (33%, 1,626) went to nonprofit organizations; 48% (2,341) of grants went to businesses; and 18% (873) of grants went to individual sole proprietors, such as artists, or sole proprietor businesses, such as daycare centers.

Chart 2 **Share of Grants by Type of Grantee**



Source: www.impact.upenn.edu/toolkits/covid-response-dashboard. Note: Data includes grants made between March 18 and June 29, 2020.

Funding was spread widely across many grantees. The vast majority of organizations that received grants—4,017 organizations, or 93% of the total number of grantees—received only one grant from across the 13 participating shared funds. Fifty organizations received four or more grants.

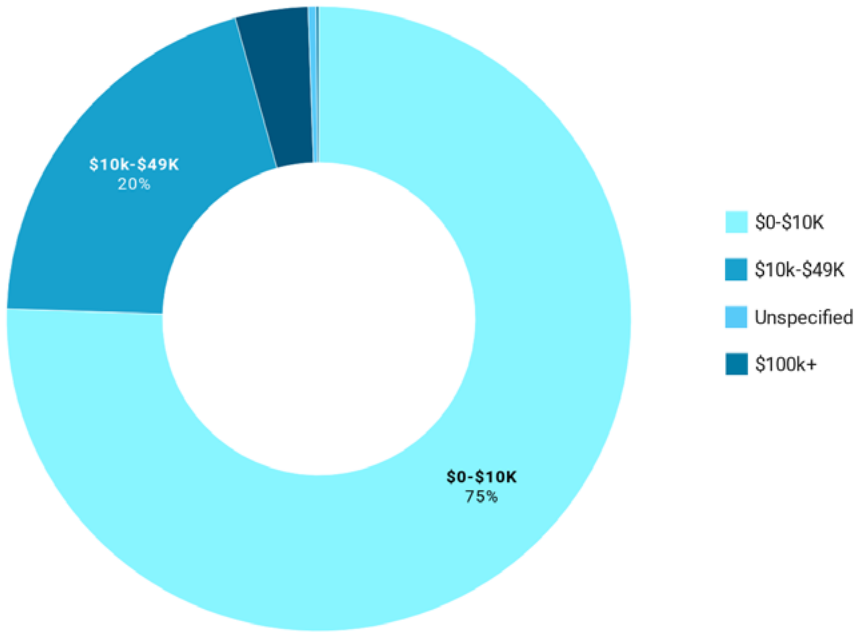
Table 2 How Many Organizations Received 1, 2, 3, 4 or More Grants

	Number of Organizations	Percentage	Average Grant Size	Total Amount Awarded
Organizations receiving 1 grant	4,017	93%	$6,865	$27,571,184
Organizations receiving 2 grants	203	5%	$14,201	$5,765,706
Organizations receiving 3 grants	53	1%	$18,057	$2,871,039
Organizations receiving 4 or more grants	50	1%	$12,786	$3,925,361
	4,323	100%		

Note: Data includes grants made between March 18 and June 29, 2020.

The grant amount for 95% of awards was for less than $50,000. The vast majority of grant awards were for less than $10,000. The average award size across all grants was $8,211, with a range of $100 to $25,000.

Chart 3 Size of Grant Amount Awarded



Source: www.impact.upenn.edu/toolkits/covid-response-dashboard. Note: Data includes grants made between March 18 and June 29, 2020.

What Community Needs/Cause Areas Were Targeted by Grant Awards?

We asked shared funds to provide information about the community needs that each grant targeted. Grantees could indicate up to four community needs per grant. The five leading needs addressed by participating shared funds were: Economic Activity ($13,247,754), Education ($11,890,452), Health ($11,364,296), Human Services ($7,884,128), and Arts and Culture ($4,069,949). Outside the top five cause areas, an additional $5,125,913 went to all other combined needs, with less than $1 million in grants made to undesignated needs. The next most-funded needs were Housing, Community and Public Services, and Legal/Civil Rights.

This range of issues illustrates the sweeping nature of the pandemic. What began as a public health crisis caused major disruptions to businesses, jobs, schools, housing, and culture. Pennsylvania and New Jersey were among the states hit early by the COVID-19 pandemic, with 59,398 cases in PA counties and 22,797 cases in NJ counties (Pennsylvania Department of Health and New Jersey Department of Health, retrieved August 17, 2020). Unemployment rates in the region remain high—13.0% in Pennsylvania and 16.6% in New Jersey (PA Dept. of Labor and Industry and NJ Dept. of Labor and Workforce Development, June 2020). Education has also been disrupted: after an interrupted 2019–2020 school year, reopening and virtual plans for fall 2020 are still works in progress).

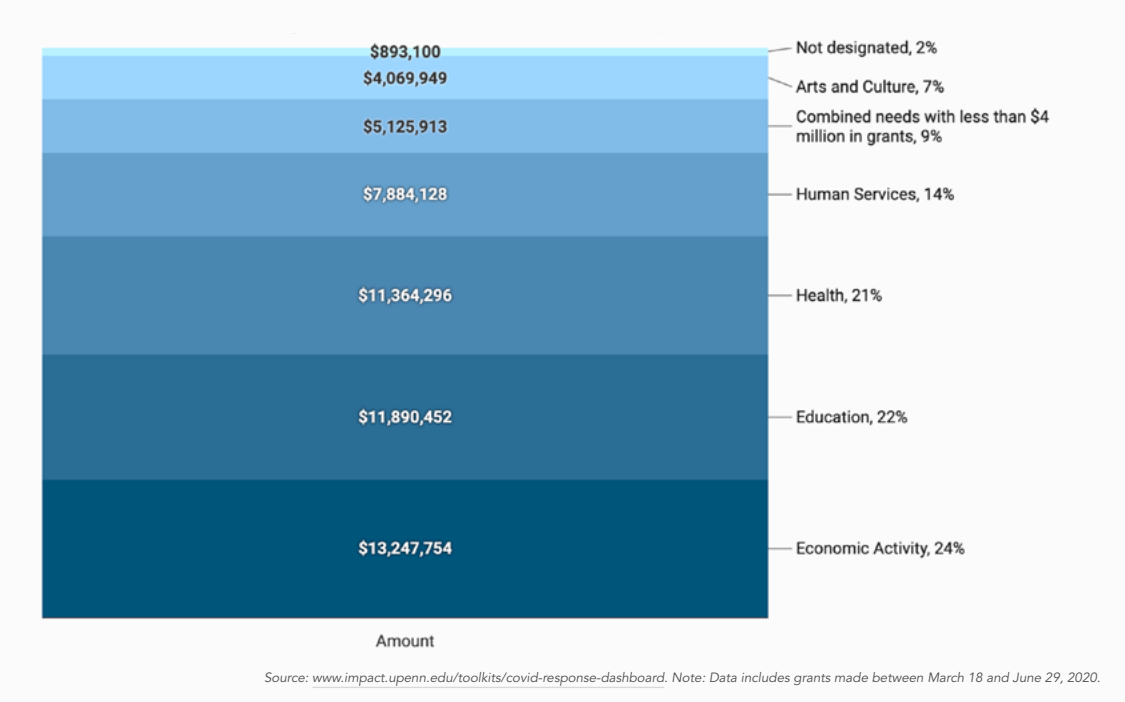
Several top-funded areas were boosted by specialized funds that focused on a particular cause area. For example, the Small Business Relief Fund contributed more than $10 million to businesses. COVID-19 Arts Aid PHL contributed nearly $4 million to Arts and Culture. Most other cause areas were supported by multiple shared funds. We coded grants to the following 11 community needs:

Table 3 **Community Needs and Subcategories**

Community Needs	Subcategories
Arts and Culture	Arts and Culture (general)
Community and Public Services	Community and Public Services (general); Community Development; Recreation and Sports; Technology
Economic Activity	Economic Activity (general); Employment; Financial Assistance; Job Training
Education	Education (general); Child Care; Higher Education; Instruction and Capacity Building; Supplies
Health	Health (general); Domestic Violence; Food, Agriculture, and Nutrition; Health Capacity Building; Health Care; Health Policy, Advocacy and Analysis; Mental Health, Addiction, and Crisis Intervention; Nursing Homes and Assisted Living Facilities; Public Health; Public Health (PPE); Public Safety, Disaster Preparedness and Relief; Research, Technology and Development
Housing	Housing (general)
Human Services	Human Services (general); Centers and Services for Special Populations; Youth and Family Services; Place-based Centers and Services
Legal/Civil Rights	Legal/Civil Rights (general); Civil Rights, Social Action and Advocacy; Crime and Legal-Related
Reliable Information	Reliable Information (general)
Religion	Religion (general)
Other	Other (general); Animal Welfare; Environment; International, Foreign Affairs, and National Security

Because up to four community needs could be assigned to each grant, the total in the visualization exceeds the amount of total dollars awarded. **We were able to identify community needs for all but 26 of the 4,892 grants**, 0.05% of the $40,133,289 in grants awarded by participating funds. Subcategories of need were also identified and coded when enough specific information was available. Visit Methodology for a full list of 34 subcategories of need and how we identified these needs and corresponding subcategories.

Chart 4 **Amount Awarded by Community Need**



Source: www.impact.upenn.edu/toolkits/covid-response-dashboard. Note: Data includes grants made between March 18 and June 29, 2020.

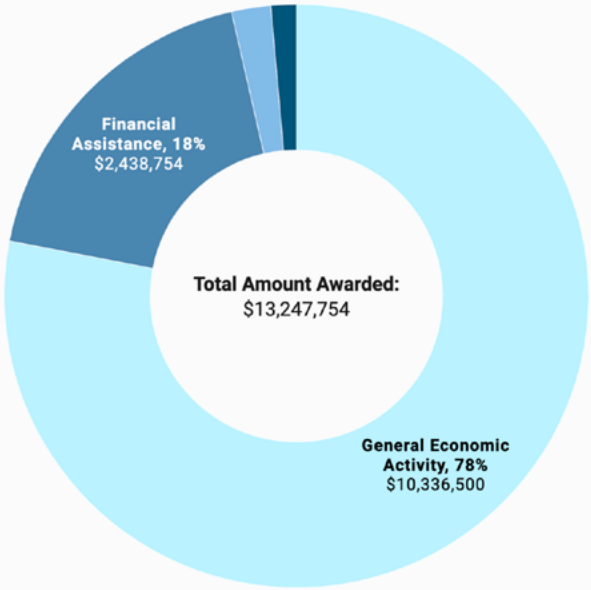
Economic Activity was the leading need addressed. Most (78%, $10,336,500) of the grant dollars awarded and categorized as Economic Activity could not be broken down into a more specific subcategory of need. Of the grants where more information was available, Financial Assistance (18%, $2,438,754) was the leading category.

Education was the second leading need addressed, and 59% of the grant dollars could be subcategorized of the grants where more information was available. Of those that could be categorized, Child Care was the largest subcategory of need with $4,543,909.

Closer inspection of subcategories of Health, the third largest need addressed, revealed that **the leading subcategory of need was Food, Agriculture, and Nutrition** (45%, $5,120,265). Demand for food assistance was exacerbated by social isolation, shortages, and unemployment. The next largest subcategory was Health Care (15%, $1,701,072), followed by Mental Health, Addiction and Crisis Intervention (10%, $,1,192,678). Unspecified General Health received 19% ($2,210,321).

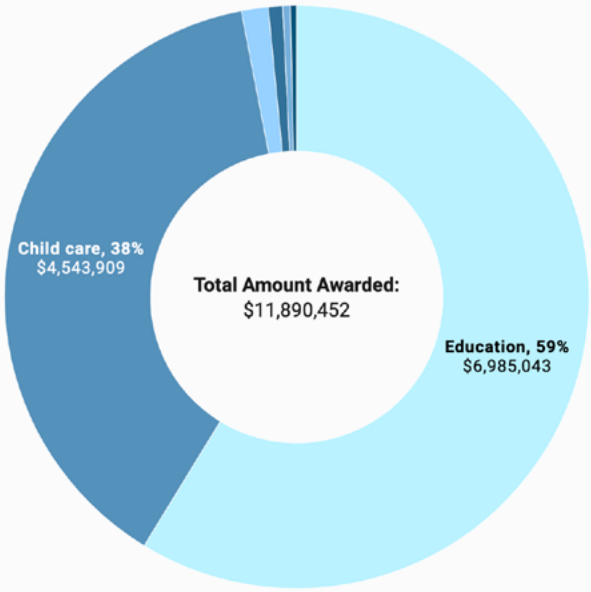
Human Services was the fourth largest need addressed and included multiple services for specific populations, including populations that were geographically defined. Only 10% ($809,500) of these grants were not specified at the subcategory level. **Of the remaining, Centers and Services for Special Populations accounted for 52% ($4,117,679) of the funds, followed by Youth and Family Services (23%, $1,830,130) and Place-Based Centers (14%, $1,126,819).**

Chart 5 Amount Awarded Within the Top Subcategories



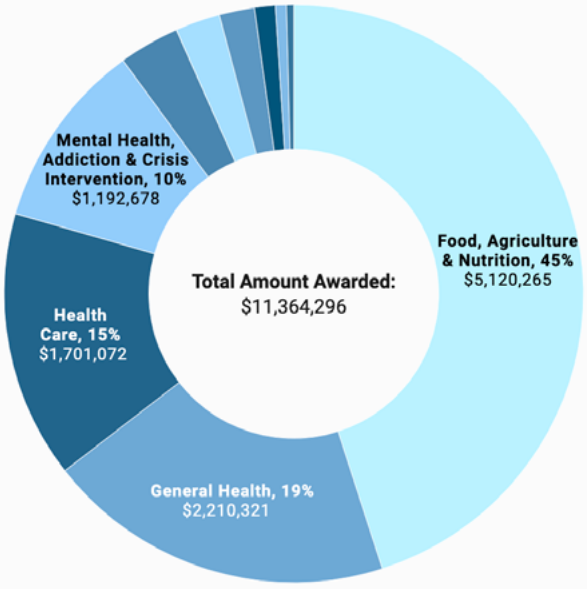
Economic Activity: Amount Awarded

- **General Economic Activity, 78%** ($10,336,500)
- **Financial Assistance, 18%** ($2,438,754)
- **Job Training, 2%** ($287,600)
- **Employment, 1%** ($184,900)



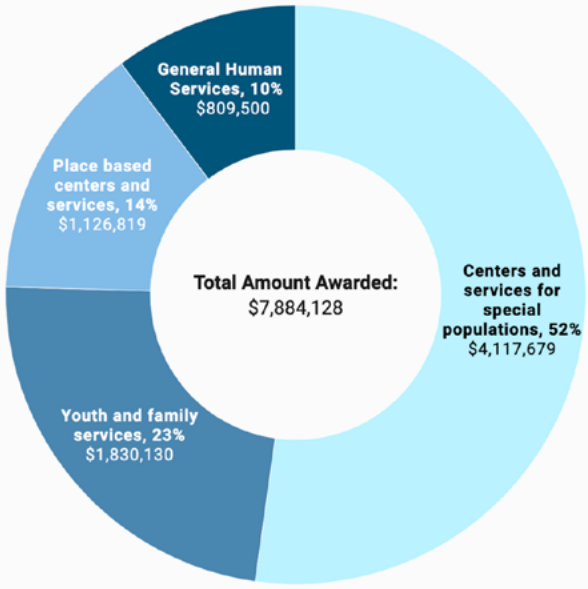
Education: Amount Awarded

- **Education, 59%** ($6,985,043)
- **Child care, 38%** ($4,543,909)
- **Supplies, 2%** ($177,000)
- **Instruction and Capacity Building, 1%** ($94,500)
- **Higher Education, <1%** ($50,000)
- **Education Supplies, <1%** ($40,000)



Health: Amount Awarded

- **Food, Agriculture & Nutrition, 45%** ($5,120,265)
- **General Health, 19%** ($2,210,321)
- **Health Care, 15%** ($1,701,072)
- **Mental Health, Addiction & Crisis Intervention, 10%** ($1,192,678)
- **Domestic Violence, 3%** ($385,235)
- **Public Health, 3%** ($284,234)
- **Public Health (PPE), 2%** ($223,821)
- **Nursing Homes and Assisted Living Facilities, 1%** ($131,500)
- **Health Policy, Advocacy & Analysis, 1%** ($70,000)
- **Public Safety, Disaster Preparedness & Relief, <1%** ($45,170)



Human Services: Amount Awarded

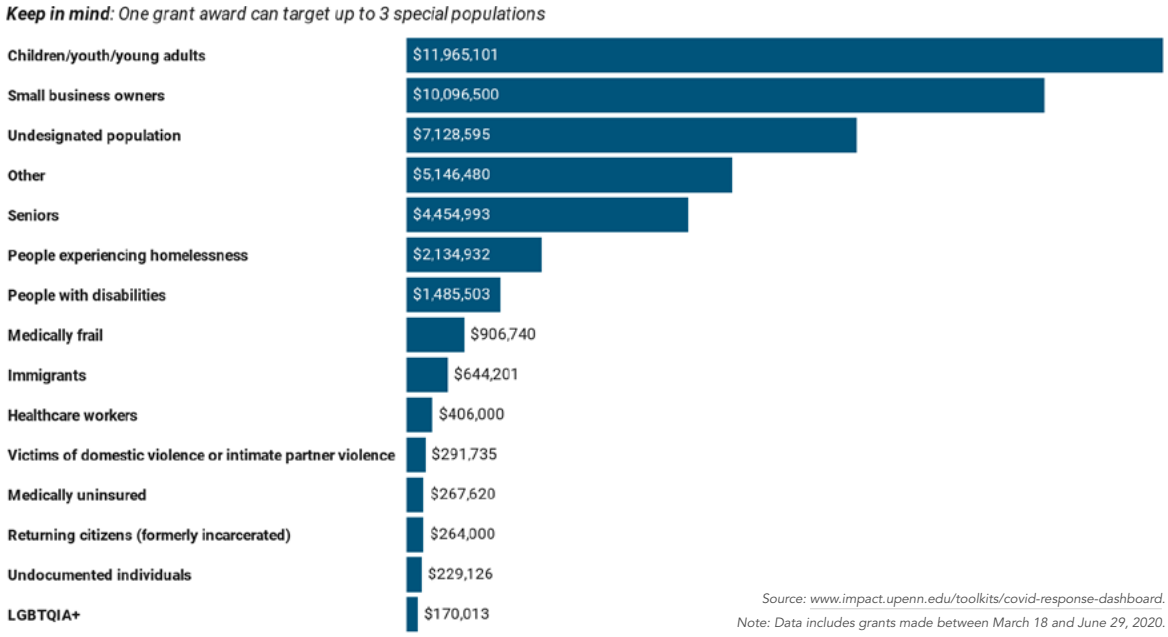
- **Centers and services for special populations, 52%** ($4,117,679)
- **Youth and family services, 23%** ($1,830,130)
- **Place based centers and services, 14%** ($1,126,819)
- **General Human Services, 10%** ($809,500)

Source: www.impact.upenn.edu/toolkits/covid-response-dashboard.
Note: Data includes grants made between March 18 and June 29, 2020.

Who Were Grants Intended to Help?

We asked shared funds to provide information about any special populations that each grant was intended to help. Grantees could indicate up to three special populations per grant. We reported funds and grants where no special population was designated as "Undesignated population," totaling $7,128,595. Since grantees could designate more than one population per grant, the amount awarded in the following chart exceeds the total awarded by participating funds.

Chart 6 **Amount Awarded by Intended Beneficiary Population**



The three leading special populations received more than $7 million in grants: Children/Youth/Young Adults ($11,965,101), Small Business Owners ($10,096,500) and Undesignated Populations ($7,128,595). The fourth leading was Other ($5,146,480), which included specific ethnic, racial, or cultural populations. Additional specific populations that grantees served included seniors, people experiencing homelessness, people with disabilities, those who are medically frail, immigrants, health-care workers, victims of domestic violence or intimate partner violence, those who are medically uninsured, returning citizens (formerly incarcerated), undocumented individuals, and LGBTQIA+.

While grants that specifically targeted some populations received smaller amounts, keep in mind that these subpopulations are not mutually exclusive; subpopulations may have been served by other grants. In addition, $7,128,595 in grants went to organizations that did not specify populations. Those grants may have been intended to serve a general population or simply did not share information about the population they intended to serve.

Where Geographically Did the Money Go?

When mapping where money went, we looked at two ways to capture location: grantee address and service area. First, we tracked grantee address on the county level for all 13 funds. Here we show the grant dollars and numbers awarded by county. **Philadelphia received the majority of the funds (56.7%, $21,786,047), as well as the majority of grants by number (76.8%, 3,218).**

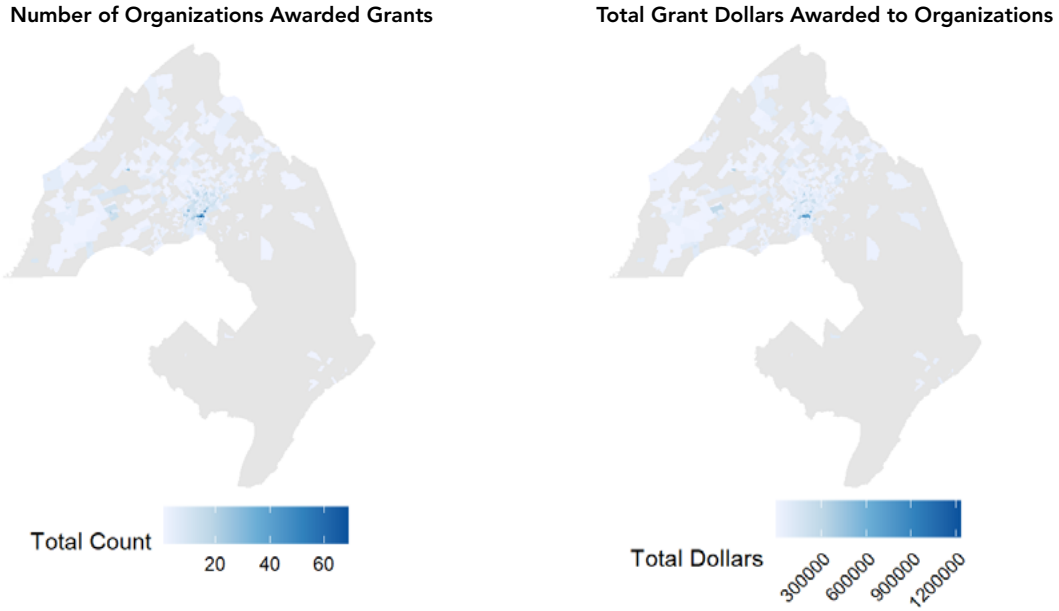
Table 4 Grants by 10-County Region

County	Total Grant Dollars	Number of Grants
Atlantic	$2,376,442	70
Bucks	$5,035,456	182
Burlington	$688,117	21
Camden	$883,554	31
Cape May	$125,000	5
Chester	$3,206,738	276
Cumberland	$95,100	5
Delaware	$1,498,025	138
Montgomery	$2,096,098	242
Philadelphia	$21,786,047	3,218

Note: This table is based on the grantee organization's address geo-mapped by county. It represents a subset of data that included $37,790,577, representing 94.1% of the total funding awarded by the 13 participating shared funds.

We also geocoded to the census tract level, using the grantee address (organizational or individual) for all 13 funds. While this does not necessarily reflect the grantee's service area, it does give a lot more data and therefore a higher-resolution picture of where grants were awarded, particularly in counties outside of Philadelphia.

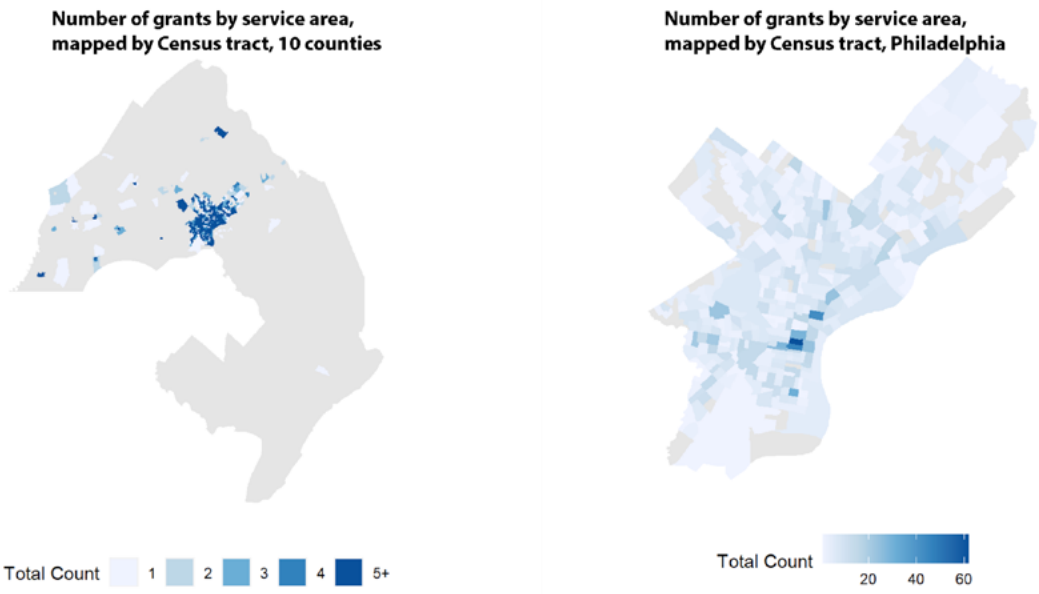
Chart 7 Number of Grants and Dollars by Organization Address, Mapped to Census Tract for the 10-County Region



Source: www.impact.upenn.edu/toolkits/covid-response-dashboard. Note: Data includes grants made between March 18 and June 29, 2020.

To understand where grant funds were meant to help, we needed more than the mailing or organizational address of the grantee. We needed a way to identify the grantee's geographic service area. We were able to do this by having funds provide a center point and radius of service area for each grant. That center point and radius could then be geocoded to census tracts. Once each grant was geocoded to census tract, dashboard users could then compare the grant service area to the contextual needs in that service area. The maps below visualize that comparison. However, only seven of the 13 funds, representing $22,829,660 of funding or 56.9%, of the total amount awarded by participating shared funds, were able to provide this information. **Therefore, when viewing such visualizations, especially for counties outside of Philadelphia, keep in mind that we could only represent a little more than half of the grants awarded.**

Chart 8 **Number of Grants by Service Area, Mapped to Census Tract for the 10-County Region and for Philadelphia County**



Source: www.impact.upenn.edu/toolkits/covid-response-dashboard. Note: Data includes grants made between March 18 and June 29, 2020.

How Well Were Grants Aligned With Need?

Given the scale and reach of COVID-19's effects, need will always outstrip available philanthropic funds. Our goal was not to show where granting was "excessive" or "sufficient." Instead, the dashboard indicates where there was relatively greater alignment or misalignment with community need.

To understand needs across the region, our team looked at two relevant indicators of need. The first was the CDC's Social Vulnerability Index (SVI), which ranks each census tract on 15 social factors. For our dashboard, we have included the following five: percent rent burdened; percent single parents; poverty rate; percent on food stamps; percent uninsured. The second was COVID-19 death rates per 1,000 people. We then compared the philanthropic response per county, in terms of both total dollars awarded and dollars awarded per capita.

Our team considered a third potential source of data on need: information provided in grant applications. However, we quickly determined such data was unavailable at sufficient levels of quality and consistency to incorporate into the dashboard. See more on limitations of data collection in the section Lessons Learned and Implications for Funders.

Table 5 Comparison of Funding to Need at the County Level

Note: This table is based on organization address geo-mapped by county, a subset of data that included $37,790,577, representing 94.1% of the full amount awarded.

	Grant Amount Awarded				County-Level Indicators of Need			
	Counties Ranked by Grant Amount		Counties Ranked by Grant Dollars Per Capita		Counties Ranked by Average Social Vulnerability Index (SVI)		Counties Ranked by COVID-19 deaths per 1,000	
	County	Total Grant Dollars	County	$ per Capita	County	Avg SVI	County	COVID-19 Deaths per 1000
1.	Philadelphia	$21,786,047	Philadelphia	$13.83	Philadelphia	74	Delaware	1.28
2.	Bucks	$5,035,456	Atlantic	$8.85	Cumberland	70	Montgomery	1.13
3.	Chester	$3,206,738	Bucks	$8.04	Atlantic	56	Camden	1.13
4.	Atlantic	$2,376,442	Chester	$6.20	Camden	48	Philadelphia	1.07
5.	Montgomery	$2,096,098	Delaware	$2.66	Delaware	47	Burlington	1.06
6.	Delaware	$1,498,025	Montgomery	$2.55	Cape May	45	Cumberland	1.02
7.	Camden	$883,554	Camden	$1.74	Burlington	42	Bucks	0.93
8.	Burlington	$688,117	Burlington	$1.54	Montgomery	37	Cape May	0.92
9.	Cape May	$125,000	Cape May	$1.33	Bucks	32	Atlantic	0.91
10.	Cumberland	$95,100	Cumberland	$0.62	Chester	30	Chester	0.67

Most grant funds went to nonprofits based in Philadelphia. That level of response seemed well aligned for two reasons. First, Philadelphia is a county with high need. Of the 10 counties, Philadelphia is the county with the highest average Social Vulnerability Index (a CDC composite index of 15 social factors, including poverty, lack of vehicle access, and crowded housing) and the fourth highest COVID-19 death rate. Second, many nonprofits with Philadelphia-based addresses serve individuals and families in other counties as well.

From the data available to us and the analysis in Table 5, three counties had potential misalignment:

- Bucks County ranks relatively higher compared to its county-level indicators of need. It ranks in the top three in terms of total grant dollars received and grant dollars per capita, yet the county is second to the bottom in average social vulnerability index and ranks seventh in its COVID-19 death rate.

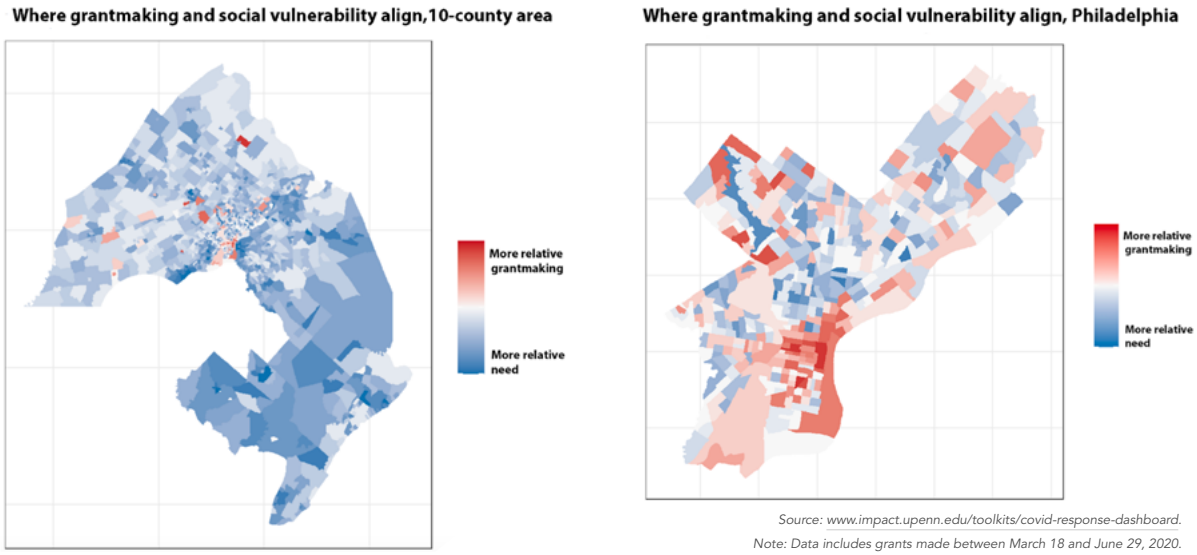
- Cumberland County stands out as relatively underfunded. Cumberland County ranks at the bottom of the 10 counties in terms of total grant dollars awarded and grant dollar per capita, despite the fact that it had the second-highest social vulnerability score, after Philadelphia. It was in the middle of the group for COVID-19 deaths per 1,000.
- Delaware County, on the other hand, appeared in the middle of the pack for funding amount and social vulnerability index, but experienced the highest COVID-19 death rate in the 10-county region.

The reason we characterize it as "potential" misalignment is because the location data we received from all 13 funds was based on organizational address. As with Philadelphia based-nonprofits that serve counties outside Philadelphia, that address is not the same as the geographic population served. In addition, this analysis does not take into account other relevant factors, including philanthropic support from sources beyond the 13 participating shared funds, public financing, and non-financial community assets that help address need. There are also limitations to comparing the level of grant funding to the county's average SVI since there can be big differences in need across a county. For example, Delaware County's high COVID-19 death rate may reflect deep pockets of need. That concentrated need can be visualized by census tract in the dashboard's atlas, but is not apparent in Table 5's average SVI. Nevertheless, the dashboard provides a useful and data-driven starting point.

Seven of the 13 funds did provide geographic service area information for each grant award, in addition to the grant awardee address. This subset of data included $22,829,660, representing 56.9% of the funding awarded during the time period we studied. We visualize the relative alignment between these grant awards and social vulnerability in the following maps. Census tracts that are shaded blue below indicate more relative need than funding, while those shaded red indicate more funding than need. Areas shaded white show relative alignment. Keep in mind that this is mapped using grant dollars by location on a subset of the data that was especially thin for counties outside of Philadelphia.

Chart 9 Comparing Grant Awards by Census Tract to Social Vulnerability

Note: This chart is based on data from seven of 13 funds that provided geographic service area information. This subset of data included $22,829,660, representing 56.9% of the full amount awarded.

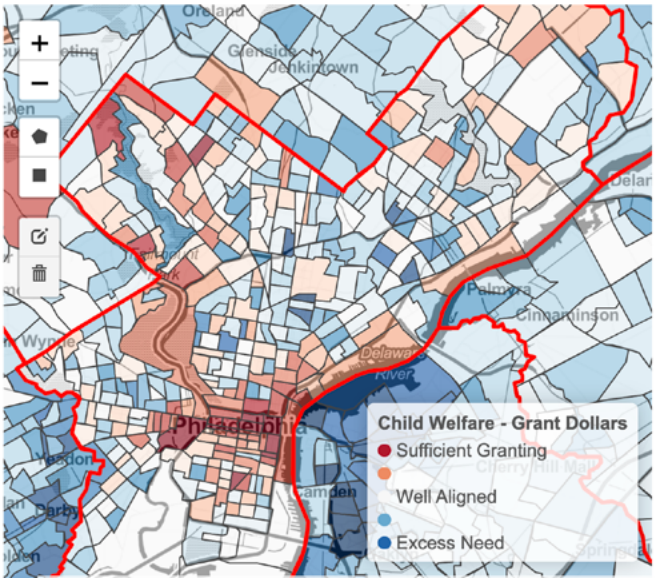


Source: www.impact.upenn.edu/toolkits/covid-response-dashboard.
Note: Data includes grants made between March 18 and June 29, 2020.

In the atlas component of our dashboard, the Grant Planning Tool and County Reports tabs allow users to select a particular geographic area and examine census-tract-level measures of need including unemployment, poverty rate, housing instability, number of households receiving food assistance, and demographics (including children under 18, adults over 65, minority head of household). While that is helpful in understanding where need is greatest, the greater value of the tool will be in ongoing planning to ensure strong alignment between future philanthropic activity and areas of high vulnerability.

The Strategic Planning Tool allows users to compare grant awards (by number and amount) with five measures of need by census tract. For example, a user whose focus is children and youth could choose to see where indicators of child welfare needs are high. Child welfare includes percent single parents; percent under 18; percent of children on food stamps. A census tract shaded in dark blue indicates relatively more child welfare needs (value of 100) than grant funding (one grant totaling $5,000) by participating funds, areas that funders can identify as areas of overlooked needs.

Chart 10 **Philadelphia County Census Tracts**



The dark blue color reflects relatively more need compared to grant awards to date ("excess need").

Source: www.impact.upenn.edu/toolkits/covid-response-dashboard. Note: Data includes grants made between March 18 and June 29, 2020.

Since need, along multiple dimensions, is often concentrated, a user can also see a table for all five need indicators for that census tract. Housing instability includes the following indicators of need: percent of households that are rent burdened; percent of household that are renters; and total job loss. Health disparity includes percent of residents who are insured and percent who are disabled. In Chart 11 below, indicators of housing instability (99), social vulnerability (98), and health disparity (79) are all high.

Chart 11 **Level of Need Within a Selected Census Tract**

ID: 42101015200 **County: Philadelphia County**

Attribute	Value
Housing Instability	99
Child Welfare	100
Arts Jobs Index	55
Social Vulnerability	98
Health Disparity	79
Total Grant Dollars	5000
Total Grant Count	1

Source: www.impact.upenn.edu/toolkits/covid-response-dashboard. Note: Data includes grants made between March 18 and June 29, 2020.

This census tract may be an area for a funder to consider if they are looking for areas with potentially high unmet need, relative to philanthropic funds awarded to date.

During the course of the dashboard's development, there was increasing interest in understanding the alignment between grant awards and the following two aspects of need: 1) racial disparities and in particular, the disproportionate effect of COVID-19 on Black community members and 2) the disruption that COVID-19 caused on education and other services for youth in the region. Here we discuss what we learned regarding alignment between awards made by participating shared funds and these two concerns.

Racial Disparities

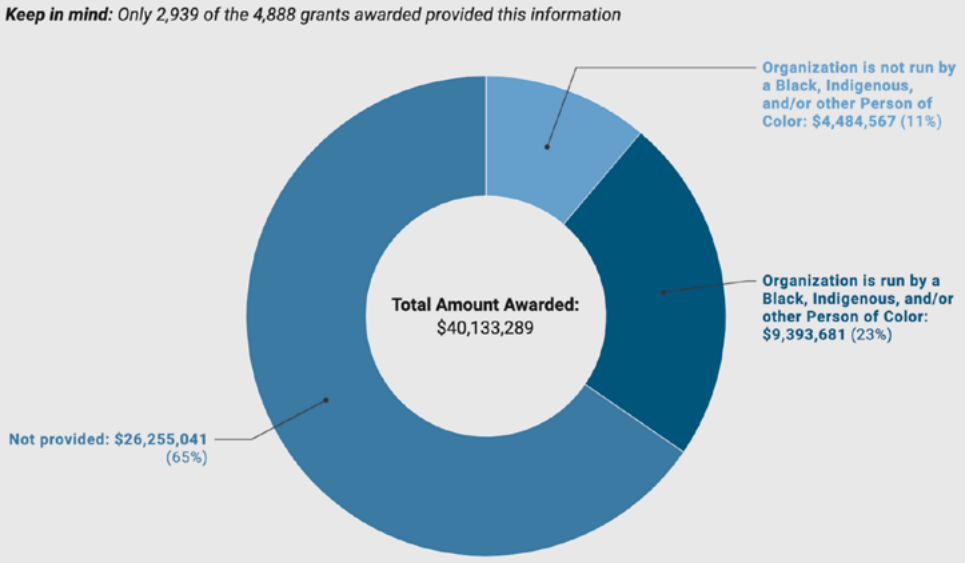
COVID-19's impact is not felt equally among racial or ethnic groups in the United States; nationwide, Black people are dying at 2.3 times the rate of White people (https://covidtracking.com/race, accessed 9/29/20). COVID-19 laid bare the health and economic disparities experienced by Black Americans. During the course of developing the dashboard, those disparities were the backdrop of civic action nationwide in response to police brutality and systemic racism following the death of George Floyd. As a result, there was significant, renewed interest in understanding how COVID-19 philanthropic response funds were addressing racial disparities.

There were two ways our team sought to understand the alignment between awards by participating shared funds and issues of race and ethnicity.

The first was to map grant awards data to census-tract-level data. In the atlas section of our COVID-19 Response Dashboard, census-tract-level demographic information included indicators such as minority-headed households. However, only two of the participating funds collected some information about the race, ethnicity, or gender of the populations they serve. Women's Way provided information on gender and race and ethnicity but accounted for only 0.34% of the total amount awarded by participating funds. COVID-19 Arts Aid PHL provided information on gender, race and ethnicity for a small subset of their grantees (215 out of 1,339). Philadelphia Emergency Fund for Stabilization of Early Education (PEFSEE), Jewish Federation and United Way of Bucks County provided demographic information related to age, but not gender or race and ethnicity. Without sufficient grant-level data, we could not visualize participating funds' grantmaking against these census-tract-level demographic data.

The second way we tried to understand the link between funding and race and ethnicity was to look at the leadership of organizations that received grants to see whether their race and ethnicity aligned with the communities most affected. We asked grantees to indicate whether or not their organization is led by a person who is Black, Indigenous, and/or other Person of Color. This information was provided by COVID-19 Arts Aid PHL; Philadelphia Emergency Fund for Stabilization of Early Education (PEFSEE); Philadelphia Small Business Relief Fund; United Way of Bucks County; United Way of Chester County; and Women's Way. Funds and grants where no demographics on organization's leadership were given are visualized as "Not provided."

Chart 12 Diversity of Grantee Organization Leadership



We wanted to understand any differences between awards to organizations led by someone who is Black, Indigenous and/or other Person of Color compared to those that were not. Shared funds may have incorporated practices into their grantmaking that reflect considerations of race and ethnicity. These include due diligence on grant applicant leadership, research on population served, and the intentional creation of grantmaking teams to reflect the demographics of those disproportionately affected by COVID-19. However, our team did not have data at the grant applicant level, and demographic data at the grantee level was available for only a small subset (35%, $13,878,248) of awards.

Within that small subset, twice as many grantees were led by someone who is Black, Indigenous and/or a Person of Color (BIPOC). We saw little difference in the average grant award amount that went to organizations led by BIPOC, compared to those not led by BIPOC: The average grant size for those led by BIPOC was $4,690, compared to an average grant size of $4,791 for non-BIPOC. As reference, the average grant size across all 13 funds was $8,211, and the average grant size where no demographic data was provided was even higher, $13,471. Some of that difference reflects the fact that the shared funds that collected and provided demographic data tended to make smaller grants than those that did not provide such data.

The shared funds that did provide demographic data included some of the larger shared funds, including the largest in terms of number of grants made (e.g., COVID-19 Arts Aid PHL and Small Business Relief Fund), as well as the smallest fund (Women's Way). This suggests that funds of all sizes can collect such data, if it is prioritized.

Youth and Education

One of the broadest areas of support from the shared funds included education and services for children, youth, and young adults. Schools and childcare facilities were shuttered across the Southeastern Pennsylvania and Southern New Jersey regions beginning in March and for many, into the 2020–2021 school year.

3,137,918
public students affected by closures in New Jersey and Pennsylvania

$11,890,452
grants to Education (Community Need)

$11,965,101
grants to Children, Youth, and Young Adults (Special Population)

Sources: May 2020, Edweek, CHIP Analysis

As a result, participating shared funds awarded grants to address critical needs including childcare ($4,543,909) and general education ($6,985,043). As indicated in Chart 6, Children, Youth, and Young Adults were the top special population supported by the grants.

Lessons Learned and Implications for Funders

We are aware of several efforts that collect and visualize data on different aspects of community need. We are also aware of various efforts to organize information on philanthropic activity and the other resources available to address need. However, we know of no other effort that compares standardized grant-level data from multiple funders, visualizes it across multiple dimensions, and compares it geospatially to census-tract-level measures of contextual need.

In other words, **this is the first tool we are aware of that allows funders to understand the philanthropic response to date and see the gaps that could be addressed by future efforts.**

This section outlines some of the lessons learned by our team during the course of the project, as well as some of the implications we see for funders, both regionally and in other communities.

Value of Pre-COVID-19 Regional Assets for Current Crisis

The development of the dashboard required a high level of collaboration, coordination, real-time learning and adjustment from the CHIP team, the dashboard partners, and all participating shared funds. As detailed in the section describing our process, the partnership among CHIP, Philanthropy Network Greater Philadelphia, and the William Penn and Lenfest Foundations allowed access to detailed, recent shared fund grant-level data. Funders do not routinely share their grant-level data with others. **That 13 participating funds chose to do so, in the midst of responding to a crisis of the scale of COVID-19, reflects an extraordinary amount of trust and commitment that we believe may be unique to the network of relationships in the region, and made possible only by the extraordinary situation brought on by the pandemic.**

The diversity of participating shared fund efforts also ensured that the dashboard's data standards could be applicable to a wide range of funders, beyond the 13 shared funds who participated in this initial implementation. Practices of some of those participating shared funds also point to ways to address the challenges in data collection that we observed.

Challenges in Data Collection During Crises

There is a tension between removing barriers for crisis grantmaking and collecting the data needed for reporting and accountability. Best practices in crisis grantmaking emphasize speed of disbursement over data collection. The goal to remove barriers to the grantmaking process created a trade-off between responsiveness and accountability.

We found that two types of data in the dashboard data standard are increasingly important but are not yet widely collected by funders: 1) grantee's geographic service area, as distinct from organizational address and 2) demographics of grantee leadership and populations served. These data are critical given COVID-19's disparate effects (based on race and geography) and the increased calls for equity and racial justice, as exemplified by the Black Lives Matter movement. The importance of this data was reinforced in focus groups—"we should be collecting these data, but we don't (yet)." Without such data, we were limited in mapping how funded organizations matched the demographics of those they served.

We observed that shared funds followed the first out of the gate—a "follow the leader" practice where many smaller funds used the data collection and grant application standard PHL COVID-19 Fund designed for expedited crisis grantmaking. Because the grant application for the PHL COVID-19 Fund was scaled back, so were the applications of many of the funds that followed. As a result and as discussed in the earlier section on alignment, we were unable to compare grant awards to grant applications and unfunded grant requests. Such a comparison might have provided additional insight.

We discovered that shared funds' anchor institutions did not always collect data pre-COVID-19 that could be critical for understanding effective COVID-19 relief. For example, shared funds that were accountable to public sources of funding (Small Business Relief) or had explicit programmatic mandates (Women's Way) captured demographic and geographic data. However, in the absence of a clear mandate, other shared funds did not. That lack of demographic data and geographic service area information limited the ability to understand how well funding targeted need. Yet the fact that both the largest shared fund (in terms of number of grants made) and the smallest shared fund both collected demographic and geographic data suggests that collection of such data can be incorporated in standard future practice.

Regional Capabilities to Strengthen Ongoing Response and Future Crisis Preparedness

This dashboard has been a conversation starter, and we have already identified several positive outcomes from this phase of the dashboard's development. All are promising for improved philanthropic response to continued acute and chronic needs, as well as future crises. These include:

- **Greater appreciation of the need to collect better data** on their grantees and who they are serving. Shared funds knew they should be collecting certain data (e.g., demographics), but after seeing sample visualizations and participating in consultative calls, they had a deeper appreciation of the value of collecting that data.

- **Greater willingness to share data.** After seeing sample visualizations and participating in consultative calls, shared funds were more motivated to share the data they had already collected.
- **Greater commitment to use data to inform work.** Participants requested help in understanding what questions to ask of the visualizations and how best to use the dashboard's tools. Our regional COVID-19 Response Dashboard workshops will help dashboard users apply the tools to their current grantmaking.

We also see other potential opportunities to strengthen the preparedness of funders across the region for the next crisis. These include:

- **A common crisis grantmaking application**, ready in advance to be adapted to disasters or crises and used by all shared funds to improve coordination and targeting of what will always be limited philanthropic dollars.
- **Minimum data standard** that can be used regionally for both crisis and non-crisis reporting and grantmaking. Asking for a minimum, standardized set of data could ease the burden on nonprofits and allow for better collaboration and sharing among funders.
- **Automated tool(s) for importing applicant data** and grantee data real time into the dashboard visualizations and maps so that participating funds and follow-on users have the benefit of current information for planning, without the effort that was required to establish the dashboard.

As philanthropic funders and others in this region continue to grapple with the ongoing challenges brought on by COVID-19, we hope the findings, lessons learned, and implications we've outlined in this document help inform their work and lead to greater, positive impact.

What's Next for This Project

The current version of the dashboard provides a data-informed view of our region's initial philanthropic response to COVID-19. More importantly, by visualizing that initial response against known need, it provides information that can help funders plan for what's next. That is critical. The COVID-19 pandemic is not over, and communities in our region and around the world will continue to grapple with its effects.

By visualizing what's been done, where need exists, and where gaps remain, the dashboard can also serve as a model for how funders might use data to inform decisions outside of COVID-19 response and recovery. In this section, we outline proposed next steps for our region, for COVID-19, and far beyond.

Update and improve the dashboard

The dashboard we created for the Southeastern Pennsylvania and Southern New Jersey region was a snapshot of need and giving from March 18 to June 29, 2020. Many of the participating shared funds continued to make grants after June 29, 2020, and have indicated interest in sharing this

data so that it can also be visualized on the dashboard. While the basic structure of the dashboard is now in place, we see multiple ways it can be enhanced and improved:

- Update the dashboard with additional data from existing funds.
- Expand the dashboard to include other donors, such as additional shared funds beyond the original 13, individual donors, and donor-advised fund holders, and/or public funding.
- Enhance with additional contextual data, including real-time indicators of community need, such as 211 calls, and other external datasets. We could then perform matched analysis of the community needs that grants were intended to address (e.g., an overlay of educational need with grants given to education).
- Disaggregate contextual data on community needs (e.g., race-specific COVID-19 death rates) to perform matched analysis of demographics of geography served and demographics of those most affected by COVID.
- Analyze grantmaking against recovery data to understand the impact of the shared funds.
- Make it more visually engaging and compatible with existing data platforms used in the philanthropic sector.

Export the dashboard model to new regions and use cases

To put the many lessons of the dashboard into practice, we hope to expand the dashboard to include other geographies, funding groups, and cause areas. We see opportunities to develop dashboards focused on:

- Particular cause areas (e.g., mental health)
- Funding communities (e.g., other regional philanthropy networks, peer-giving groups)
- Particular beneficiary populations (e.g., women and girls)

This is one of the first efforts we are aware of to collect and standardize geospatial grant awards information across multiple philanthropic funders. Beyond initial COVID-19 relief, the future of this tool can help funders:

- Improve targeting of place-based grants by understanding the social, economic, and health-related context.
- Enable more coordinated planning by analyzing grants made by multiple funders committed to a particular community or cause area.
- Promote place-based evaluation by comparing outcomes for those who received funding to those who did not.

The mechanics of the dashboard and methodology have now been built, reflecting a significant investment in thinking and labor from our team and partners. Now that this investment has been made, we hope to expand and improve upon the dashboard through new and existing partnerships. As with all of our work, we welcome collaboration and hope that this dashboard and the many lessons learned can advance greater social impact.

Appendices

Appendix A: Detailed Methodology and Timeline

Published on August 4, 2020, these data visualizations represent data shared with the CHIP team from 13 different COVID-19 response funds. Each shared fund was asked to share grants data in two rounds of data collection, with the latter according to a data standard, which consisted of minimum data fields, definitions, and standard formats.

> The CHIP team developed the data standard iteratively. First, we identified key data fields that were needed to answer project questions (How much money was awarded? What needs was that money intended to address? Who were the intended beneficiaries? Where did the money go?). For the first round of data collection, we conducted initial consultative calls with each shared fund to request both grants award and application data based on this initial list of data fields. The diversity of availability, quality, and format was assessed across shared funds to narrow the minimum key data fields, including restricting the data to only awarded grants.
>
> Each data field was defined, and a standard format for each data field was developed. Some funds (e.g. Women's Way, PHL COVID-19) had established categories that grantees could select, but the majority had open text fields. We cleaned the data across shared funds and merged into the first round master dataset.

Two data fields of particular interest were "community need addressed" and "special population served." The data field for "community need addressed" was developed based on cause areas known to be important for donors, based on the Center's work in knowledge and education for funders over the past 13 years; review of the National Taxonomy of Exempt Entities (NTEE); surveys implemented by response funds to collect additional grantee information, and a selection of external databases and dashboards that track community needs, including CUSP, Candid's Foundation Maps and COVID-19 Response Tracker, and Devex COVID-19 Response Tracker. Community needs were classified into 11 broad categories, including "Other," and 39 sub-categories. When the need addressed was only assigned at the high level, the corresponding subcategory assigned was labeled "General" high-level-need category.

The data field for "subpopulations served" was composed of 14 subpopulations, including an "Other" category, based on the categories of the first and largest response fund, PHL COVID-19. Examples of subpopulations in "Other" include low-income families, a specific geographic area, those with mental illness, and those of a specific demographic group. "Medically Frail" subpopulations refer to those with or at risk of one or more diseases, such as cancer and COVID-19. The result was the initial data standard. Other subpopulations are self-explanatory.

We conducted a second round of consultative calls with each of the shared funds to request data, based on the data standard. In cases where funds did not submit a second round of data consistent with the initial data standard, the CHIP team manually entered or re-coded data based on collected data in Round 1 and/or publicly available information. In this process, analysts identified gaps in the data field for "community need addressed" and added additional need categories. This reflected the final data standard for this phase of the regional COVID-19 Response Dashboard. To ensure uniformity across data provided by all shared funds, the CHIP team recoded all grant awards data as needed according to the revised data standard.

This process resulted in an aggregated dataset consisting of 4,892 grants from 13 funds. That data was then used to create the charts and graphs depicted in this report. Map-based visualizations were created by Urban Spatial by overlaying CHIP's data on the CDC's Social Vulnerability Index and other indicators of need.

Appendix B: COVID-19 Response Dashboard Online Events

We've planned a series of events to introduce the dashboard and our broad findings.

Visit our website to register and/or view a recorded session.

Regional COVID-19 Response Dashboard: Findings and Lessons Learned
In this webinar, the team behind the dashboard will share its findings about the region's philanthropic response to COVID-19. They will also share lessons learned and implications, both for those working in this region, as well as those outside the region who care about effective crisis grantmaking and improved philanthropic practice.

Webinar:
Tuesday, September 29
1:00–2:00 p.m.ET

Regional COVID-19 Response Dashboard: Demonstration and Virtual Tour
In this webinar, members of the teams that built the dashboard will provide a demonstration and virtual tour to help participants understand the functionality of different aspects of the dashboard, which is free and publicly available.

Webinars:

Thursday, October 8	Tuesday, October 13
12:00–1:00 p.m. ET	2:00–3:00 p.m. ET

COVID Response Dashboard: How to Use the COVID Response Dashboard for Planning & Future Efforts
In these interactive workshops, participants will learn how to incorporate the dashboard into their planning efforts through select case examples and facilitated breakouts with peers.

Interactive Online Workshops:

Thursday, October 8	Wednesday, October 21
2:00–3:00 p.m. ET	11:00 a.m.–12:00 noon ET
Friday, October 16	Thursday, October 22
9:30–10:30 a.m. ET	4:00–5:00 p.m. ET

Acknowledgements

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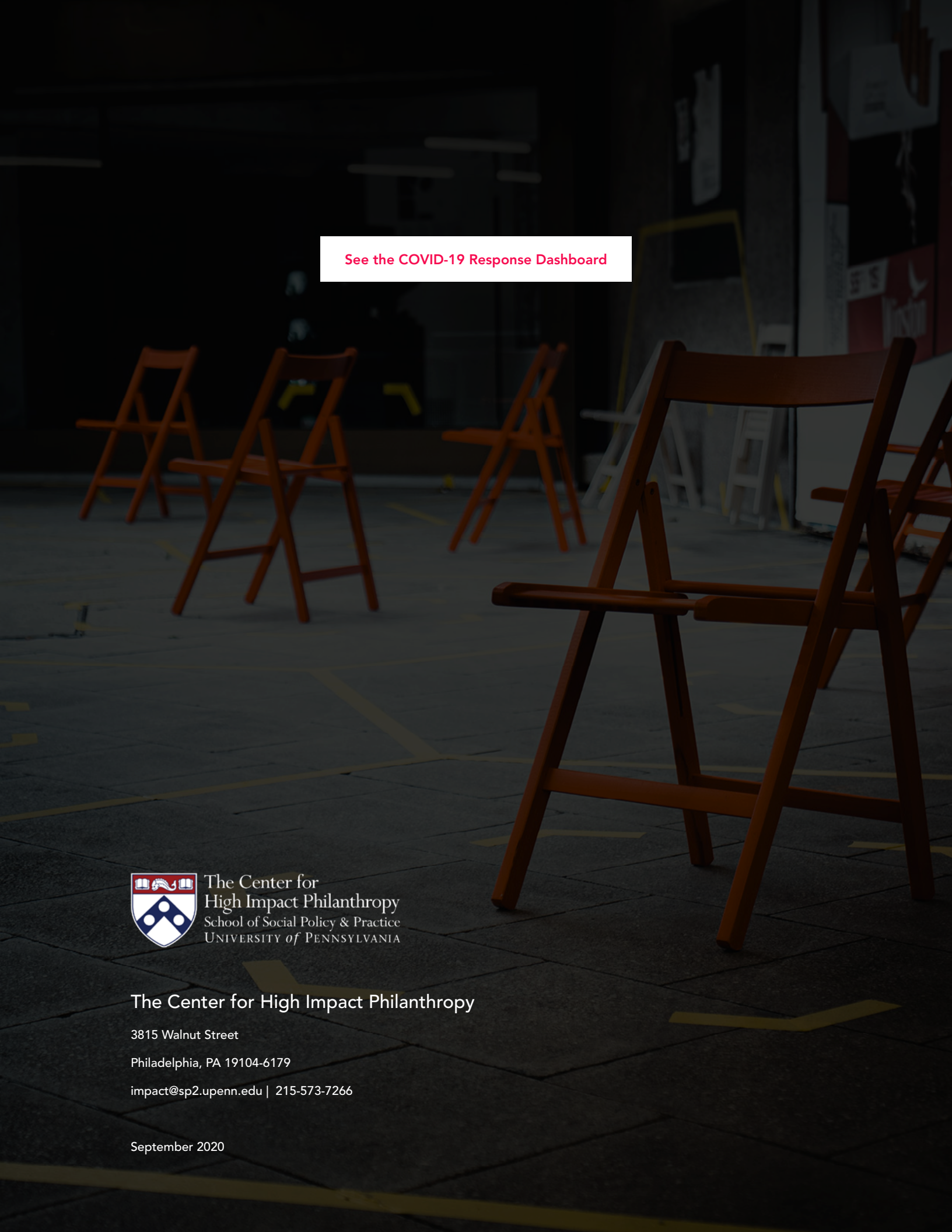

See the COVID-19 Response Dashboard

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