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Alexandria Fund for Human Services (AFHS) Evaluation

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Preface

The Department Of Community and Human Services (DCHS) of the City of Alexandria, Virginia, partnered with Community Science to evaluate the Alexandria Fund for Human Services (AFHS) to inform recommendations as to how to best support the delivery of Essential Human Services to all Alexandrians.

We are grateful to the AFHS grantees and other community partners in the human service delivery ecosystem who contributed their voices to this process. We are also grateful to representatives of the neighboring jurisdictions of Arlington, Fairfax, Loudoun, and Prince William Counties in Virginia and Howard County, Maryland, who took the time to share their insights and lessons learned regarding how they support human service delivery in their own jurisdictions. Finally, we would like to acknowledge the DCHS team, Kate Garvey, MSW, Federico Gutierrez, MSW, MPH, LCSW, and Debbie Anderson, MPA for their direction, thoughtfulness, and support throughout this evaluation.

The members of the Community Science team who contributed to this report are Dontarious Cowans, MA, Kerlin Morales, MBA, Leonardo Flores, MSW, Michelle Haynes-Baratz, PhD, and Amber Trout, PhD.

Executive Summary

The City of Alexandria is often described as a city of two realities — one of tremendous wealth and another where many residents struggle to meet basic needs. To address the variety of human service needs of Alexandrians, both the City and a network of nonprofit organizations directly provide a range of programs and services to families and individuals. Recognizing it cannot do it alone, **the City of Alexandria leverages a competitive grantmaking process — the Alexandria Fund for Human Services (AFHS) — to meet critical community needs for its most vulnerable residents across the lifespan.**

While requests for funding have consistently exceeded available funds, this gap has steadily increased over time, with the applications for the FY 2024–2026 cycle exceeding the pool by more than \$3.4 million. The unprecedented amount of project funding requested and rising human service needs prompted the City Council’s call for a re-examination of AFHS, prior to the next grant cycle’s notice of funding availability (expected to commence July 1, 2026). **With growing demand, the City of Alexandria wants to make sure that AFHS funding is allocated as effectively as possible — guided by community data and best practices — to support residents’ most critical needs.**

Purpose of the Evaluation

At the request of City Council¹, the City of Alexandria’s Department of Community and Human Services (DCHS) commissioned an **assessment of the AFHS to provide strategic recommendations to improve its effectiveness, including guidance on when a competitive grant fund is the right approach to support Essential Human Services (EHS) — and when it is not.** There were three main goals; to:

- I. **Assess the impact of the City of Alexandria’s current AFHS grantmaking practices;**
- II. **Benchmark best and promising practices in human service grantmaking practices in neighboring jurisdictions with similar funding mechanisms to consider alternative models; and**
- III. **Develop a framework for defining EHS.**

Across these goals, the City of Alexandria sought answers to a number of specific questions; [Exhibit 1](#) lists each evaluation question, the corresponding high-level findings, and an indication of the data source(s) that informed those findings.

Methodology

The City of Alexandria partnered with Community Science in September 2024 to conduct this evaluation, and data collection took place over four months (October 2024 – January 2025). The evaluation employed a **mixed-methods approach** and involved the following activities:

- **Document and landscape scans** reviewed internal records, public data, and broader literature to provide context on AFHS’s scope and funding mechanisms for essential human services.

¹ In a memorandum dated October 10, 2024, then-Councilwoman (now Mayor) Aliya Gaskins formally requested an external consultant to conduct an evaluation of the Alexandria Fund for Human Services (AFHS); the DCHS commissioned this evaluation as a result.

- **Community partner focus groups**² gathered insights from 39 representatives of current and past grantees as well as other community partners in the City of Alexandria’s ecosystem, exploring essential service needs, perceptions of the AFHS, and alternative funding models.
- **DCHS staff individual interviews** were held with 12 staff members, including center directors and program supervisors, to understand internal perspectives on essential service delivery and grant processes.
- **Neighboring jurisdiction interviews** were held with representatives from five neighboring jurisdictions³ to provide comparative insights into funding mechanisms and best practices.
- **A survey** completed by 53 community partners, representing a 50% response rate, captured quantitative and qualitative data to further explore essential services, perceptions of the AFHS, and funding recommendations.

Findings from these activities were synthesized to assess the impact of the current AFHS’s grantmaking, benchmark best practices, and develop a refined framework for funding Essential Human Services (EHS) in service of making recommendations that ensure AFHS funding is allocated effectively.

Critical Assessment Findings

I. Assessment and Impact of Current AFHS Grantmaking

The AFHS is critical in the City of Alexandria’s human service ecosystem, but it is not enough, and it is overstretched.

- During FY 2024–2026, the AFHS distributed approximately \$2 million, supporting 45 organizations and 50 programs, with year-end grant reports indicating that the 2024 funds supported a total of 69,019 people.⁴ A geographic review of AFHS-funded services found that while grantees are primarily reaching residents in areas of high need; the majority of economically burdened zip codes remain underserved. **These results suggest that need is outpacing grantee service provision.**
- **The AFHS funding pool has remained stagnant at \$1.9–\$2 million since 2014, despite rising demand and inflation.** Community partners highlighted, and DCHS staff corroborated, that while the fund is an essential source of support for community-based organizations, the funding pool is insufficient to address disparities meaningfully. Many noted that AFHS is “trying to do too much” and thus spread too thin. Concretely, this has resulted in smaller awards, which limits impact, given the time and resources required to apply for funding and reporting if awarded.
- **This scarcity has created a competitive mindset among stakeholders**, where community partners emphasized two key challenges: 1) competing for limited grant funds rather than collaborating to address essential community needs, and 2) competing with providers

² The City of Alexandria provided contact information for all community partners which included current and past grantees (n = 65) and other providers (n = 41) within the City of Alexandria’s human services ecosystem.

³ Arlington County, Fairfax County, Loudoun County, and Prince William County representing Northern Virginia and Howard County in Maryland.

⁴ This number includes one grantee who has served approximately 48,000 individuals. It is unclear whether this is individuals served via grant itself vs. service delivery more generally, and the extent to which this number is duplicative (single user counted each time service provided). Removing the data from this one organization decreases the total number served from 69,000 to about 21,000.

addressing the most immediate needs, such as food insecurity and the provision of shelter — services many believe should be funded outside of AFHS through direct contracts or budget line items.

- **The AFHS fund faces a legacy issue; many organizations have informally come to rely on it as a recurring funding source, reinforcing a pattern of repeat funding that restricts broader access and limits innovation.** Since its inception in 2014, the AFHS has funded 69 organizations (74 programs). While the FY 2024–2026 cycle introduced 17 new programs — the largest influx to date, past cycles saw limited turnover. In comparison, the second-largest turnover was in the FY 2019–2021 cycle, which only introduced six new projects.

II. Best Practices from Neighboring Jurisdictions

All neighboring jurisdictions we interviewed have grappled with similar challenges regarding how to best leverage a competitive grant fund to support critical community needs. Most have recently undergone or are about to embark on a similar evaluation process as they seek answers as to how to best support human service needs in their counties. A review of regional grantmaking practices highlighted some key strategies to enhance funding effectiveness; a comprehensive comparative table of practices is summarized in [Appendix H: Jurisdiction Comparison](#).

- **Many jurisdictions have arrived at the conclusion that critical human service needs exist on a spectrum,** ranging from immediate basic needs (e.g., food, housing) as well as a broader continuum of needs that promote long-term stability and well-being.
- **Relatedly, many neighboring jurisdictions have funding streams that acknowledge this spectrum and align accordingly.** Most have adopted a continuum-based approach to human services funding, balancing immediate basic needs with long-term stability initiatives. **This manifests differently depending on the jurisdiction: some have structured funding models that distinguish between emergency services and stability-focused programs, others use direct contracts for essential, ongoing services, and some use both.**
- Critical success factors for competitive funds named by neighboring jurisdictions include having enough staff to manage the demands of reviewing grant applications and monitoring awards, enhancing cross-department coordination to prevent duplication, and strengthening data-driven decisionmaking through site visits and performance tracking. Community engagement in the process was also named as a critical practice to ensure community needs are prioritized.

We also gathered insights from AFHS stakeholders and the broader literature to identify best practices in funding structures; these findings corroborated best practices named by the City of Alexandria peers. Community partners and internal DCHS staff widely support a mixed-funding model — where direct contracts fund the “most essential” human services (due to their stability and accountability), while competitive grants support innovative, specialized, or developing programs. Moreover, the broader literature supports the notion that direct contracts offer stability for essential, ongoing services, while competitive grants are best poised to drive innovation and adaptability, each playing a distinct but complementary role in meeting community needs.

III. Defining Essential Human Services (EHS)

Findings across all data sources converged suggesting that:

- **Essential Human Services (EHS) exist on a continuum, encompassing both immediate survival needs (e.g., food, housing, healthcare) and long-term stability factors (e.g., economic security, social cohesion).** Specifically, this was evident in the literature (see [Appendix I: Literature Review](#) for full overview), as well as insights shared by community partners (see [Appendix F: Quantitative Survey Findings](#) for a summary of all survey data and [Appendix G: Summary Findings from Focus Groups with Community Partners](#) for a summary of focus groups), DCHS staff, and neighboring jurisdictions.

Recommendations

A single fund of \$1.9 million cannot meet all the different needs required for all the residents of the City of Alexandria. We provide a series of recommendations on how to make the best use of a competitive grant fund; these include a definition of EHS and a reformed AFHS structure — including recommendations on some services that may be better suited for direct contracts. Together, these recommendations intend to help the City of Alexandria improve future grant cycles so that the AFHS can meet the needs of residents in the most effective and meaningful ways.

➤ RECOMMENDATION 1: Adopt the following definition of EHS

*Essential Human Services (EHS) are those that meet the fundamental needs necessary for survival, stability, and well-being. Rather than a dichotomous classification of essential or not, services exist on a spectrum. At the most basic level, they ensure **survival** by addressing the immediate bare needs of food, water, shelter, and safety. The next level supports continued survival or **stability** by preventing harm, promoting health, and enabling economic and social participation. At the highest level, they foster mobility, resilience, and community engagement — collectively known as **thriving**. Rather than a fixed set of services, EHS depend on contextual factors such as geography, culture, and societal conditions.*

Adopting the proposed definition above will provide the City of Alexandria with a clear, consistent, and comprehensive framework for funding decisions. It ensures alignment across stakeholders, fosters a shared understanding of priorities, and improves communication by creating a common language for discussions. Grounded in both the literature and stakeholder consensus, it also aligns with principles used in other jurisdictions. See [Figure 3: Dimensions of Essential Human Service](#) for a description of the surviving to stabilizing to thriving continuum.

➤ RECOMMENDATION 2: Restructure the AFHS for greater impact

- **Employ the AFHS competitive grant process *primarily* for stabilization and thriving services.** Use competitive grants to fund programs that focus primarily on stabilizing and advancing long-term community well-being (e.g., workforce development, economic mobility).
- **Require AFHS recipients to 1) provide a novel service delivery that is not duplicative of others provided in the community and 2) propose service delivery in partnership with another community partner.**
- **Prioritize one to two key service areas per cycle:** Instead of spreading funds too thin, focus on the most urgent community needs based on a **data-driven assessment**.

- **Make fewer, larger grants.** Increase individual award amounts to maximize program impact rather than funding numerous small projects.
- **Continue to implement multi-year funding cycles.** Maintain 3-year grant cycles to provide stability and enable long-term planning.
- **Enhance performance monitoring and accountability.** Establish standardized impact metrics for grantees to track service delivery effectiveness that will allow for data-informed decisionmaking.
- Employ **direct contracts for persistent conditions related to survival, not otherwise available in the community** and where a disruption in funding would create instability for critical services providers and their beneficiaries.

The proposed restructuring of AFHS is designed to maximize its impact by ensuring that resources are strategically allocated to the City’s most pressing human service needs. By shifting funding for survival services into direct contracts, the City of Alexandria can ensure these essential needs are met without interruption, while also freeing up the competitive grant process for services focused primarily on stabilization and thriving. This reduces competition between fundamentally different service types and creates space for novel approaches to solving complex problems. Furthermore, requiring partnerships, as practiced by some peer jurisdictions, strengthens the overall service ecosystem by fostering coordination and shared capacity. Finally, anchoring funding decisions in community-based needs assessments ensures that limited resources are targeted toward priorities identified by residents — focusing impact rather than spreading funds across too many areas. See [Figure 4: Decision Tree](#) for a proposed approach for making funding decisions.

➤ **RECOMMENDATION 3: Increase the total amount of AFHS funding to meet demand**

- **Increase the City of Alexandria’s AFHS budget allocation** to ensure that funding keeps pace with rising service demands and inflation.
- Introduce a **Cost-of-living adjustment** for multi-year grants to ensure service continuity.

The AFHS fund has remained static for a decade despite the increased demand and increased costs associated with goods and services. An increase in the total amount of AFHS funding would be congruent with best practices as exemplified by neighboring jurisdictions.

Conclusion

This report provides a comprehensive analysis of the AFHS, offering evidence-based findings and actionable recommendations grounded in community and staff perspectives, best practices from neighboring jurisdictions, and insights from the broader literature. It is intended to support the City of Alexandria in making informed, strategic decisions about how to most effectively structure and use a competitive fund to meet the City’s critical and evolving human service needs. What follows offers the detailed data, context, and nuance from which these recommendations have been distilled.

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1. Introduction

1.1 The City of Alexandria

Alexandria, an independent city in the Commonwealth of Virginia, is in northern Virginia and is bordered by the District of Columbia (Potomac River) and Arlington and Fairfax Counties. With a population of approximately 158,000 and a land area of 15.75 square miles, the City of Alexandria is the seventh-largest city in Virginia and part of a large metropolis, which includes the nation's capital.

The City of Alexandria is also culturally diverse. African Americans comprise approximately 21% of the residential population; Latino residents and Asian Americans make up about 17% and 6%, respectively. Approximately 26% of the City of Alexandria's residents were born outside of the U.S., and students at its single public high school come from 119 different countries and speak 121 different languages.

Yet, the City of Alexandria is often described as a city of two realities — one of tremendous wealth and another where many residents struggle to meet basic needs. Of its 70,000 plus households, almost 9% live in poverty and 39% are Asset Limited, Income Constrained, Employed (ALICE). ALICE households earn just above the Federal Poverty Line, making them ineligible for many federal subsidies while remaining financially vulnerable. Despite the City of Alexandria's affluence, economic disparities persist, and the poverty rate has remained stagnant — 8.5% in 2013 compared to 8.4% in 2023.⁵ The COVID-19 pandemic further exacerbated economic fragility, deepening food and housing insecurity, and increasing underemployment. Residents of color, especially those living in certain zip codes, have been disproportionately affected and will likely experience long-term impacts on their health and well-being.

To address the variety of human service needs of Alexandrians, both the City of Alexandria and a network of nonprofit organizations directly provide a range of programs and services to families and individuals. The City of Alexandria has developed long-standing working relationships with many of these nonprofits and has partnered with them to address a variety of human service needs, both as City contractors and as recipients of the Alexandria Fund for Human Services (AFHS) grants.

1.2 Alexandria Fund of Human Services (AFHS)

Recognizing it cannot do it alone, the City of Alexandria leverages a competitive grantmaking process — the AFHS — to meet critical community needs. Aligned with its vision of “a community where residents experience well-being, safety, and self-sufficiency,” the Department of Community and Human Services (DCHS) houses the AFHS which “aims to support human service needs for the City's most vulnerable residents across their lifespan to advance conditions in their respective environments of origin to ensure well-being, safety, self-sufficiency, and resilience through equitable processes, practices, and outcomes.”

While the AFHS was formally established in 2014, the City of Alexandria has allocated Council-appropriated funds to support nonprofit grantmaking since 1992, beginning with the creation of the Children's Fund (CF). The CF was established to help meet the needs of at-risk children, birth to 5 years old, including funding quality early childhood programs. In 1997, the City Council transitioned from a non-competitive contributions process and established the Community Partnership Fund (CFP) grants application process to

⁵ U.S. Census Bureau. YEAR, "American Community Survey Five-year Estimates." Retrieved from: <https://data.census.gov/table/ACSDT5Y2023.B06012?q=B06012&g=160XX00US5101000>.

address identified human service priorities. A third funding pool, the Youth Fund (YF), was created in 2001 to support the needs of residents under 21 years old. The three funds, once administered by separate DCHS divisions, were brought under the newly named AFHS in 2014 and, at the same time, consolidated into a single funding pool. Since 2014, the annual City Council AFHS appropriation has ranged from \$1.9 million to \$2.0 million.

Prior to this evaluation, the City of Alexandria’s grantmaking in this domain underwent two reviews conducted by citizen review committees. The first, in 2013, resulted in the consolidation of the three funds into the AFHS grant pool, a new electronic application submission process, a multi-year grant cycle, and funding priorities consistent with [strategic plans](#) endorsed by the City Council. The second review, in 2023, informed the current grant cycle (FY 2024–2026). [Recommendations](#) included a web-based grantmaking platform; use of logic models to support program outcomes; refined funding areas and priorities; and a greater emphasis on collaboration, innovation, and a focus on racial equity. Below are the current funding priorities and focus populations based on those recommendations.

The five funding priorities include:

- All children and youth are school ready (this includes young children 0 to 5 years old).
- All Alexandrians are socially connected, emotionally secure, and culturally competent.
- All Alexandrians are economically secure and career ready.
- All Alexandrians have access to physical, dental, mental health, and vision resources and services.
- All Alexandrians are assisted in and empowered to prevent and remedy crises (this includes food insecurity, evictions, and financial crises).

The seven focus populations include:

- Children and youth (including ages 0 to 5);
- Individuals with low incomes and low wealth;
- Individuals with dental, physical health, mental health, and vision care needs;
- Individuals facing crises;
- Survivors of domestic violence and sexual assault;
- Older adults; and
- Historically marginalized communities including, but is not limited to, Black, Indigenous, People of Color (BIPOC), immigrant populations (including those who lack documentation or families with mixed status), justice involved individuals, LGBTQIA+ people, persons with disabilities across their lifespan to include support for care givers, individuals with limited English proficiency, and the unhoused, housing Insecure, and housing cost burdened.

For the FY 2024–2026 AFHS grant cycle, City Council approved award recommendations for 50 programs and services (across 45 organizations) that met the [published eligibility criteria](#) and best aligned with the priorities and focus populations. Individual awards ranged from \$10,000 to just greater than \$140,000. While requests for AFHS funding have consistently exceeded available funds, the applications for FY 2024–2026 cycle exceeded the pool by more than \$3.4 million. The unprecedented amount of project funding requested and rising human service needs prompted the City Council’s call for another review and re-examination of AFHS, prior to the next grant cycle’s notice of funding availability (expected to commence July 1, 2026). **With growing demand, the City of Alexandria wants to make sure that AFHS funding is**

allocated as effectively as possible — guided by community data and best practices — to support residents’ most critical needs.

1.3 Purpose of the Evaluation

This evaluation is an opportunity for DCHS to take stock of the impact made by AFHS and consider if there are other methods or mechanisms for better funding and delivering Essential Human Services (EHS). These insights are sought to help ensure that the AFHS is structured in a way that is truly responsive to the growing and changing needs of Alexandrians, including what works well and where there is room for improvement.

To do this, the City of Alexandria partnered with Community Science in September 2024 to evaluate the Alexandria Fund for Human Services (AFHS) and provide recommendations for future grant cycles. There are three key goals:

1. **Assess the impact of the City of Alexandria’s current AFHS grantmaking practices;**
2. Benchmark **best and promising practices** in human service grantmaking practices in neighboring jurisdictions with similar funding mechanisms **to consider alternative models;** and
3. Develop a framework for **defining Essential Human Services (EHS).**

These goals, along with the following evaluation questions, were outlined in the City of Alexandria’s Informal Request for Proposals (IRFP):

- Which AFHS grant funded programs and services are better suited for direct contracts?
- What is a process for evaluating the success and impact of AFHS?
- Should AFHS provide partial funding vs. full funding, innovation vs. ongoing services, time-limited commitments vs. continuous funding?
- How can AFHS more strategically leverage other local, state, and federal funding to meet human service needs?
- What are strategies for leveraging AFHS resources to better support agencies in meeting human service needs?
- Resources required to support the delivery of Essential Human Services (EHS). Should these services be part of City Departmental budgets through contractual services or funded through AFHS competitive grants process?
- What are critical human service needs that City nonprofits are currently providing and what is the availability of resources to meet the needs?
- What services that are currently provided by the City could be provided more efficiently and effectively by an existing nonprofit organization [to address] unmet client service needs and funding gaps; and what efficiencies could be gained through organizational improvements?
- What are the best and most promising practices in community-based grantmaking utilized in neighboring and other jurisdictions?
- What is the most effective and efficient way to identify Essential Human Services (EHS)?
- Is a competitive fund the right financial structure to meet Essential Human Service (EHS) needs?
- What is a mechanism for identifying nonprofits with the capacity to deliver these services?

While these questions can be broadly grouped under the three evaluation goals, there is considerable overlap. For example, questions about the impact of AFHS’s current grantmaking practices (Goal 1) also

touch on whether alternative funding models might be better (Goal 2), and defining essential services (Goal 3) informs decisions about the use of alternative models, such as the use of direct contracts vs. competitive grants (Goal 1). This is relevant to how we later organize the findings by goal, acknowledging the natural intersections.

1.4 Methodology

To answer the evaluation questions, we employed a mixed-methods approach, combining quantitative and qualitative data collection to assess the AFHS. This approach engaged many stakeholders to gain a deeper understanding of the fund's impact, strengths, and opportunities for improvement. A detailed description of our methods is provided in [Appendix A: Methodology](#).

Data was collected through the following five activities:

- 1) **A document and landscape scan** involved a review of internal records, public data, and the broader literature to provide context on the AFHS's scope and funding mechanisms for essential human services.
- 2) **Community partner focus groups**⁶ gathered insights from 39 representatives of current and past grantees as well as other community partners in the City of Alexandria's ecosystem, exploring essential service needs, perceptions of the AFHS, and alternative funding models.
- 3) **DCHS staff individual interviews** were held with 12 staff members, including center directors and program supervisors, to understand internal perspectives on essential service delivery and grant processes.
- 4) **Neighboring jurisdictions interviews** were held with representatives from five neighboring jurisdictions to provide comparative insights into funding mechanisms and best practices.
- 5) **A survey** completed by 53 community partners, representing a 50% response rate, captured both quantitative and qualitative data to further explore essential services, perceptions of the AFHS, and funding recommendations.

Community Science collaborated with the DCHS team to develop and pilot the data collection tools and protocols to ensure clarity and relevance (see [Appendix B: City of Alexandria: Interview Protocol for Community Partner Focus Groups and DCHS Staff Interviews](#) and [Appendix C: Evaluation of the Alexandria Fund for Human Services \(AFHS\) Survey](#) for survey tool). Data collection took place over a four month period (October 2024–January 2025). To the extent possible given the short time period, our methods prioritized inclusivity, confidentiality, accessibility, and community voice.

Following data collection, Community Science hosted a webinar for community partners. Invitations were sent to all 106 community partner organizations to join a sensemaking session on January 23, 2025. At that session, we shared the preliminary survey and focus group findings. We also guided a reflection to ensure our findings resonated with those who provided the data and to have an opportunity to gather any missing perspectives.

Our team used quantitative and qualitative data to describe the impact of the AFHS funds, identify best and promising practices, and define essential needs for a competitive funding structure. For the analysis, the

⁶ The City of Alexandria provided contact information for all community partners which included current and past grantees (n = 65) and other providers (n = 41) within the City of Alexandria's human services ecosystem.

data encompasses the diversity of voices and different opinions and ideas to bring together a full understanding of the AFHS and inform future funding cycles.

The remainder of this report will describe the findings for each evaluation goal defined above. Throughout the next section, we highlight critical findings that help answer the IRFP questions. Lastly, we conclude with recommendations for the DCHS to consider for AFHS.

2. Findings

We synthesized the findings from the various data sources to answer the evaluation questions set forth in the IRFP. Specifically, [Exhibit 1](#) below lists each evaluation question, the corresponding high-level findings, and an indication of the data source(s) that informed those findings.

Exhibit 1: Evaluation Questions, High-level Findings, and Corroborating Data Source(s)

Key:		 Community Partner Focus Groups	 Community Partner Surveys	 DCHS Staff	 Neighboring Jurisdictions Interviews / Landscape Scan	 Literature Review
IRFP Questions	Findings					
An assessment of the fund.	Fund is meeting some need; fund is also spread too thin. There are process improvements possible.	☒	☒	☒		
Which AFHS grant funded programs and services are better suited for direct contracts?	Services that address survival needs are best suited for direct contracts.	☒	☒	☒	☒	☒
What is a process for evaluating the success and impact of AFHS?	Determine the one or two most pressing need(s) that AFHS will focus on for the grant cycle based on available community data; determine what success looks like and for whom; provide example metrics and require that data in reporting — provide technical assistance if necessary.				☒	
Should AFHS provide partial funding vs. full funding, innovation vs. ongoing services, time-limited	Each strategy promotes different outcomes. The recommendations to AFHS are, to the extent possible, use full funding for capacity building (via partnerships), fund innovation, and make time-limited commitments.	☒	☒	☒	☒	☒

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IRFP Questions	Findings					
commitments vs. continuous funding?						
How can AFHS more strategically leverage other local, state, and federal funding to meet human service needs?	Provide clarity about the scope and purpose of AFHS, which then identifies the use of other funding sources to address gaps. See Figure 4 for decision tree.	☒			☒	
What are strategies for leveraging AFHS resources to better support agencies in meeting human service needs?	See the proposed structure of AFHS, capacity building through fostering partnerships and new ways of working.	☒	☒	☒	☒	☒
Resources required to support the delivery of EHS. Should these services be part of City Departmental budgets through contractual services or funded through AFHS competitive grants process?	If the proposed definition of EHS is adopted, then it is recommended that “surviving” EHS be primarily resourced via direct contractual services, “stabilizing and thriving” EHS primarily via a competitive grants process.	☒	☒	☒		
What are critical human service needs that City nonprofits are currently providing and what is the availability of resources to meet the needs?	If the proposed definition of EHS is adopted, all grantees provide essential services; the need is growing and resources are currently scarce.	☒	☒	☒		
What services that are currently provided by the City could be provided more efficiently and effectively by an existing nonprofit organization [to address] unmet client service needs and funding gaps; and what efficiencies could be gained through organizational improvements?	Partnerships are required to strengthen the human services ecosystem because a single fund supporting individual organizations will not meet the needs of the City of Alexandria.	☒	☒	☒		☒
What are the best and most promising practices in community-based grantmaking utilized in neighboring and other jurisdictions?	The recognition of different types of needs and funding streams that align; data-informed decisionmaking; and community engagement in decisions are top best practices.	☒	☒		☒	
Definition of Essential Human Services (EHS)	EHS are defined as a continuum of services ranging from surviving to stabilizing to thriving.	☒	☒	☒	☒	☒
What is the most effective and efficient way to identify EHS?	Consider where the EHS sits along the continuum and what dimensions it encompasses; be sure to include community voice in a needs assessment.					☒
Is a competitive fund the right financial structure to meet essential human service needs?	If the proposed definition of EHS is adopted, no, not on its own; although, a competitive fund has a role in reaching hard to reach populations.	☒	☒	☒	☒	☒
What is a mechanism for identifying nonprofits with the capacity to deliver these services?	Main factors are evidence of being a trusted pillar in the community and that the nonprofit can meet proposed AFHS eligibility requirements (see recommendations).	☒	☒			

2.1 Assessment of Fund/Impact of the Fund

We began our assessment of the fund by reviewing annual reports and publicly available data to develop an understanding of the current and past AFHS grantees and distribution across the priority areas. Overall, the data suggests that funding is most heavily weighted toward ensuring all Alexandrians are economically secure and ready — 47% of the total FY 2024–2026 grant awards.

Since its inception in 2014, the AFHS has had four grant cycles, typically ranging from one to three years; one grant cycle was extended to five years due to two Covid-19 extensions.⁸ In that time, 69 organizations (74 programs) have been funded. More than half of these have received AFHS funding across multiple cycles, with many tracing their involvement back to pre-2014 iterations of the fund.

The current FY 2024–2026 grant cycle marked the single largest addition of new grantees to receive funding in a cohort. The AFHS distributed \$1,990,329 across the five priority areas, supporting 45 organizations and 50 programs. Of these 50 programs, 17 were newly funded projects. In comparison, the second-largest turnover was in the FY 2019–2021 cycle, which only introduced six new projects.

Year-end grant reports indicate that the 2024 funds supported a total of 69,019 people.⁹ [Exhibit 2](#) illustrates the distribution of funding across priority areas from largest to smallest grant allocation per area. Grant amounts ranged from \$10,000 to \$140,000, with an average of \$40,618; although individual awards varied considerably.

Exhibit 2: Grant Allocation by Priority Area for the FY 2024–2026 Cycle

Priority Area	Total Programs Funded	Allocated Amount	Percentage of Total Fund	Average Grant Amount	Number of People Served
All children and youth are school ready (Priority 1)	5	\$143,980	7%	\$30,501	889
All Alexandrians are socially connected, emotionally secure, and culturally competent (Priority 2)	8	\$223,581	11%	\$27,948	12,141
All Alexandrians are economically secure and career-ready (Priority 3)	20	\$932,282	47%	\$46,614	3, 542
All Alexandrians have access to physical, dental, mental health, and vision resources (Priority 4)	8	\$241,481	12%	\$30,185	2,426
All Alexandrians are empowered to prevent and remedy crises (Priority 5)	8	\$440,480	22%	\$55,060	50,021*

⁸ 2014 (single year), 2015 (single year), 2016/18 (3 year), 2019/21 (3 year) plus 2 single year Covid-19 extensions in 2022 and 2023, 24/26 three year, current cycle).

⁹ This number includes one grantee who has served approximately 48,000 individuals. It is unclear whether this is individuals served via grant itself vs. service delivery more generally, and the extent to which this number is duplicative (single user counted each time service provided). Removing the data from this one organization decreases the total number served from 69,000 to about 21,000.

**Includes one grantee whose reported servicing approximately 48,000 people.*

Grantees choose one of the five priority areas when they apply. However, after reviewing their programs, it became clear that some might ideally belong to a different priority area that better matches their focus and impact. Because of this, and the way programs spread out, their effects in each priority area might not be fully described or known.

2.1.1 Mapping Service Provision with Need: A Spatial Analysis

We next sought to understand the geographic service reach of the grantees across the City of Alexandria. Given the large economic disparities and their spread across different zip codes and neighborhoods, we wanted to see where needs were being met and where there may be service gaps.

To assess the reach of the AFHS, we conducted a spatial analysis of grantee service coverage across the City of Alexandria's zip codes. We visualized where grantees reported serving residents¹⁰ and overlaid this data with community need indicators from the U.S. Census Bureau's American Community Survey (using R/RStudio and Leaflet). See [Appendix D: Priority Maps' Measurement Sources and Details](#) for full methodological details on spatial analysis.

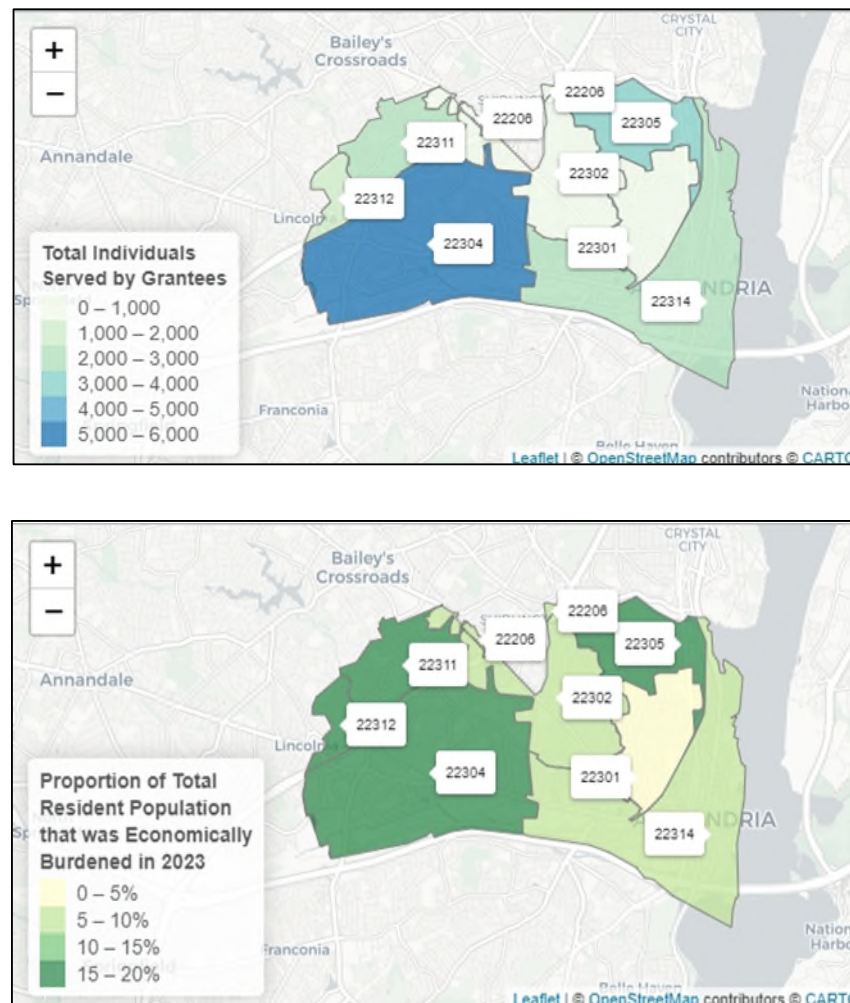
When you examine the raw counts of service delivery, AFHS grantees are generally providing the most services to individuals in areas with the most need ([Figure 1](#)). However, the data also suggests that there is even more need than what grantees can keep up with (as illustrated in [Figure 2](#)).

[Figure 1](#) is composed of two maps. It shows where services are being provided (top map) compared to where there is the highest need (bottom map). Specifically, the top map illustrates grantee coverage during the most recent grant cycle across all five priority areas; the darker the color, the more residents served. The western zip code of 22304 and the northern zip code of 22305 have the most service provision. The bottom map details the share of residents of the City of Alexandria who were estimated to be economically burdened¹¹ in 2023. The darker the green, the more burdened. More economically burdened residents tend to live in the more western zip codes — like 22304, 22312, and 22311 — and the more northern zip code of 22305. Looking at the raw numbers, the distribution of services appears to generally match the pattern of need, with more services being provided in areas of higher need.

¹⁰ Estimates of the number of residents served per zip code by each grantee were compiled from annual reports provided by the City of Alexandria, but some data was incomplete. In some cases, total service numbers did not match the zip code breakdown because organizations were unable to track zip codes for all individuals.

¹¹ Living below 150% of the federal poverty level.

Figure 1: Individuals Served by Grantees & Distribution of Economically Burdened Residents by Zip Code



DATA SOURCES: The City of Alexandria's DCHS AFHS grantee report and the U.S. Census Bureau's 2023 American Community Survey five -year estimates.

NOTE: The raw estimate of individuals served by grantees is self-reported and likely includes overlapping counts of individuals who may have been served by multiple grantees. Similarly, the estimate of economically burdened residents uses the total number from the entire zip code and, for some zip codes, includes the entire estimate of economically burdened residents living both within and outside of the municipal boundaries of the City of Alexandria.

The data from the two maps in [Figure 1](#) were combined to create an estimate of how well grantees are reaching economically burdened Alexandrians. **In other words, we wanted to know what proportion of people who need help are actually receiving it.** We created a proxy measure for grantees' relative reach in each zip code in comparison with the total number of residents in need. For example: in a zip code with 1,000 people, if 5% are "economically burdened" that translates into 50 individuals in need. If grantees report serving a total of 25 people in that zip code, that translates into a reach score of 50% ($25/50 = 0.5 * 100$). Based on this proxy measure of reach, **we see that — in many zip codes — need outpaces service provision.**

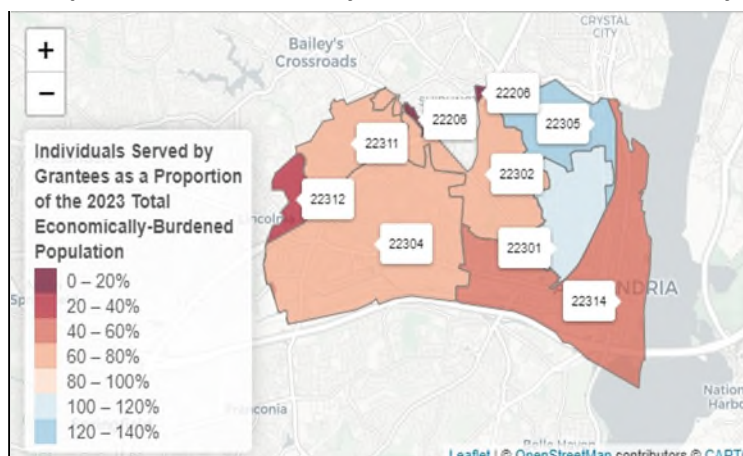
In [Figure 2](#), a score above 100% (shown in blue) indicates that grantees served more individuals than the estimated number of economically burdened residents in that zip code. For example, zip codes 22305 and

22301 had reach scores of 136% and 105%, suggesting that many residents in need in these areas received services.

A score below 100% (shown in red) suggests that the number of residents served was lower than the estimated need in that zip code. The darker the red, the more need outpaced the services provided. In some cases, lower scores may be due to part of the zip code falling outside of the city limits; notably, this is also where we see the darkest red (0–40% reach scores). In contrast, zip codes like 22311, 22304 (60–80% reach scores), and 22314 (40–60% reach score) have boundaries fully within the City of Alexandria, meaning that lower reach scores in these areas likely reflect a gap between available services and resident needs. This suggests that either demand is outpacing service availability or that economically burdened residents in these areas are not accessing grantee services.

Taken together, this mapping metric suggests the economically burdened zip code of 22305 is well served. However, the economically burdened zip codes on the west side are less so.

Figure 2: AFHS Reach: Proportion of Economically Burdened Residents Served by Grantees



In addition to the spatial analysis across all five priority areas, we also looked at the data for each priority separately. We present a high-level summary of key findings here, while the complete set of maps and data can be found in [Appendix E: Mapping by Priority Area](#) for further reference.

Key findings indicate that:

- **Priority 1** (All children and youth are school ready) had the lowest overall reach, with no zip code exceeding 4% of its estimated economically burdened population.
- **Priority 2** (All Alexandrians are socially connected, emotionally secure, and culturally competent) had a concentrated impact in 22305 (one zip code with significant need), where grantees reached approximately 70% of the economically burdened population but much lower reach in other areas with significant need.
- **Priority 3** (All Alexandrians are economically secure and career-ready) saw a balanced distribution between 22305 and 22302 having the highest proportional reach (25.5% and 21.2%, respectively); areas of high need saw much lower reach scores relatively ranging from 0–15%.
- **Priority 4** (All Alexandrians have access to physical, dental, mental health, and vision resources) had relatively even reach across most zip codes, with 22314 standing out at nearly 20%, despite being one of the least economically burdened areas relative to others.

- **Priority 5** (All Alexandrians are empowered to prevent and remedy crises) had the highest overall reach across grantees, with some of the zip codes with the highest need reaching between 40–50% of their estimated economically burdened populations.

In sum, the spatial analysis suggests that the AFHS grantees are meeting **some** community needs. While the data used to generate these maps was imperfect,¹² it suggests that grantees are typically serving individuals who live in zip codes of higher need. However, with a few exceptions, the demand for EHS (as measured by economic burden) exceeds the services provided by grantees. This indicates a gap in service and/or barriers that prevent individuals from accessing those services. The spatial analysis also underscores the critical role of accurate data collection in documenting outcomes.

In addition to spatial analysis, we sought to collect feedback about the impact of the AFHS from various stakeholders, including current grantees and former grantees, other community partners in the human services ecosystem, and members of DCHS.

2.1.2 Stakeholder Perceptions of AFHS Impact

We gathered feedback from community partners and DCHS staff to learn about their views on the fund's effectiveness, the grant process, and areas for improvement. Overall, the interviews, focus groups, and surveys showed that the AFHS fund is essential for meeting community needs, but there is room for improvement. This is true both in terms of grants awarded (which programs are funded, how much is funded) as well as the application for, and management of, awards. There were various opinions on how to make the fund more effective.

Community partners rated the fund as moderately effective¹³ (mean = 3.44) and felt that there were several benefits of being a grant recipient, including expanding capacity to meet the needs of the community, filling in funding gaps, and leveraging the AFHS fund to be able to raise additional funds. See [Exhibit 3: Top 3 Benefits of Being an AFHS Grantee](#) for relevant survey findings. These results align with qualitative insights from community partners. See [Appendix F: Quantitative Survey Findings](#) for a full summary of all quantitative survey data and [Appendix G: Summary Findings from Focus Groups with Community Partners](#) for a summary of community partner focus groups.

Exhibit 3: Top 3 Benefits of Being an AFHS Grantee

Top 3 Benefits of Being an AFHS Grantee	Mean
Maintains capacity to offer services that would otherwise not be supported through other funding mechanisms	4.35
Increased capacity to serve the community	4.19
Enhances ability to leverage additional funding	4.07

“[B]eing funded by [AFHS] grant speaks to your good record and adds credibility to the work you are doing in the eyes of other funders, and this has helped us leverage the credibility and funding history to acquire other funding.”

– Community Partner

¹² Not all grantees were able to report individuals served by zip code, and thus not all individuals served are represented in the maps. Some individuals may be double-counted because they received different services from two grantees; so although it is one person, they are represented twice in the quantitative data, once by each grantee.

¹³ Overall, how effective is the current AFHS funding in meeting essential community needs, on a scale of 1 = Not effective, 2 = Slightly effective, 3 = Moderately effective, 4 = Very effective, 5 = Extremely effective?, (n = 41)

However, Community Partners overwhelmingly felt that insufficient funding limits the impact of the AFHS. Community partners repeatedly raised two primary concerns regarding AFHS funding: 1) the total funding pool of \$1.9 million and 2) the amount awarded to individual projects. These concerns emerged both in the survey (see [Exhibit 4: Top 3 Areas for AFHS Process Improvements](#) for relevant findings) and in the focus groups. They described a landscape of ever-increasing need in the community juxtaposed with a grant fund that has remained essentially flat. They explained that over time, inflation and rising service demands have reduced the purchasing power of AFHS grants, limiting their impact. These sentiments were echoed by internal DCHS staff.

Exhibit 4: Top 3 Areas for AFHS Process Improvements

Top 3 Areas for AFHS Process Improvements	Mean
The amount available in the AFHS Fund	4.21
The amount allocated to an individual project	3.80
Grant review and selection process	3.10

1 = Not at All to 5 = Absolutely

“Flat funding over three years is reduced funding each year. Given that grantees are asked for a three year budget would be better to allow for increased funding each year to reflect reality of annual cost increases.”

– Community Partner

Given the question in the IRFP about partial as compared to full funding, we also asked community partners to provide their perspectives on this issue. Many **reported challenges related to receiving partial funding**, which then meant they had to piece together staffing and operational costs from multiple sources. **This led some community partners, as well as DCHS staff, to suggest that the AFHS award fewer, but larger, grant awards to maximize impact rather than spreading funds too thin.** Some community partners noted that the administrative burden of applying for and managing multiple small grants often outweighs the limited funding received, particularly for smaller nonprofits where staff must divide time between service delivery and administrative tasks.

“The Fund provides a small fraction of the resources my organization needs to adequately service Alexandria residents. We would love to see that amount meaningfully increased.”

– Community Partner

In addition to questions about impact, **we asked stakeholders to provide feedback on the AFHS process itself. While the AFHS grant process was generally perceived as fair¹⁴ (mean = 3.67), community partners identified some opportunities for improvement.** For example, they **recommended a longer application timeline and clearer funding priorities.** Specifically, they expressed that knowing funding priorities well in advance would allow them — especially smaller nonprofits — to plan their funding approaches strategically.

Community partners also emphasized the need for **greater transparency in the grant review process.** Many suggested involving **community members and nonprofit representatives alongside City of**

¹⁴ Perceptions of how fair the AFHS funding process is were rated on a scale from 1 = Very unfair, 2 = Somewhat fair, 3 = Neutral, 4 = Somewhat fair, 5 = Very fair, (n = 43)

Alexandria officials in decisionmaking to ensure alignment between government priorities and community needs, particularly for vulnerable populations.

Importantly, many of these stakeholder perceptions were corroborated by the literature review, as indicated in [Exhibit 1: Evaluation Questions, High-level Findings, and Corroborating Data Source\(s\)](#). Please see [Appendix I: Literature Review](#).

2.2 Best and Promising Practices as Potential Alternative Models

2.2.1 Neighboring Jurisdictions

As part of this evaluation, the Community Science team looked to four Northern Virginia neighboring jurisdictions and one nearby Maryland suburb to understand successful strategies and identify promising practices in community-based grantmaking that could be applied to the City of Alexandria. The following counties were included due to similarities in community demographics and the fact that many had recent changes in their funding allocation processes resulting from similar evaluations: Arlington County, Fairfax County, Loudoun County, and Prince William County representing Northern Virginia and Howard County in Maryland. The Community Science team began by reviewing each county’s website for details on their funding processes from October–December 2024; and in January 2025, we conducted interviews with representatives from each jurisdiction to understand their approach to grantmaking for human services. Below, we highlight key findings. Please see [Appendix H: Jurisdiction Comparison](#) for a comprehensive comparative table of practices by jurisdiction.

2.2.1.1 Funding Allocation Practices and Commonalities

Defining Essential Human Services — A Continuum: Recent needs assessments in four of the five counties have reinforced the importance of addressing both immediate basic needs (e.g., food, housing) as well as a broader continuum of needs that promote long-term stability and well-being. Interviews with county representatives all acknowledged that there is a spectrum of Essential Human Service needs. For some counties, this is further reflected in how they structure their funding mechanisms.

Aligning Funding to Different Needs: Every county we examined in some way reflects the spectrum of Essential Human Service needs. For example, every county has priority areas that reflect some combination of immediate basic needs and longer-term initiatives that focus on stability and thriving. Arlington has four priority areas: 1) Create and sustain affordable housing; 2) Promote healthy and self-sufficient families; 3) Stabilize families at risk of homelessness; and 4) Foster vibrant and sustainable neighborhoods. Some counties take this one step further in creating bifurcated models to explicitly distinguish between urgent and stability-focused needs. Fairfax, for instance, has two RFP processes, one for emergency services (e.g., housing and food assistance) and another for more stability-related matters (e.g., financial stability, food and nutrition, health). Similarly, Howard has two grant designations — Basic Human Needs and Safety and Security. Beyond priority areas and bifurcated models, some counties **directly contract certain Essential Human Services** to ensure reliable, ongoing delivery. Arlington has determined that if a “service is [required] on a **permanent basis**, and [it needs to be] delivered **under clear DHS control** with a **high degree of specificity**, that it should be secured with a direct contract rather than their grant pool. Loudon has

similarly carved out six “core services” that are competitively procured through direct funding in addition to its grant programs.

Small-scale Grants for Program Development and Capacity Building: Three counties have integrated small scale grants within their grant mechanisms. For example, Prince William and Loudon have mini grants capped at \$5,000 for programming with simplified application and reporting requirements. Similarly, Howard offers one-time Emerging Needs and Opportunities grants to address emerging needs, build capacity, and support collective impact initiatives.

Encouraging Partnerships: Two counties are working to promote collaboration in their grant processes. For example, Arlington asks applicants, “Will your organization work with other organizations on this project?” to encourage cooperative efforts. Meanwhile, although Howard does not use a point system, a partnership model is required.

2.2.1.2 Internal Processes and Management

Need for Additional Staff: Several jurisdictions including Prince William County, Howard County, and Arlington County have found their current staffing is stretched by the demands of improved grant tracking and the preparation needed for upcoming grant cycles. This is especially true for jurisdictions with annual grant cycles. Additional personnel are seen as a necessary investment to ensure all grant-related activities are being executed at the highest level.

Cross-departmental Coordination: All counties recognize that human services operate across multiple departments, which calls for clear communication about ongoing initiatives and funding opportunities. However, because these services are spread out, county staff and community partners may not always have the complete picture. Arlington, for example, is taking steps to tackle this challenge by initiating regular meetings among grant managers to share updates on funded initiatives. By improving coordination, jurisdictions can gain a clearer understanding of the services nonprofits are funded for, identify areas of duplication, and highlight where there are gaps in service delivery.

Data-driven Approach: Counties are developing systems to improve reporting and assess impact. For instance, Fairfax leverages their staff to conduct site visits that verify data, offer technical assistance on reporting, and identify performance challenges. Loudon places special emphasis on tracking unique clients by requiring quarterly reports that provide counts of distinct individuals served, along with clear definitions of vulnerable populations. Meanwhile, Arlington combines community outreach with data analysis to refine eligibility criteria and set funding priorities. Nearly all counties have expressed interest in adopting more data-driven approaches to guide their funding decisions.

Community Engagement in Funding Decisions: Counties recognize that addressing local needs requires direct community input. Involving community members in funding decisions helps identify service gaps and set priorities. In Fairfax, the County Executive established a two-tier review process: one advisory committee of local residents reviews and rates proposals, while a second committee of county staff with expertise in human services and housing development checks for technical compliance. Similarly, Prince William's grant review process includes community representatives alongside county staff.

2.2.1.3 Common Challenges

Mutually Exclusive Criteria: All counties agree that clearly defined and non-overlapping funding areas improve grant allocation, but this practice is not yet fully implemented. In counties like Howard, many programs qualify for multiple priority areas, and applicants self-select the category that best fits their proposal. Nearly all county representatives named that refining and defining mutually exclusive priority areas would help ensure that funds are directed toward distinct goals and prevent overlap.

Recurring Funding Dependency: All counties recognized that long standing funding relationships with established organizations can sometimes create imbalances in resource allocation. Some organizations that began with initial support continue to receive funding even as they grow and qualify for additional opportunities, limiting room for new initiatives. To address this, some counties implemented guidelines to try to curtail this practice. For example, Loudon excludes organizations that already receive local tax-funded contracts, such as those from Health and Human Services. Howard limits organizations to one grant application across its funding programs. These measures intend to ensure funding is allocated in a balanced way that supports both established organizations and emerging ones.

2.2.2 Stakeholder Perceptions of Alternative Funding Models

In addition to reviewing neighboring jurisdictions' models for best practices, we sought input from AFHS stakeholders, including community partners and internal DCHS staff (center directors and program supervisors), on potential alternative models (e.g., direct contracts), and about the role of government and nonprofits in the provision of Essential Human Services.

Community partners and internal DCHS staff widely support a **mixed-funding model — where direct contracts fund the “most essential” human services (due to their stability and accountability), while competitive grants support innovative, specialized, or developing programs.** See [Exhibit 5: Top 3 Preference Domains for Direct Contracts](#) and [Exhibit 6: Top 3 Perceived Advantages of Direct Contracts](#) for relevant survey findings.

Exhibit 5: Top 3 Preference Domains for Direct Contracts

Top 3 Preferences for Direct Contracts	Mean
Emergency/crisis/acute needs	2.20
Food Security	2.21
Housing	2.43

1 = Strong preference for direct contracts to 5 = Strong preference for competitive grants

Exhibit 6: Top 3 Perceived Advantages of Direct Contracts

Participants Felt That Direct Contracts	Mean
Are better suited for meeting immediate community needs	3.98
Allow for clearer accountability and service delivery	3.76
Ordered via competitive procurement process provide more stability for nonprofit organizations	3.96

1 = Strongly disagree to 5 = Strongly agree

DCHS staff echoed this sentiment, noting that making the “most essential” services contract-based would reduce uncertainty for nonprofits, enabling them to provide consistent support. They linked this to Maslow’s Hierarchy of Needs,¹⁵ arguing that public funds should first secure core survival services (e.g., food, housing, healthcare) before funding new initiatives.

“If families lack food or housing, prevention programs or other initiatives cannot be effective.”
- DCHS Staff Member

Some community partners emphasized the need for **clarity and transparency** in how the City of Alexandria carves out funding to ensure Essential Human Services remain stable. Stakeholders cautioned that an **emphasis on innovation without strategic intent** could create uncertainty around funding priorities. Ultimately, community partners and DCHS staff suggested that **striking a balance** between **stable, long-term support for core services and funding for innovation** is essential to maintaining sustainability and responsiveness to emerging needs.

Given that some of the IRFP questions were about whether some services might be better suited to being provided by the government or local nonprofits, we also asked about service delivery models. **Most community partners supported a dual, complementary approach to service delivery, where the City of Alexandria government provides broad frameworks, funding, and system-wide coordination, while nonprofits handle tailored, on-the-ground implementation. They emphasized that this model leverages the strengths of both sectors while mitigating their respective limitations.** See [Exhibit 7: Top 3 Reasons the Nonprofits May Be Better Suited to Provide Certain Services](#) and [Exhibit 8: Top 3 Reasons the City May Be Better Suited to Provide Services](#)

¹⁵ A theory that humans must fulfill basic needs like food and safety before moving on to higher-level needs such as love, esteem, and self-actualization (Maslow, 1943).

Exhibit 8: Top 3 Reasons the *Nonprofits* May Be Better Suited to Provide Certain Services

Top 3 Reasons <i>Nonprofits</i> May Be Better Suited to Provide Certain Services	Mean
Can operate without bureaucratic constraints, allowing for faster, decisionmaking and service delivery	4.71
Have more community-centered approaches, tailoring services to meet specific needs	4.61
Are better able to build trust within local communities than government organizations	4.54

1 = Strongly disagree to 5 = Strongly agree

Exhibit 7: Top 3 Reasons the *City* May Be Better Suited to Provide Services

Top 3 Reasons the <i>City</i> May Be Better Suited to Provide Certain Services	Mean
Has greater financial stability allowing them to provide consistent funding for essential services	4.03
Has the authority to implement and enforce regulations to ensure services are provided equitably	3.71
Can integrate essential services more effectively with other public service services, such as healthcare and education	3.35

1 = Strongly disagree to 5 = Strongly agree

Most community partners and internal DCHS staff stressed that teamwork is critical to bridge the gap between government-driven, large-scale initiatives and the more personalized, culturally competent services nonprofits provide. See [Exhibit 9: Top 3 Collaborative Efforts Between DCHS & Community Orgs to Strengthen Capacity to Deliver Central Services](#) for specific collaborative ideas shared by community partners.

Exhibit 9: Top 3 Collaborative Efforts Between DCHS & Community Orgs to Strengthen Capacity to Deliver Central Services

Top 3 Collaborative Efforts Between DCHS & Community Orgs to Strengthen Capacity to Deliver Central Services	Mean
Shared funding and grant opportunities	4.43
Resource sharing and training initiatives	4.07
Joint outreach and education campaign	3.98

1 = Strongly disagree to 5 = Strongly agree

“Ideally, it should be both nonprofits and the City providing essential services.”

– Community Partner

Some DCHS staff and community partners noted that a potential intermediary role — someone to “understand what everyone is doing” and ensure shared goals — could help bridge City government and community partners with the goal of establishing central coordination, reducing fragmented or duplicated services, and not perpetuating siloed efforts.

“As a small community ... collaboration is critical to service delivery sustainability and responsible growth. Having five different organizations do the same thing is not a responsible use of limited resources.”

– Community Partner

2.2.3 Literature Review Regarding Funding Models

Finally, we looked to the literature to glean insights about different funding models and practices. Relevant findings are summarized below. Please see [Appendix I: Literature Review](#) for full overview.

Direct Contract as Compared to Competitive Grants: Direct contracts and competitive grants serve distinct yet complementary roles in funding nonprofit services. Direct contracts provide stability and predictability, making them ideal for essential services requiring long-term continuity, such as housing and food security (Pettijohn & Boris, 2014). Stable funding supports long-term planning and ensures regulatory oversight, as seen in early education programs that rely on consistent investment (Eggers & O’Leary, 2018). However, direct contracts may limit innovation, as they often prioritize established practices, making it harder to adopt adaptive solutions (UN, 2015). Additionally, compliance requirements can impose administrative burdens that strain nonprofit capacity (Pettijohn & Boris, 2014).

Competitive grants, on the other hand, encourage innovation and efficiency, allowing organizations to experiment with new strategies for evolving challenges such as mental health and restorative justice (Moore & Lawrence, 2024). These grants foster institutional diversity by creating opportunities for emerging organizations to introduce novel approaches (OECD, 2018). However, they can also create instability, as short funding cycles disrupt long-term service delivery (Pettijohn & Boris, 2014).

Collaborative Models: Research also underscores the value of collaborative approaches in solving complex social challenges. These collaborative approaches, where organizations align efforts, pool resources, and share data, are essential for tackling these systemic issues. Provan and Kenis (2008) found that structured partnerships improve coordination, reduce redundancy, and create more comprehensive interventions. Funders and policymakers increasingly recognize that partnerships amplify impact, ensuring that grants support ecosystem-wide solutions rather than fragmented efforts (Bryson, Crosby, & Stone, 2015).

Furthermore, there is evidence that requiring partnerships in grant applications can incentivize meaningful collaboration and reduce inefficiencies caused by competition. The Sustained Collaboration Network (2023) reported that 75% of studied nonprofit partnerships led to expanded services, increased funding, or improved program outcomes, demonstrating the long-term benefits of structured collaboration. Bryson, Crosby, and Stone (2015) further emphasize that funders play a critical role in shifting nonprofits from competition to coordination, aligning fragmented efforts into cohesive, high-impact initiatives.

2.3 Defining Essential Human Services

An important goal of the evaluation was to investigate what constitutes Essential Human Services. To address this goal, we conducted a literature review to examine how Essential Human Services have been defined across various frameworks (please see [Appendix I](#) for full review). We then cross-walked this information with insights from community partners, DCHS staff, and practice-based knowledge from neighboring jurisdictions with similar models.

2.3.1 Literature Review

To determine what constitutes Essential Human Services (EHS), we examined various frameworks from human development, global development, public health, and human services literature. While different

models emphasize distinct priorities, they converge on the idea that Essential Human Services support individuals and communities in achieving stability and well-being.

While Maslow's hierarchy of needs (1943) — a theory that humans must fulfill basic needs like food and safety before moving on to higher-level needs such as love, esteem, and self-actualization — is perhaps the most well-known, much of the literature recognizes a continuum when thinking about essential human needs. Furthermore, many frameworks emphasize the degree to which needs are related and interdependent (e.g., Maslow, 1943; Oftelie, n.d.). While some literature discusses specific areas of need such as housing, food access, education, and healthcare, it almost always presents these within a spectrum — highlighting their interconnectedness rather than treating them as isolated needs (e.g., UNDP, 1990; Sen, 1999; CSDH, 2008). Equity also emerged as central, as lack of access to healthcare, housing, and education disproportionately impacts vulnerable populations, and many frameworks identify these disparities as both causes and consequences of systemic inequities (Oftelie, n.d.; CSDH, 2008; UN, 2015; Homer, 2017).

Frameworks also underscore the notion that Essential Human Services extend beyond individual well-being to include the collective, such as public level health and safety. Access to healthcare, mental health support, and emergency response systems is critical for preventing community-level crises and ensuring community resilience (Oftelie, n.d.; CSDH, 2008; Homer, 2017). Another domain that emerges across frameworks is the notion of economic opportunity as a key determinant of well-being, with financial instability driving cycles of poverty. The literature highlights the importance of stable employment, workforce development, and financial resources in breaking these cycles (Oftelie, n.d.; Sen, 1999; Eggers & O'Leary, 2018). The literature also underscores that strong communities depend on social connections and inclusive services that promote belonging and stability. Programs that foster social inclusion contribute to long-term resilience and collective well-being (Oftelie, n.d.; UN, 2015). Finally, it is clear that Essential Human Services must consider local needs and that stakeholder engagement is critical in identifying priorities, as community-specific challenges often dictate what qualifies as essential (e.g., UNDP, 1990; Hahn et al., 2022). Put simply, context matters — a winter coat is essential in frigid climates but not in tropical ones.

2.3.2 Stakeholder Perceptions of Essential Human Services

We sought community input on what constitutes Essential Human Services. Community partners were asked to rate the criteria that constitute whether something is an Essential Human Service, and their answers strongly endorsed the dimensions we had discerned from the literature. See [Exhibit 10](#): Criteria for a Human Service to be Essential.

Exhibit 10: Criteria for a Human Service to Be Essential

Criteria for a Human Service to Be Essential	Mean
Addresses basic population needs fulfillment related to survival	4.73
Supports vulnerable or typically marginalized populations	4.65
Addresses public health and safety supporting marginalized groups	4.35
Addresses economic stability and support for individuals and communities	4.22
Contributes to long-term well-being and societal resilience	4.12
Addresses social functioning and cohesion	4.16

1 = Not important to 5 = Critically important

Both community partners and internal DCHS staff consistently emphasized that Essential Human Services are those whose absence leads to cascading negative effects, particularly for marginalized populations. For example, economic instability directly impacts access to food, housing, healthcare, and childcare, creating a cycle of unmet needs, and creating a cycle where the ALICE population lives one event away from crisis.

Relatedly, community partners and internal DCHS staff repeatedly emphasized that Essential Human Services exist on a continuum rather than either “being important or not.” While emergency aid is critical, they stressed that funding prevention services can reduce long-term crises. As a DCHS staff member shared this example of addressing the housing crisis. A rental assistance voucher may provide immediate relief, but without childcare and job support, the underlying issue persists. By pairing rental aid with sliding-scale childcare and workforce development, residents could then stabilize their finances and work toward long-term housing security, reducing the likelihood of repeated crises.

“This is hard because it's all important and it's all needed. I don't think the issues are what differentiates need, with only a few exceptions, and neglecting long term community well-being at the urgency of meeting immediate and basic needs. It's a losing strategy. It all matters”

– Community Partner

When asked to identify the most pressing Essential Human Service needs in the City of Alexandria, community partners consistently ranked food and housing at the top of the list, across the survey and focus groups. Other critical needs included emergency and crisis services, mental health, and healthcare access. **Importantly though, while they identified these needs as currently pressing, they also emphasized that it is critical to reassess community needs on a periodic basis** and the importance of collecting both **quantitative and qualitative data** — using Census data, regional-level reports, and policy analyses alongside community input through interviews, focus groups, and direct feedback.

Community Partners indicated that the populations with the most need in the City of Alexandria included individuals facing a crisis, those with low incomes and wealth, and immigrant populations. See [Exhibit 11: Top 3 Groups in Need](#).

Exhibit 11: Top 3 Groups in Need

Top 3 Groups in Need	Mean
Individuals facing a crisis	4.80
Individuals with low incomes and wealth	4.63
Immigrant populations	4.50

1 = Very low to 5 = Very high need

These findings align with insights from community partner focus groups and DCHS staff interviews. Stakeholders indicated that the high cost of living — particularly housing — was a major concern, limiting accessibility for economically burdened residents, middle-class families including the ALICE population, and older adults. Community partners described the “working poor” as middle-income families who earn too much to qualify for assistance but struggle to meet basic needs as costs rise. Furthermore, some marginalized communities of color distrust government services. For example, community partners indicated that immigrant populations often avoid seeking assistance due to fear of deportation or legal status requirements, further exacerbating their vulnerability.

3. Recommendations

The bottom line is that a single fund of \$1.9 million cannot meet all the different needs required for all the residents of the City of Alexandria. Given this reality, we needed to think about how the AFHS could best meet the essential needs of residents and focus on the key priorities set by the City Council. This required us to first define essential human services so that we could then determine how a competitive funding mechanism might best address these challenges.

This section provides our recommendations for a definition of Essential Human Services (EHS), criteria for how to identify EHS, a proposed AFHS structure — including some services that may be better suited for direct contracts, as well as additional funding considerations. Together, these recommendations intend to help the City of Alexandria improve future grant cycles so that the AFHS can meet the needs of the residents of the City of Alexandria in the most effective and meaningful ways.

3.1 Essential Human Services (EHS): A Proposed Definition

A key objective of this evaluation was to establish a **definition of Essential Human Services (EHS)**. Our findings across data sources suggest that there is no single, universally agreed-upon definition of EHS. However, several common considerations emerge.

A common theme is that essential services exist on a continuum rather than as a binary classification — needs range from surviving to stabilizing to long-term well-being or “thriving,” rather than being strictly “essential” or “non-essential.” Notably, this perspective aligns with the existing AFHS framework, which is designed to “address human service needs for the residents of the City of Alexandria across their lifespan, advancing conditions in their respective environments to ensure well-being, safety, self-sufficiency, and resilience through equitable processes, practices, and outcomes.” Although essential services are not explicitly mentioned, these guiding principles reflect a holistic, continuum-based approach that is consistent with the proposed definition presented here.

Given our findings from the literature scan and the voices of community partners, internal DCHS staff, and neighboring jurisdictions, we recommend the following definition:

Essential Human Services (EHS) are those that meet the fundamental needs necessary for survival, stability, and well-being. Rather than a dichotomous classification of essential or not, services exist on a spectrum. At the most basic level, they ensure **survival** by addressing the immediate bare needs of food, water, shelter, and safety. The next level supports continued survival or **stability** by preventing harm, promoting health, and enabling economic and social participation. At the highest levels, they foster mobility, resilience, and community engagement — collectively known as **thriving**. Rather than a fixed set of services, essential human services depend on contextual factors such as geography, culture, and societal conditions.

Furthermore, our literature review identified additional key themes across frameworks for defining EHS. To validate these findings, we transformed these themes into criteria and asked community partners to rate them as indicators of EHS in the survey. In the next section, we outline the proposed criteria for determining whether a service qualifies as EHS.

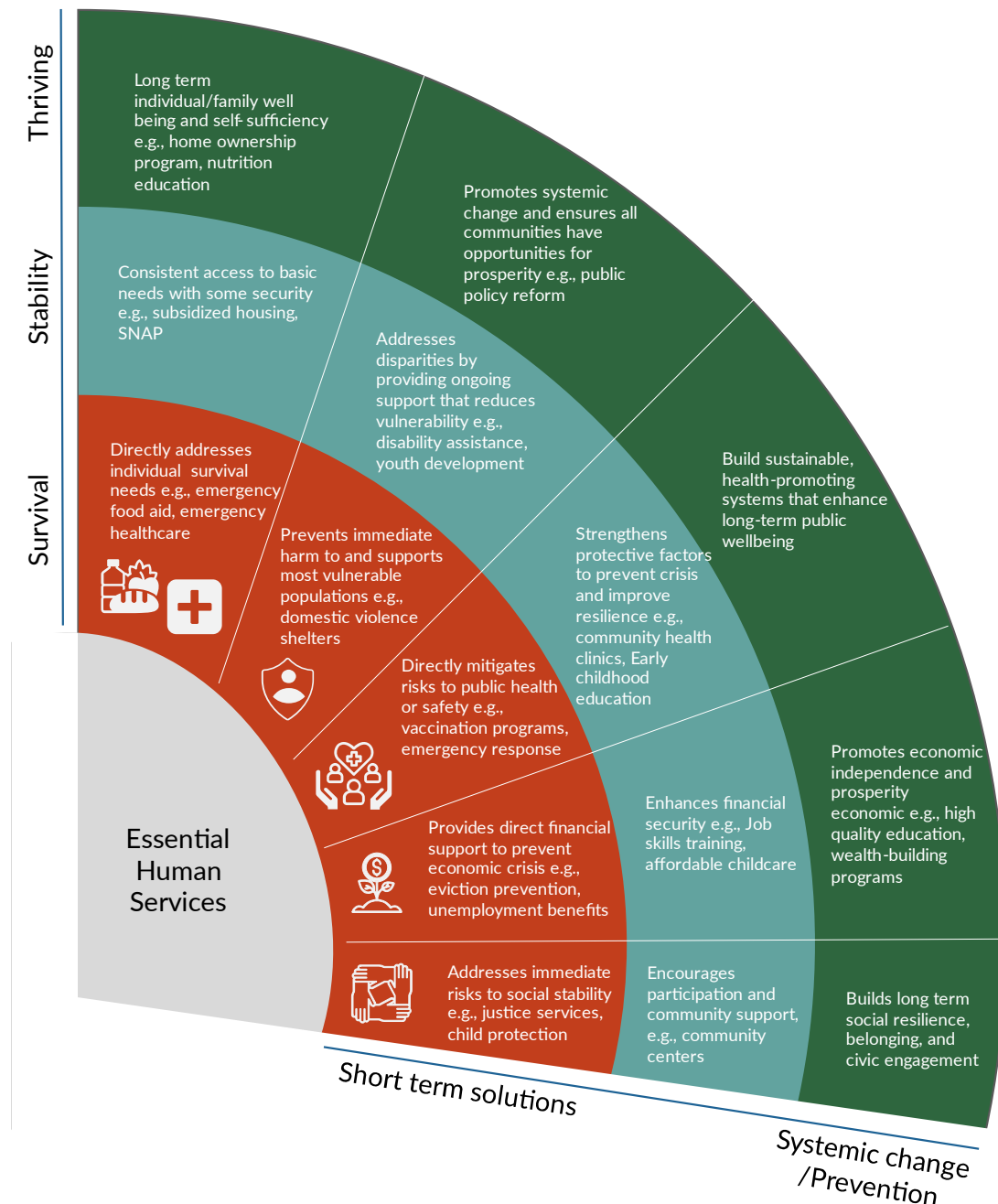
3.2 Most Effective and Efficient Ways to Identify Essential Human Services

To identify whether a service is essential and where it falls along the spectrum of surviving to thriving, we offer the following five criteria that attempt to comprehensively capture the dimensions of what makes a service “essential.”

1. **Basic Needs Fulfillment (Individual/Family):** Does the service meet fundamental survival needs, such as food, water, shelter, or healthcare?
2. **Vulnerability and Equity:** Does the service address systemic inequities or support marginalized communities?
3. **Health and Safety (Community):** Does the service contribute to public level health and community safety?
4. **Economic Stability and Support:** Does the service support financial security for individuals and communities?
5. **Social Functioning and Cohesion:** Does the service support societal stability, prevent displacement, and foster community well-being?

[Figure 3: Dimensions of Essential Human Service](#) (EHS) describes the surviving to stabilizing to thriving continuum along each of the five criteria.

Figure 3: Dimensions of Essential Human Services (EHS): Criteria of EHS as they exist along the surviving, stabilizing, thriving continuum



There is a tension between responding to immediate crises or prevention — short-term vs. long-term — and addressing the acute symptoms vs. addressing chronic systemic issues. However, we maintain that it is important to find a balance across the spectrum. For example, an urgent crisis may present itself as an individual becoming unhoused. In the short term, the individual must have shelter. However, the long-term

goal is to prevent the crisis from recurring. This may come in the form of addressing health issues, including mental health, workforce development issues, immigration issues, and so forth. Without addressing the source of what is causing a person to be unhoused, one could argue it is treating the symptom vs. the cause. While there will always be emergencies, the goal is to move individuals, families, and communities away from oscillating over and under the crisis line and rather on an upward trajectory toward well-being. Therefore, we propose a structure for AFHS in the next section that provides that balance.

3.3 Proposed Structure of the AFHS

The proposed structure is predicated on adopting the above-proposed definition of Essential Human Services, which underscores the surviving to stabilizing to thriving continuum and is grounded in the findings collected across all of our data sources.

Competitive grant structures are used to help encourage new ideas, improve practices, and make sure limited resources are used efficiently (OECD, 2018). Furthermore, it is crucial to select grants that can strengthen the capacity of the City of Alexandria's nonprofit human services ecosystem to adapt and respond to changing needs and help all Alexandrians.

To improve the effectiveness of the AFHS, we recommend creating guidelines that **encourage partnerships and new ideas to tackle emerging and critical human services challenges**. These guidelines will help make quality decisions that award service providers in the community to reach the focus populations who need help the most. Furthermore, **given the discrete amount of AFHS funds available, it is important to focus on 1 or 2 urgent priority areas for selecting grants based on what the community needs (identified by existing community needs data) and avoid overstretching the AFHS fund** so much it is not effective in making a real difference for all Alexandrians.

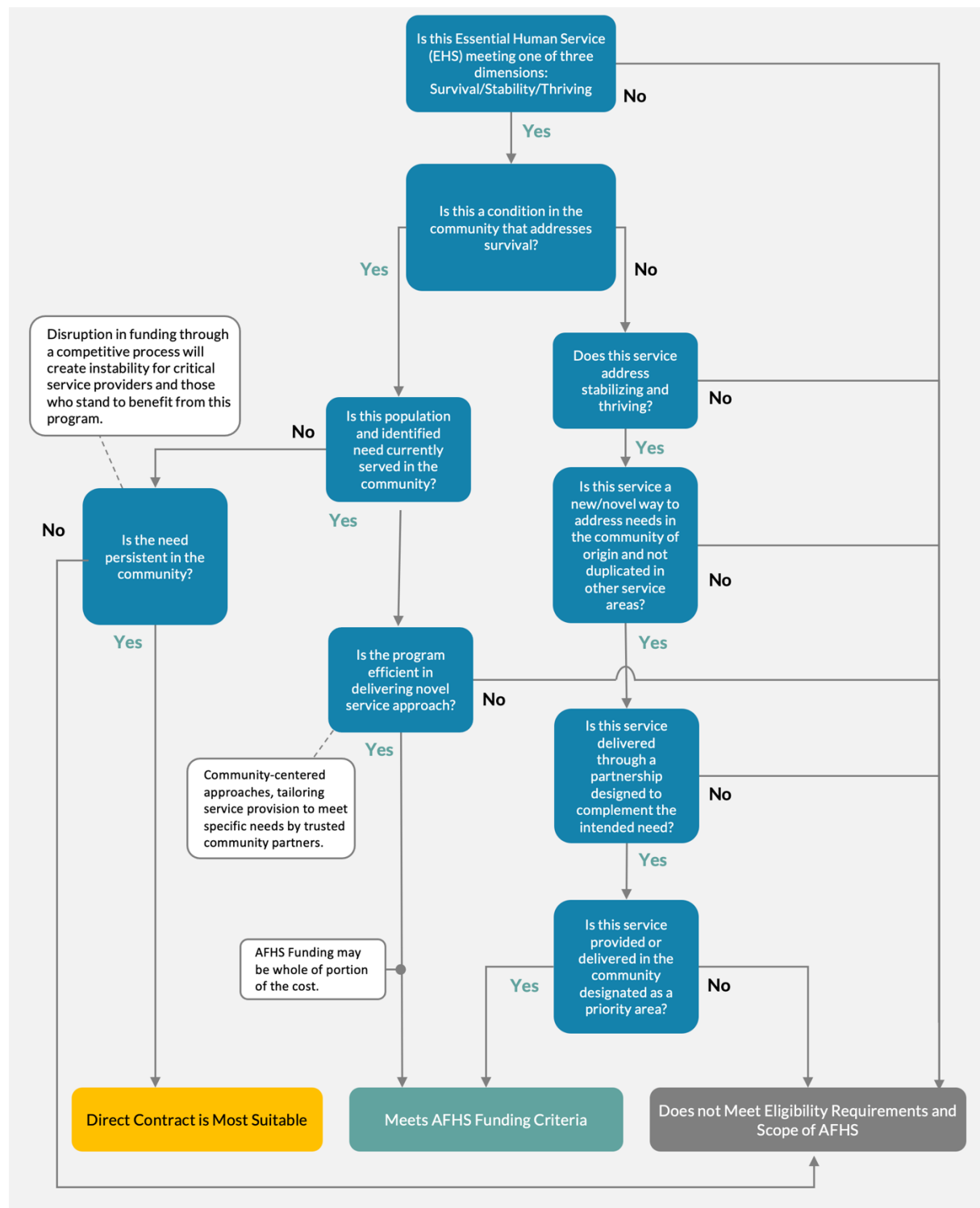
The proposed AFHS funding structure will:

- Ensure uninterrupted support for **immediate survival services** (e.g., food, shelter, crisis intervention) through **direct contracting**¹⁶ with nonprofit providers;
- Use a **competitive grant process** to primarily fund stabilizing and thriving services, prioritizing **innovation and collaboration**;
- Strengthen the nonprofit ecosystem by encouraging a **partnership model to prioritize capacity building** by fostering coordination and shared capacity within the ecosystem;
- **Center community voice** to ensure that funding priorities reflect the **most pressing needs** as identified by residents; and
- Employ **data-driven metrics** to ensure that the most vulnerable populations have the support they need to mitigate crises and that the City of Alexandria fosters the conditions that allow populations to move away from surviving and toward thriving.

¹⁶ This recommendation applies specifically to the use of direct contracts within the AFHS fund, which was the scope of this evaluation. We are not offering guidance on all potential uses of direct contracts across the City of Alexandria. The City may, at its discretion, choose to use direct contracts for services across the full EHS continuum. Rather our focus, per the IRRP, was on whether certain services currently included in AFHS may be more appropriately funded *outside* the competitive grant process.

In [Figure 4: Decision Tree](#), we propose a decision tree for making funding decisions about Essential Human Services for the Alexandria Fund for Human Services.

Figure 4: Decision Tree



3.4 Additional Funding Considerations and Recommendations

Here we offer a few final considerations for AFHS in relation to how the City of Alexandria might increase the impact of their available funding and adjust their grant application and review process.

3.4.1 Increasing Funding Impact

- **Prioritize high-need services.** Prioritize one or two community needs to achieve high impact and avoid spreading resources too thin. This should be based on community data (a needs assessment) and the results of this evaluation suggest that safe and affordable housing and food security were the most needed during this data collection effort (December 2024).
- **Expand the total funding AFHS pool.** Neighboring jurisdictions have demonstrated that inflation and increasing service demands require growing the funding allocation. While direct contracting of some services currently in the AFHS funding will inherently increase resources in the AFHS fund, long-term adjustments to account for inflation will be necessary.
- **Build in cost-of-living adjustment (COLA).** To ensure financial stability and account for inflation, multi-year funding should include a COLA increase, allowing organizations to maintain service levels and effectively support their communities over the multi-year grant period.
- **Make larger impact grants.** While spreading funds widely may seem equitable, it can dilute the impact and create administrative burdens. Consider setting minimum grant amounts to ensure meaningful funding levels.
- **Continue multi-year (3 year) grants.** Stability benefits both the city and nonprofit providers, enabling better data tracking and long-term program effectiveness.
- **Consider predetermined allocations for each funding stream within AFHS.** For example, 20% might be allocated for emergency innovation, while 80% supports stabilizing and thriving.
- **Consider term limits on grant funding.** If a program is **funded repeatedly across cycles**, evaluate whether it should be **shifted to direct contracting using the EHS criteria**.

3.4.2 Grant Application and Review Process

- **Publish a clear application rubric.** Ensure that any categories or priority areas are mutually exclusive and aligned with funding priorities to enable more effective tracking, and confirm that the grant aligns with the applicant's self-selected priority area.
- **Enhance review process transparency.**
 - Continue to use a **Community Advisory Group** to provide input on funding decisions.
 - Use DCHS Subject Matter Experts (SMEs) to ensure alignment between existing efforts of government and nonprofits.
 - Request data-driven applications that prioritize impact.
- **Ensure sufficient timeframe for the application process.**
 - Allow 6–8 weeks between the release of Request for Proposals (RFPs) and submission deadline.
 - Allow 4–6 weeks between announcement of funding and disbursement to allow for sufficient planning and set up.

- **Provide structured post-application support.**
 - Offer detailed debriefs to all applicants so that organizations can improve future proposals.
 - Invest in capacity building to support smaller nonprofits in navigating grant process.
 - Continue to offer post-award technical assistance as needed to support the success of grantees.

3.5 Dimensions for Consideration in Developing Essential Human Services Funding Rubric

We offer the following dimensions for consideration in developing a rubric for defining Essential Human Services and the determination of an application for eligibility for AFHS funding. While some of this information overlaps with portions of the report above, it summarizes key elements together in one place for clarity and ease of reference.

Employ the Definition: Essential Human Services (EHS) are those that meet the fundamental needs necessary for survival, stability, and well-being. Rather than a dichotomous classification of essential or not, services exist on a spectrum or hierarchy. At the most basic level, they ensure **survival** by addressing the immediate bare needs of food, water, shelter, and safety. The next level supports continued survival or **stability** by preventing harm, promoting health, and enabling economic and social participation. At the highest levels, they foster mobility, resilience, and community engagement — collectively known as **thriving**. Rather than a fixed set of services, essential human services depend on contextual factors such as geography, culture, and societal conditions.

Framing Note: Core Priorities – An Example

This rubric assesses services along a continuum from surviving to stabilizing to thriving. We propose one or two focus areas (most pressing needs) be used as a lens to prioritize services in a grant cycle. Here we use the examples of food and housing given that they emerged in our data collection as the highest need in the community and underpin many other aspects of well-being.

Example guiding question for each EHS criterion: *How does this contribute to stable access to food and housing?*

EHS Criteria

1. Basic Needs Fulfillment

Criteria: Does the service meet fundamental survival needs, such as food, water, shelter, or healthcare?

- **Surviving:** Directly addresses individual survival needs (e.g., emergency food aid, crisis shelters, emergency medical care, child protective services).
- **Stabilizing:** Provides consistent access to basic needs with some security (e.g., subsidized housing, food assistance programs, primary healthcare).
- **Thriving:** Promotes long-term individual or family well-being and self-sufficiency beyond immediate needs (e.g., home ownership programs, nutrition education, preventive healthcare).

2. Vulnerability and Equity

Criteria: Does the service address systemic inequities or support marginalized communities, such as low-income families, the elderly, or undocumented populations?

- **Surviving:** Prevents immediate harm and provides urgent support to at-risk populations (e.g., child protective services, domestic violence shelters).
- **Stabilizing:** Addresses disparities by providing ongoing support that reduces vulnerability (e.g., disability assistance, affordable legal aid).
- **Thriving:** Promotes systemic change and structural equity, ensuring all communities have opportunities for prosperity (e.g., policy reforms, universal basic income, equitable healthcare access).

3. Health and Safety

Criteria: Does the service contribute to public level health and community safety?

- **Surviving:** Directly mitigates immediate health or safety risks (e.g., emergency medical response, infectious disease control, crisis intervention).
- **Stabilizing:** Strengthens protective factors to prevent crises and improve resilience (e.g., community health clinics, mental health support programs).
- **Thriving:** Builds sustainable, health-promoting systems that enhance long-term public well-being (e.g., universal healthcare, public health education, built environments supporting health and safety).

4. Economic Stability and Support

Criteria: Does the service support financial security for individuals and communities?

- **Surviving:** Provides direct, urgent financial support to prevent destitution (e.g., unemployment benefits, eviction prevention funds).
- **Stabilizing:** Enhances financial security and mobility through structured programs (e.g., job training, income-based housing, affordable childcare).
- **Thriving:** Promotes long-term economic independence and prosperity (e.g., small business grants, wealth-building initiatives, economic policy reforms).

5. Social Functioning and Cohesion

Criteria: Does the service support societal stability, prevent displacement, and foster community well-being?

- **Surviving:** Addresses immediate risks to social stability (e.g., justice services, crisis mediation, emergency shelters).
- **Stabilizing:** Encourages inclusive participation and community support (e.g., social services, community engagement programs).
- **Thriving:** Builds long-term social resilience, belonging, and civic engagement (e.g., leadership development, cultural programming, initiatives promoting collective well-being).

Possibilities for Operationalizing Innovation

Innovation is intended to promote new, more effective, and equitable ways of addressing essential human needs. Nonprofits may demonstrate innovation in one or more of the following ways:

- Service delivery innovation: new approaches that increase efficiency, accessibility, or impact
- Systems change innovation: initiatives that address root causes not just symptoms
- Cross-sector collaboration: partnerships across service areas to improve reach or impact
- Equity-driven innovation: practices that ensure services reach the most marginalized and vulnerable populations
- Sustainable Impact: programs that build long-term solutions, rather than short-term relief

Possibility for Operationalizing Partnerships (Used by Howard County, MD; adapted here for AFHS)

The only way to achieve the vision of the AFHS is through collaboration. Collaboration comes in many forms and is defined in a number of ways. We propose the use of the Tamarack Institute's Collaboration Spectrum.¹⁷ According to the Tamarack Institute, as groups move along the continuum, they must pay attention to activities that build trust between the partners.

To be eligible for AFHS funding, an organization must demonstrate equitable partnerships with other nonprofit organizations that fall within the coordinate through integrate levels on the Collaboration Spectrum.

Exhibit 12: Collaboration Spectrum

Compete	Co-exist	Communicate	Cooperate	Coordinate	Collaborate	Integrate
Competition for clients, resources, partners, public attention	No systematic connection between agencies	Inter-agency information sharing (e.g., networking)	As needed; often informal; interaction on discrete activities or projects	Organizations systematically adjust and align work with each other for greater outcomes	Longer term interactions based on shared vision & goals; shared decisionmakers and resources	Fully integrated programs, planning & funding

4. Conclusion

This report represents a comprehensive effort to evaluate the AFHS, define what constitutes essential human services, and consider funding models that maximize impact, equity, and sustainability. This work is grounded in data and reflects insights from community organizations doing this work, best practices from neighboring jurisdictions, and a review of the literature, ensuring that recommendations are both locally relevant and informed by broader trends in human service delivery.

¹⁷ <https://www.tamarackcommunity.ca/hubfs/2022%20CLG/2022%20CLG%20Series/Collaboration%20-%20A%20Spectrum%20of%20Approaches%202022.pdf?hsLang=en>

Like its neighboring jurisdictions, the City of Alexandria is grappling with the challenge of maximizing impact amid limited resources and growing need. This reality has prompted peer jurisdictions to conduct their own evaluations and studies to determine which approaches best fit their communities' needs. Two common challenges have emerged. First, the absence of clearly defined funding criteria often leads to overlapping program classifications. Second, recurring funding dependency tends to favor established organizations over emerging ones, which may limit opportunities for innovative approaches.

Our observations show that many local jurisdictions are trying to address these challenges by establishing clear funding categories for their priority areas. This approach creates "dedicated buckets" for different types of projects and sets parameters to prevent overlap among organizations. For instance, some jurisdictions designate a portion of their fund exclusively for emergency services, while the remaining supports other human service initiatives. For some jurisdictions, longstanding services than are deemed critical, have been moved to direct contracts. Additionally, all jurisdictions have increased overall funding allocations each grant cycle in response to rising need and cost of living. Given the constraints of limited funding, a few jurisdictions are emphasizing stronger partnerships among community stakeholders by including dedicated sections in their application processes to encourage collaboration or in one case, requiring them. These partnerships allow applicants to pool resources, gain greater visibility, and leverage shared strengths to better address urgent community needs.

Our evaluation has found that while the AFHS has dedicated staff, it is likely that additional personnel are needed to provide stronger oversight of grant implementation and follow through; this would be consistent with many neighboring jurisdictions. Enhancing these processes is crucial to making sure that every investment brings clear measurable benefits to the community.

At its core, this effort seeks to align public resources with the most pressing needs of the residents of the City of Alexandria, ensuring that funding mechanisms effectively support surviving, stabilizing, and thriving across the community. By implementing a funding model that balances direct contracting for critical survival services with a competitive grant process for innovative, equity-driven programs, the City of Alexandria can strengthen its nonprofit ecosystem, enhance service coordination, and drive long-term community resilience. Ultimately, the goal is to ensure that the City of Alexandria's human services infrastructure remains responsive, transparent, and accountable, fostering a future in which all Alexandrians have access to the support they need to lead stable, healthy, and thriving lives.

Appendices

Appendix A: Methodology

Methodology

Overview

This study employs a mixed-methods approach — the combination of quantitative and qualitative data collection — to evaluate the Alexandria Fund for Human Services (AFHS). This approach ensures a robust evaluation that draws on diverse data sources and perspectives to address the questions set forth by the City of Alexandria.

Data Collection

We employed five primary data collection activities, which included: 1) a document and landscape scan, 2) community partner focus groups, 3) individual interviews with internal DCHS staff, 4) group interviews with key representatives from neighboring jurisdictions, and 5) a survey of community partners. The evaluation team, in partnership with DCHS staff who manage the AFHS, developed the data collection tools needed for the assessment.

Document and Landscape Scan

The evaluation team conducted a comprehensive document review to extract relevant data related to the assessment of AFHS's impact, identify best and promising practices, and define Essential Human Services. Through the document scan, we:

- Reviewed internal DCHS memos, AFHS grantee applications, and AFHS grantee year end reports to determine who AFHS was funding and what specific human service needs were supported.
- Conducted an extensive review of publicly relevant data including websites of the City of Alexandria and those of neighboring jurisdictions to understand funding mechanisms for Essential Human Services.
- Conducted a literature review of academic and grey literature to better understand the criteria for determining what constitutes Essential Human Services, as well as understanding the advantages and disadvantages of different funding models.

Community Focus Groups

Recruitment and Sample: The sample consisted of 107 organizations that represented current (n=45) and past (n=20) AFHS grantees as well as other community partners (n=42) in the City of Alexandria human services ecosystem.¹⁸ The original email was sent the week of November 11 to the primary contact person of the 107 organizations, inviting them to sign up for one of six focus groups via the SignUpGenius platform. Three sessions were reserved for AFHS grantees (past and present); while the other three were open to all on the invitation list. Session availability spanned multiple days of the week and morning and afternoon time frames to accommodate as many schedules as possible. The evaluation team sent two follow up emails to maximize participation. Community Science hosted a total of six

¹⁸ There are currently 45 organizations in the current grant cycle. Some of these have received funding in past cycles. Additionally, there are 20 organizations not part of the current grant cycle that have received funding from the program in the past. However, one of these organizations is no longer in operation, effectively bringing the total number of active organizations to 19.

virtual focus groups, 90-minutes each, between November 21 and December 5, 2024. Representatives from 39 organizations participated in groups of four to 11 people.

Focus Group Structure and Procedure: We developed the focus group protocol in collaboration with DCHS staff who manage the AFHS (see [Appendix B: City of Alexandria: Interview Protocol for Community Partner Focus Groups and DCHS Staff Interviews](#) for full protocol). Prior to the focus groups, we conducted individual interviews with three community stakeholders familiar with the AFHS to pilot the protocol and ensure it was comprehensive or if modifications were recommended. Focus groups were conducted virtually via Zoom; and there were two members of the evaluation team in each session, a primary facilitator, and a note taker.

Each 90-minute session followed a structured protocol. Sessions began with an introduction of the purpose of the focus groups, a discussion of confidentiality, ground rules for creating a respectful environment, and consent. What followed was a facilitated discussion that covered three broad topics; namely, what constitutes Essential Human Services, perceptions of the impact and efficacy of the AFHS, and possible alternative models to consider for funding Essential Human Services. At the conclusion, questions were answered, participants were thanked for their time, and they were encouraged to complete the survey.

Individual Interviews with DCHS Staff

Recruitment and Sample: An email to 13 DCHS staff (center directors and program managers) was sent the week of December 2, inviting them to participate in a one-hour interview as part of the AFHS evaluation. The sample was co-developed with the DCHS staff who manage the AFHS to ensure representation across diverse departments and roles. Availability was provided via the Calendly platform, allowing participants to select convenient dates and times. The evaluation team sent two follow up emails to maximize participation. The team conducted 12 of 13 virtual interviews between December 9 and January 15, 2025.

Interview Structure and Procedure: We employed a process for the interviews that closely mirrored the focus group protocol described above. Once again, the protocol was developed in collaboration with DCHS staff who manage the AFHS (see [Appendix B: City of Alexandria: Interview Protocol for Community Partner Focus Groups and DCHS Staff Interviews](#) for full protocol). The interview employed a similar structure and covered the same three key topics of conversation: what constitutes Essential Human Services, perceptions of the impact and efficacy of the AFHS fund, and possible alternative models to consider for funding Essential Human Services. The protocol was adapted slightly to account for interview participants' potentially limited familiarity with the grant process, ensuring the discussion remained accessible and relevant.

Group Interviews with Key Representatives from Neighboring Jurisdictions

Recruitment and Sample: An email was sent the week of December 9 to the key contacts of five neighboring jurisdictions with similar funding mechanisms (i.e., grant funds to address human services), inviting them to participate in a one-hour interview. Jurisdictions were selected in collaboration with DCHS given their familiarity with neighboring practices. In determining comparable jurisdictions, the evaluation team considered factors such as grant program structure, demographic composition, settlement and migration trends, and regional characteristics. We chose Arlington, Fairfax, Howard, Loudoun, and Prince William Counties as our sample given that they are part of the Metropolitan Washington Region and share similarities in demographic makeup, migration patterns, and challenges

faced by their communities.¹⁹ Availability was provided via the Calendly platform, allowing participants to select convenient dates and times for the interviews. The evaluation team conducted five group virtual interviews with key contacts from the five neighboring jurisdictions. These interviews hosted between one to five participants per session and were held between January 7 and January 25, 2025.

Interview Structure and Procedure: Interview protocols were designed to glean insight into neighboring jurisdiction practices, thereby identifying effective strategies and common challenges with the goal of incorporating lessons learned into our findings. Each interview protocol was tailored to the specific context of each jurisdiction and informed by a preliminary document scan to understand their funding mechanisms and historical context based on publicly available data, such as websites, reports, etc. For example, jurisdictions with bifurcated funding structures were asked to provide insights into their evolution and decisionmaking processes. While the protocols broadly followed the three key topics discussed with other stakeholders — definitions of Essential Human Services, process recommendations for grant funds, and alternative funding models — they were refined to address gaps in the available information and included targeted questions specific to each jurisdiction's approach.

Survey of Community Partners

We developed and distributed a survey to the same group of community partners invited to participate in the focus groups (n=107). Our goal was to complement the focus group data collection by providing another opportunity for stakeholders to share their insights, recognizing that some individuals may prefer the anonymity and flexibility of a survey over a live discussion. The survey design aligned with the focus group topics — definition of Essential Human Services, perceptions of the AFHS fund, and alternative funding models — while also allowing us to also gather quantitative data to inform specific evaluation questions and generate comparative data across items.

Recruitment and Sample: Emails were sent to 107 community partners inviting them to participate in a 25 to 30-minute electronic survey via an anonymous link in the Qualtrics platform. Outreach included the initial email invitation, followed by four reminders sent by the evaluation team, and two reminders sent by DCHS staff to AFHS grantees specifically. The evaluation team made targeted phone calls to grantees to encourage participation. Confidentiality and data security were prioritized in communications, with participants assured that their responses would remain confidential and securely stored on password-protected systems accessible only to the evaluation team. Representatives from 53 organizations completed the survey, resulting in an overall response rate of 50%. Among current AFHS grantees, 36 of 45 responded, yielding an 80% response rate. Past grantees demonstrated lower engagement, with four of 20 responding (20% response rate). Other community partners had a 19% response rate, with eight of 42 submitting responses. Additionally, five incomplete responses could not be attributed to a specific subcategory. The survey was launched November 19, 2024, and closed January 13, 2025.

¹⁹ We originally considered both Norfolk and Hampton in the Hampton Roads region, and Lynchburg in Central Virginia. Upon further investigation, we determined that these areas are shaped by distinct regional dynamics and community priorities. Differences in demographic and cultural context, as well as migration and settlement trends, set them apart from those in the Metropolitan Washington Region (Arlington, Fairfax, Howard, Loudoun, and Prince William), which face more similar challenges and opportunities.

Survey Design and Procedure: The survey questions were developed through a comprehensive process that began with a literature review on Essential Human Services and funding models for such services. A document scan was also conducted to identify categories particularly relevant to the City of Alexandria. Each question was cross-referenced with the evaluation questions outlined in the IRFP to ensure alignment with project goals. Multiple iterations of the survey were reviewed in collaboration with DCHS staff to enhance contextual relevance and pilot feedback was sought from an external reviewer familiar with the fund but with no vested interest in the outcome. This yielded the final survey, which consisted of 29 closed-ended questions and eight open-ended questions (see [Appendix C: Evaluation of the Alexandria Fund for Human Services \(AFHS\) Survey](#) for the full survey).

Appendix B:
City of Alexandria: Interview Protocol for Community Partner Focus
Groups and DCHS Staff Interviews



Appendix B:
City of Alexandria:
Interview Protocol for Community Partner Focus Groups
and DCHS Staff Interviews

A: Essential Human Services

*This first set of questions are about **understanding Essential Human Services and our community.***

1. In your view, what qualifies as Essential Human Services for our community?

Prompts:

- i. What criteria do you use to determine if a service is essential?
- ii. Are there certain types of services that feel more urgent or have a higher priority than others?
- iii. How has this changed over time if at all?

2. Who do you see as the primary beneficiaries of these essential services?

- i. Who needs these services most?

3. What community needs are currently unmet?

- i. Please provide specific examples.
- ii. How do you know they are unmet, and for whom?
- iii. What makes them hard to meet? (Note: This could include internal or external factors.)
- iv. Are there emerging needs that you think should be essential but are currently overlooked?
- v. Who can meet these needs? Who has the capacity or the access to the community? (A visualization: If you were looking at a map of the City of Alexandria from above and each community partner was a light, ask yourself — is there one light, are there many, are they concentrated in one place?)

4. Here are the current five priority areas of AFHS — do these resonate with you as being the most essential? Why or why not?

- ❖ All children and youth are school ready (this includes young children 0 to 5 years old).
- ❖ All Alexandrians are socially connected, emotionally secure, and culturally competent.
- ❖ All Alexandrians are economically secure and career ready.
- ❖ All Alexandrians have access to physical, dental, mental health, and vision resources and services.
- ❖ All Alexandrians are assisted in and empowered to prevent and remedy crises (this includes food insecurity, evictions, and financial crises).

B: AFHS Grant Impact and Service Effectiveness

*Let's talk a little bit about the AFHS grant impact and service effectiveness. We want to learn more about **how** — from your perspective — **the AFHS fund helps meet the essential needs of the community** — and we want to know about **both strengths and weaknesses.***

5. If you had to name one thing, what is the greatest strength or advantage for AFHS recipients?

Prompts:

- i. This is the “but for” question; e.g., have you been able to leverage receipt of AFHS funding to secure additional funding?
 - ii. In your experience, how has the fund impacted your organization and the services you provide?
- 6. **Are there specific groups or populations served in the community that benefit most from the services funded through the AFHS?**
 - i. How effective is the grant in reaching and addressing the needs of our most vulnerable populations?
 - ii. How do you know who is most vulnerable? How do you know who is being reached or not?
 - iii. Are there specific types of organizations that benefit most from the AFHS?
- 7. **What about the process? Please share your reflection on the current AFHS process (e.g., application, allocation, reporting).**
 - i. What aspects of the process work well?
 - ii. What aspects of the process are challenging? Are there barriers to accessing these funds?
 - iii. How fair do you perceive the process to be?
 - iv. How can the City better engage community partners in the funding decisionmaking process?

C: Alternative Funding Models

*Let’s consider now whether there are **alternative funding models and opportunities for improvement**.*

- 8. **Are there alternative approaches you would suggest for allocating the funds that might better address community needs?**
Prompts:
 - i. In your experience have you seen different models work better?
 - ii. Should certain services be provided via direct contract instead of competitive funding?
 - iii. Partial versus full funding?
 - iv. Innovation versus ongoing services?
 - v. Time limited commitment versus continuous funding?
- 9. **What changes could improve access to essential services for the most vulnerable populations in our community?**
 - i. What services are currently provided by the City that could be provided more efficiently and effectively by an existing nonprofit organization?
 - ii. Are there Essential Human Services currently provided by nonprofits that should be provided by the City?
 - iii. Are there opportunities for collaboration between the DCHS and community organizations that could strengthen capacity to deliver essential services?
- 10. **What else do you think is important for us to know, if anything, that we may not have asked?**

Appendix C:

Evaluation of the Alexandria Fund for Human Services (AFHS) Survey

Evaluation of the Alexandria Fund for Human Services (AFHS) Survey

Start of Block: Introduction

Introduction Background: The mission of Alexandria’s Department of Community and Human Services (DCHS) is to provide effective and essential safety net services that measurably improve or maintain the quality of life for Alexandrians. **The Alexandria Fund for Human Services (AFHS)** is one mechanism in place to advance this mission. DCHS had partnered with Community Science to assess if the AFHS continues to address critical needs in the city and remains responsive to the growing and changing needs of the community. **Purpose of the Survey:** You are invited to participate in the **Evaluation of the Alexandria Fund for Human Services (AFHS) Survey**. The purpose of this survey is to: 1. Determine what you consider to be essential human service needs in the City of Alexandria; 2. Understand the impact of AFHS in meeting those needs; and 3. Explore alternative models or improvements to AFHS in supporting those needs. **Your input will help guide the City of Alexandria’s funding strategies and foster a more equitable and responsive environment.** **Participation and Confidentiality:** We ask that only **one representative from your organization** complete this survey in order to maximize the range of voices and perspectives heard while not over-representing any one perspective. Your participation in this survey is **voluntary**, and you may choose to stop at any time without any consequences. Your responses will be **confidential**, and only Community Science staff will have access to individual data. The information you provide will be securely stored and used only for research and evaluation purposes. Results will be reported in aggregate, and no identifying information will be shared with the City of Alexandria or any third party. **Survey Duration:** The survey will take approximately **25–30 minutes** to complete. We recommend completing the survey on a computer for the most comfortable experience, although it can be completed on a mobile device. **Benefits and Risks:** By participating, you are contributing to the improvement of programs and services in Alexandria, helping to ensure that the City’s funding decisions align with the community’s evolving needs. There are no foreseeable risks associated with participating in this survey. While the survey asks about topics related to funding priorities and community needs which may cause discomfort for some, all responses are confidential. **Contact Information:** If you have any questions about the survey or your participation, please contact Michelle Haynes-Baratz, Project Director at Community Science, at mhaynesbaratz@communityscience.com. **Consent to Participate:** By clicking NEXT below and completing the survey, you indicate that you have read and understood this information, and you voluntarily agree to participate.

End of Block: Introduction

Start of Block: Section 1: Understanding Essential Human Services and Our Community

Section 1: Intro *This first set of questions is designed to understand your perceptions of essential human service needs in the City of Alexandria. We are interested in your perceptions of need — what services are needed and for whom, the degree to which the need is met, and the factors you think are most important in determining “essential” human services.*

Q1 1. Please rate the extent to which each of the following is a critical need in the City of Alexandria, on a scale of 1 = Not important - 5 = Critically important. 1 = Not important 2 = Slightly important 3 = Moderately important 4 = Very important 5 = Critically important Don't Know

	1 (1)	2 (2)	3 (3)	4 (4)	5 (5)	Don't Know (6)
Emergency/Crisis/Acute Needs (e.g., hunger relief, homelessness, behavioral health crises, child welfare crises) (1)	☐	☐	☐	☐	☐	☐
Early Care and Education (e.g., access to affordable childcare for children under age 6, access to childcare outside of traditional childcare hours) (2)	☐	☐	☐	☐	☐	☐
Youth Services (e.g., programs supporting young people, out-of-school time as after-school programs, mentorship, and recreational activities) (3)	☐	☐	☐	☐	☐	☐
Services for Older Adults (e.g., aging in place, older adults are aware of behavioral and emotional supports that are available to them, older adults have safe spaces to socialize with peers and other generations) (4)	☐	☐	☐	☐	☐	☐
Economically Secure & Career Ready (e.g., increased access to training for the modern workforce across the lifespan including youth, adults, and older adults; unemployment	☐	☐	☐	☐	☐	☐

assistance) (5)						
Food Security (e.g., residents have access to enough food, residents have access to healthy food) (6)	☐	☐	☐	☐	☐	☐
Housing (e.g., residents have access to affordable, stable housing) (7)	☐	☐	☐	☐	☐	☐
Immigration (e.g., assistance with legal aid, community integration support and advocacy) (8)	☐	☐	☐	☐	☐	☐
Healthcare Access (e.g., residents have access to physical, dental, and vision health resources and services) (9)	☐	☐	☐	☐	☐	☐
Mental/Behavioral Health Services (e.g., access to mental health and substance use services, including counseling and treatment options for all Alexandrians) (10)	☐	☐	☐	☐	☐	☐
Other (please specify) (11)	☐	☐	☐	☐	☐	☐

Q2 2. Please rate the extent to which each group needs essential services in the City of Alexandria, on a scale of 1 = Very low need - 5 = Very high need. We recognize that many individuals may identify with multiple groups; please do your best to rate each group. 1 = Very low need 2 = Low need 3 = Moderate need 4 = High need 5 = Very high need Don't Know

	1 (1)	2 (2)	3 (3)	4 (4)	5 (5)	Don't Know (6)
Children (ages 0–6) (1)	☐	☐	☐	☐	☐	☐
Youth (ages 6–18) (2)	☐	☐	☐	☐	☐	☐
Individuals with low incomes and low wealth (3)	☐	☐	☐	☐	☐	☐
Individuals facing crisis (4)	☐	☐	☐	☐	☐	☐
Survivors of domestic violence and sexual assault (5)	☐	☐	☐	☐	☐	☐
Older adults (6)	☐	☐	☐	☐	☐	☐
Black, Indigenous, People of Color (7)	☐	☐	☐	☐	☐	☐
Immigrant populations (8)	☐	☐	☐	☐	☐	☐
LGBTQIA+ individuals (9)	☐	☐	☐	☐	☐	☐
Individuals with a disability (10)	☐	☐	☐	☐	☐	☐

Individuals
involved
with the
justice
system (11)

☐☐☐☐☐☐

Other
(please
specify) (12)

☐☐☐☐☐☐

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Q3 3. Please rate the extent you think the following services are currently being provided in the City of Alexandria through city services or community service organizations, on a scale of 1 = Not provided - 5 = Fully provided. 1 = Not provided 2 = Slightly provided (far from adequate) 3 = Moderately provided (partially meets needs) 4 = Largely provided (meets most needs) 5 = Fully provided (meets all needs) Don't Know

	1 (1)	2 (2)	3 (3)	4 (4)	5 (5)	Don't Know (6)
Emergency/Crisis/Acute Needs (e.g., hunger relief, homelessness, behavioral health crises, child welfare crises) (1)	☐	☐	☐	☐	☐	☐
Early Care and Education (e.g., access to affordable childcare for children under age 6, access to childcare outside of traditional childcare hours) (2)	☐	☐	☐	☐	☐	☐
Youth Services (e.g., programs supporting young people, out-of-school time as after-school programs, mentorship, and recreational activities) (3)	☐	☐	☐	☐	☐	☐
Services for Older Adults (e.g., aging in place, older adults are aware of behavioral and emotional supports that are available to them, older adults have safe spaces to socialize with peers and other generations) (4)	☐	☐	☐	☐	☐	☐
Economically Secure & Career Ready (e.g., increased access to training for the modern workforce across the lifespan including youth,	☐	☐	☐	☐	☐	☐

adults, and older adults;
unemployment
assistance) (5)

Food Security (e.g.,
residents have access to
enough food, residents
have access to healthy
food) (6)

Housing (e.g., residents
have access to
affordable, stable
housing) (7)

Immigration (e.g.,
assistance with legal
aid, community
integration support and
advocacy) (8)

Healthcare Access (e.g.,
residents have access to
physical, dental, and
vision health resources
and services) (9)

**Mental/Behavioral
Health Services** (e.g.,
access to mental health
and substance use
services, including
counseling and
treatment options for all
Alexandrians) (10)

Other (please specify)
(11)

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

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Q4 4. For any unmet needs, please rate the extent to which you believe each of the following factors serve as barriers, on a scale of 1 = Not a barrier - 5 = Significant barrier. 1 = Not a barrier 2 = Slight barrier 3 = Moderate barrier 4 = Large barrier 5 = Significant barrier Don't Know

	1 (1)	2 (2)	3 (3)	4 (4)	5 (5)	Don't Know (6)
Lack of funding (1)	☐	☐	☐	☐	☐	☐
Limited provider capacity or staffing (2)	☐	☐	☐	☐	☐	☐
Transportation (3)	☐	☐	☐	☐	☐	☐
Geographic barriers (4)	☐	☐	☐	☐	☐	☐
Lack of community awareness or outreach (5)	☐	☐	☐	☐	☐	☐
Systemic or policy barriers (6)	☐	☐	☐	☐	☐	☐
Cultural or language barriers (7)	☐	☐	☐	☐	☐	☐
Other (please specify) (8)	☐	☐	☐	☐	☐	☐

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Q5 5. In addition to understanding your perception of each of these barriers, we are interested in how they compare to one another. Please rank the following barriers to accessing services from 1 to 7, with 1 being the most significant barrier and 7 being the least significant barrier.

- _____ Lack of funding (1)
- _____ Limited provider capacity or staffing (2)
- _____ Transportation (3)
- _____ Geographic barriers (4)
- _____ Lack of community awareness or outreach (5)
- _____ Systemic or policy barriers (6)
- _____ Cultural or language barriers (7)

Page Break

Q6 6. Please rate the extent to which you perceive each of the following should be an important factor in determining whether something is an “essential” human service, on a scale of 1 = Not important - 5 = Critically important. 1 = Not important 2 = Slightly important 3 = Moderately important 4 = Very important 5 = Critically important Don't Know

	1 (1)	2 (2)	3 (3)	4 (4)	5 (5)	Don't Know (6)
Addresses basic populations needs fulfillment related to survival (e.g., hunger relief, shelter, emergency healthcare) (1)	☐	☐	☐	☐	☐	☐
Supports vulnerable or typically marginalized populations (e.g., low-income families, the elderly, people with disabilities) (2)	☐	☐	☐	☐	☐	☐
Addresses public health and safety (e.g., directly mitigates risk to public health safety such as vaccination programs, emergency responses services) (3)	☐	☐	☐	☐	☐	☐
Addresses economic stability and	☐	☐	☐	☐	☐	☐

**support for
individuals
and
communities**
(e.g.,
unemployment
assistance, job
training) (4)

**Addresses
social
functioning
and cohesion**
(e.g., justice
services,
community
mediation) (5)

**Contributes to
long-term
well-being and
societal
resilience** (e.g.,
supports long-
term solutions
and addresses
root causes of
need) (6)



Page Break



Q7 7. In addition to understanding your perception of each of these factors, we are interested in how they compare to one another. Please rank the following factors from 1-6, with 1 being the most important criteria to 6 being the least important criteria in determining whether something qualifies as an "essential" human service.

_____ **Addresses basic populations needs fulfillment related to survival** (e.g., hunger relief, shelter, emergency healthcare) (1)

_____ **Supports vulnerable or typically marginalized populations** (e.g., low-income families, the elderly, people with disabilities) (2)

_____ **Addresses public health and safety** (e.g., directly mitigates risk to public health safety such as vaccination programs, emergency responses services) (3)

_____ **Addresses economic stability and support for individuals and communities** (e.g., unemployment assistance, job training) (4)

_____ **Addresses social functioning and cohesion** (e.g., justice services, community mediation) (5)

_____ **Contributes to long-term well-being and societal resilience** (e.g., supports long-term solutions and addresses root causes of need) (6)

Page Break

Q8 8. The following are the current AFHS priority areas. Please rate the extent to which you think each of the following priority areas are important for the City of Alexandria's well-being, on a scale of 1 = Not important - 5 = Critically important. 1 = Not important 2 = Slightly important 3 = Moderately important 4 = Very important 5 = Critically important Don't Know

	1 (1)	2 (2)	3 (3)	4 (4)	5 (5)	Don't Know (6)
All children and youth are school ready (including young children 0 to 5 years old) (1)	☐	☐	☐	☐	☐	☐
All Alexandrians are socially connected, emotionally secure, and culturally competent (2)	☐	☐	☐	☐	☐	☐
All Alexandrians are economically secure and career ready (3)	☐	☐	☐	☐	☐	☐
All Alexandrians have access to physical, dental, mental health, and vision resources and services (4)	☐	☐	☐	☐	☐	☐

All
Alexandrians
are assisted
in and
empowered
to prevent
and remedy
crises
(including
food
insecurity,
evictions,
and financial
crises) (5)



Page Break

Q9 9. Please use the space below to share any additional information or perspectives about essential human services in the City of Alexandria that you feel are important for us to know.

End of Block: Section 1: Understanding Essential Human Services and Our Community

Start of Block: Section 2: Understanding the Impact of AFHS in Meeting Essential Needs

Section 2: Intro *In this next section, we ask about your perspectives on the impact of AFHS funds. Specifically, we are interested in how effective the AFHS is in meeting essential human service needs in the City of Alexandria, for whom, and its strengths and weaknesses. We are also interested in your opinion about the AFHS grantmaking process (e.g., application, management) and where there is room for improvement. We realize that your familiarity with AFHS may depend on your organization and whether you have ever received AFHS funding. For the following questions, please select a response that best captures your perception. "Don't know" is also a response option.*

Q10 10. Overall, how effective is the current AFHS funding in meeting essential community needs, on a scale of 1 = Not effective - 5 = Extremely effective?

- ☐ Not effective (1)
- ☐ Slightly effective (2)
- ☐ Moderately effective (3)
- ☐ Very effective (4)
- ☐ Extremely effective (5)
- ☐ Don't know (6)

Page Break

Q11 11. Please rate the extent to which each of the following populations benefit from AFHS funding, on a scale of 1 = Does not benefit - 5 = Benefits extremely. 1 = Does not benefit 2 = Benefits a little 3 = Moderately benefits 4 = Benefits a lot 5 = Benefits extremely Don't Know

	1 (1)	2 (2)	3 (3)	4 (4)	5 (5)	Don't Know (6)
Children (ages 0–6) (1)	☐	☐	☐	☐	☐	☐
Youth (ages 6–18) (2)	☐	☐	☐	☐	☐	☐
Individuals with low incomes and low wealth (3)	☐	☐	☐	☐	☐	☐
Individuals facing crisis (4)	☐	☐	☐	☐	☐	☐
Survivors of domestic violence and sexual assault (5)	☐	☐	☐	☐	☐	☐
Older adults (6)	☐	☐	☐	☐	☐	☐
Black, Indigenous, People of Color (7)	☐	☐	☐	☐	☐	☐
Immigrant populations (8)	☐	☐	☐	☐	☐	☐
LGBTQIA+ individuals (9)	☐	☐	☐	☐	☐	☐
Individuals with a disability (10)	☐	☐	☐	☐	☐	☐

Individuals
involved
with the
justice
system (11)



Other
(please
specify) (12)



Page Break

Q12 12. Please rate the degree to which being an AFHS recipient or grantee provides the following leverage, on a scale of 1 = Not at all - 5 = Absolutely. 1 = Not at all 2 = Slightly 3 = Somewhat 4 = Very much 5 = Absolutely Don't Know

	1 (1)	2 (2)	3 (3)	4 (4)	5 (5)	Don't Know (6)
Increases capacity to serve the community (e.g., expanded services, ability to reach more people) (1)	☐	☐	☐	☐	☐	☐
Maintains capacity to offer services in your organization that otherwise would not be supported through other funding mechanisms (e.g., maintain ability to provide services that not covered by other local, state, or federal funding) (2)	☐	☐	☐	☐	☐	☐
Enhances ability to leverage additional funding (e.g., attracting other funders or partnerships) (3)	☐	☐	☐	☐	☐	☐
Improves organizational stability and sustainability (e.g., support for operational costs, reduced	☐	☐	☐	☐	☐	☐

financial stress)
(4)

**Increases access
to resources
and technical
assistance** (e.g.,
training, support
in program
implementation)
(5)

**Strengthens
community
partnerships
and
collaboration**
(e.g.,
networking,
joint initiatives)
(6)

**Improves
outcomes for
beneficiaries**
(e.g., better
quality of
services,
positive
community
impact) (7)

Other (please
specify) (8)

☐	☐	☐	☐	☐	☐
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☐	☐	☐	☐	☐	☐
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☐	☐	☐	☐	☐	☐
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☐	☐	☐	☐	☐	☐
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Page Break

Q13 13. In your opinion, please rate the extent to which the grant process requires improvements in each of the following domains, on a scale of 1 = No major improvements needed - 5 = Major improvements needed. 1 = No improvements needed 2 = Minor improvements needed 3 = Some improvements needed 4 = Many improvements needed 5 = Major improvements needed Don't Know

	1 (1)	2 (2)	3 (3)	4 (4)	5 (5)	Don't Know (6)
Announcement of grant cycle (1)	☐	☐	☐	☐	☐	☐
Application process (2)	☐	☐	☐	☐	☐	☐
Grant review and selection process (3)	☐	☐	☐	☐	☐	☐
Grant awarding communication and instructions from AFHS (4)	☐	☐	☐	☐	☐	☐
The grant funds transfer and payment process (5)	☐	☐	☐	☐	☐	☐
Support or technical assistance provided by AFHS staff during the grant cycle (6)	☐	☐	☐	☐	☐	☐
Grant reporting requirements and process (7)	☐	☐	☐	☐	☐	☐
Communication with AFHS staff (8)	☐	☐	☐	☐	☐	☐
The length of the grant award (more than 3+ years)	☐	☐	☐	☐	☐	☐

(9)						
The amount of funds available in the AFHS fund (10)	☐	☐	☐	☐	☐	☐
The amount allocated to an individual project (11)	☐	☐	☐	☐	☐	☐
Other (please specify) (12)	☐	☐	☐	☐	☐	☐

Page Break

Q14 **14. Overall, how fair do you perceive the AFHS funding process to be, on a scale of 1 = Very unfair - 5 = Very fair?**

- ☐ Very unfair (1)
- ☐ Somewhat unfair (2)
- ☐ Neutral (3)
- ☐ Somewhat fair (4)
- ☐ Very fair (5)
- ☐ Don't Know (6)

Page Break

Display This Question:

If 14. Overall, how fair do you perceive the AFHS funding process to be, on a scale of 1 = Very unfa... = Very unfair

Or 14. Overall, how fair do you perceive the AFHS funding process to be, on a scale of 1 = Very unfa... = Somewhat unfair

Or 14. Overall, how fair do you perceive the AFHS funding process to be, on a scale of 1 = Very unfa... = Neutral

Or 14. Overall, how fair do you perceive the AFHS funding process to be, on a scale of 1 = Very unfa... = Somewhat fair

Or 14. Overall, how fair do you perceive the AFHS funding process to be, on a scale of 1 = Very unfa... = Very fair

Q15 15. You rated the AFHS process as being "{\$Q14/ChoiceGroup/SelectedChoices}". Please tell us a bit more about why you made that selection.

Q16 16. Please use the space below to share any additional information or perspectives about the AFHS specifically that you feel is important for us to know.

End of Block: Section 2: Understanding the Impact of AFHS in Meeting Essential Needs

Start of Block: Section 3: Alternative Models

Section 3: Intro *In this next section, we ask about your perspectives on alternative funding mechanisms. We are interested in whether you think there are opportunities to get funding for essential service providers instead of the AFHS fund.*

Q17 17. For the following essential services, please indicate your preference for how they should be funded, on a scale 1 = Strongly prefer direct contracts - 5 = Strongly prefer competitive grants. 1 = Strongly prefer direct contracts 2 = Prefer direct contracts 3 = Neutral 4 = Prefer competitive grants 5 = Strongly prefer competitive grants Don't Know

	1 (1)	2 (2)	3 (3)	4 (4)	5 (5)	Don't Know (6)
Emergency/Crisis/Acute Needs (e.g., hunger relief, homelessness, behavioral health crises, child welfare crises) (1)	☐	☐	☐	☐	☐	☐
Early Care and Education (e.g., access to affordable childcare for children under age 6, access to childcare outside of traditional childcare hours) (2)	☐	☐	☐	☐	☐	☐
Youth Services (e.g., programs supporting young people, out-of-school time as after-school programs, mentorship, and recreational activities) (3)	☐	☐	☐	☐	☐	☐
Services for Older Adults (e.g., aging in place; older adults are aware of behavioral and emotional supports that are available to them, older adults have safe spaces to socialize with peers and other generations) (4)	☐	☐	☐	☐	☐	☐
Economically Secure & Career Ready (e.g., increased access to training for the modern workforce across the lifespan to include youth, adults and older adults; unemployment	☐	☐	☐	☐	☐	☐

assistance) (5)						
Food Security (e.g., residents have access to enough food, residents have access to healthy food) (6)	☐	☐	☐	☐	☐	☐
Housing (e.g., residents have access to affordable, stable housing) (7)	☐	☐	☐	☐	☐	☐
Immigration (e.g., assistance with legal aid, community integration support and advocacy) (8)	☐	☐	☐	☐	☐	☐
Healthcare Access (e.g., residents have access to physical, dental, and vision health resources and services) (9)	☐	☐	☐	☐	☐	☐
Mental/Behavioral Health Services (e.g., access to mental health and substance use services, including counseling and treatment options for all Alexandrians) (10)	☐	☐	☐	☐	☐	☐
Other (please specify) (11)	☐	☐	☐	☐	☐	☐

Q18 18. Please indicate the extent to which you agree with the following statements regarding funding mechanisms for services, on a scale of 1 = Strongly disagree - 5 = Strongly agree. 1 =

Strongly disagree 2 = Disagree 3 = Neutral 4 = Agree 5 = Strongly agree Don't Know

	1 (1)	2 (2)	3 (3)	4 (4)	5 (5)	Don't Know (6)
Competitive grants are better suited for meeting immediate community needs (1)	☐	☐	☐	☐	☐	☐
Competitive grants encourage innovation in service delivery (2)	☐	☐	☐	☐	☐	☐
The competitive grant process creates unnecessary administrative burdens (3)	☐	☐	☐	☐	☐	☐
Direct contracts create unnecessary administrative burdens (4)	☐	☐	☐	☐	☐	☐
Direct contracts awarded via a competitive procurement process provide more stability for nonprofit organizations (5)	☐	☐	☐	☐	☐	☐

Direct contracts allow for clearer accountability in service delivery (6)



Direct contracts are better suited for meeting immediate community needs (7)



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Q19 19. Please indicate the extent to which you agree with the following statements regarding the following funding models, on a scale of 1 = Strongly disagree - 5 = Strongly agree. 1 = Strongly disagree 2 = Disagree 3 = Neutral 4 = Agree 5 = Strongly agree Don't Know

	1 (1)	2 (2)	3 (3)	4 (4)	5 (5)	Don't Know (6)
Full funding from AFHS is necessary to adequately support the delivery of essential services in the community (1)	☐	☐	☐	☐	☐	☐
Partial funding encourages greater collaboration among community partners to pool resources (2)	☐	☐	☐	☐	☐	☐
AFHS funding should prioritize innovative new programs that address emerging needs in the community (3)	☐	☐	☐	☐	☐	☐
Funding ongoing services is more essential than funding innovative	☐	☐	☐	☐	☐	☐

projects in meeting current community needs (4)

Allocating funds for innovative services will have a greater long-term impact than focusing solely on ongoing services (5)

Time-limited funding from AFHS encourages organizations to develop sustainable funding models for the future (6)

Continuous funding from AFHS is necessary to maintain stable service delivery for essential programs (7)



Q20 20. Please add any additional information about alternative models here, including your thoughts about whether some essential human services needs may be better suited to some models than others.

Page Break

Q21 21. The following services currently provided by the City of Alexandria would be better if provided by an existing nonprofit organization, 1 = Strongly disagree - 5 = Strongly agree. 1 = Strongly disagree 2 = Disagree 3 = Neutral 4 = Agree 5 = Strongly agree Don't Know

	1 (1)	2 (2)	3 (3)	4 (4)	5 (5)	Don't Know (6)
Emergency/Crisis/Acute Needs (e.g., hunger relief, homelessness, behavioral health crises, child welfare crises) (1)	☐	☐	☐	☐	☐	☐
Early Care and Education (e.g., access to affordable childcare for children under age 6, access to childcare outside of traditional childcare hours) (2)	☐	☐	☐	☐	☐	☐
Youth Services (e.g., programs supporting young people, out-of-school time as after-school programs, mentorship, and recreational activities) (3)	☐	☐	☐	☐	☐	☐
Services for Older Adults (e.g., aging in place; older adults are aware of behavioral and emotional supports that are available to them, older adults have safe spaces to socialize with peers and other generations) (4)	☐	☐	☐	☐	☐	☐
Economically Secure & Career Ready (e.g., increased access to training for the modern workforce across the lifespan to include youth, adults and older adults; unemployment assistance) (5)	☐	☐	☐	☐	☐	☐

Food Security (e.g., residents have access to enough food, residents have access to healthy food) (6)

☐☐☐☐☐☐

Housing (e.g., residents have access to affordable, stable housing) (7)

☐☐☐☐☐☐

Immigration (e.g., assistance with legal aid, community integration support and advocacy) (8)

☐☐☐☐☐☐

Healthcare Access (e.g., residents have access to physical, dental, and vision health resources and services) (9)

☐☐☐☐☐☐

Mental/Behavioral Health Services (e.g., access to mental health and substance use services, including counseling and treatment options for all Alexandrians) (10)

☐☐☐☐☐☐

Other (please specify) (11)

☐☐☐☐☐☐

Page Break

Display This Question:

If 21. The following services currently provided by the City of Alexandria would be better if provid... [Don't Know] (Count) < 11

Q22 22. In the question above, IF you indicated nonprofits are better suited to provide at least some of the services listed; we would like to know why. Please rate each of the following on a scale of 1 = Strongly disagree - 5 = Strongly agree. 1 = Strongly disagree 2 = Disagree 3 = Neutral 4 = Agree 5 = Strongly agree Don't Know

	1 (1)	2 (2)	3 (3)	4 (4)	5 (5)	Don't Know (6)
Nonprofits can be more flexible in responding to emerging community needs than government agencies (1)	☐	☐	☐	☐	☐	☐
Nonprofits are better able to build trust within local communities than government organizations (2)	☐	☐	☐	☐	☐	☐
Nonprofits have specialized expertise in certain areas that makes them more effective at providing essential services than government agencies (3)	☐	☐	☐	☐	☐	☐
Nonprofits can operate with fewer bureaucratic constraints, allowing for	☐	☐	☐	☐	☐	☐

faster
decision-
making and
service
delivery (4)

Nonprofits
often have a
more
community-
centered
approach,
tailoring
services to
meet specific
local needs
(5)

Other
(please
specify) (6)



Page Break

Q23 23. The following services currently provided by an existing non-profit would be better if they were provided by the City of Alexandria, 1 = Strongly disagree - 5 = Strongly agree. 1 = Strongly disagree 2 = Disagree 3 = Neutral 4 = Agree 5 = Strongly agree Don't Know

	1 (1)	2 (2)	3 (3)	4 (4)	5 (5)	Don't Know (6)
Emergency/Crisis/Acute Needs (e.g., includes hunger relief, homelessness, behavioral health crises, child welfare crises) (1)	☐	☐	☐	☐	☐	☐
Early Care and Education (e.g., access to affordable childcare for children under the age 6; access to childcare outside of traditional childcare hours) (2)	☐	☐	☐	☐	☐	☐
Youth Services (e.g., programs supporting young people, out-of-school time as after-school programs, mentorship, and recreational activities) (3)	☐	☐	☐	☐	☐	☐
Services for Older Adults (e.g., aging in place; older adults are aware of behavioral and emotional supports that are available to them; older adults have safe spaces to socialize with peers and other generations) (4)	☐	☐	☐	☐	☐	☐
Economically Secure & Career Ready (e.g., increased access to training for the modern workforce across the lifespan to include youth, adults and older	☐	☐	☐	☐	☐	☐

adults; unemployment assistance) (5)

Food Security (e.g., residents have access to enough food; residents have access to healthy food) (6)

Housing (e.g., residents have access to affordable, stable housing) (7)

Immigration (e.g., assistance with legal aid; community integration support and advocacy) (8)

Healthcare Access (e.g., residents have access to physical, dental, and vision health resources and services) (9)

Mental/Behavioral Health Services (e.g., access to mental health and substance use services, including counseling and treatment options for all Alexandrians) (10)

Other (please specify) (11)

☐	☐	☐	☐	☐	☐
☐	☐	☐	☐	☐	☐
☐	☐	☐	☐	☐	☐
☐	☐	☐	☐	☐	☐
☐	☐	☐	☐	☐	☐
☐	☐	☐	☐	☐	☐

Display This Question:

If 23. The following services currently provided by an existing non-profit would be better if they w... [Don't Know] (Count) < 11

Q24 24. In the question above, IF you indicated the City of Alexandria is better suited to provide at least some of the services listed; we would like to know why. Please rate each of the following on a scale of 1 = Strongly disagree - 5 = Strongly agree. 1 = Strongly disagree 2 = Disagree 3 = Neutral 4 = Agree 5 = Strongly agree Don't Know

	1 (1)	2 (2)	3 (3)	4 (4)	5 (5)	Don't Know (6)
The City has greater financial stability, allowing them to provide consistent funding for essential services. (1)	☐	☐	☐	☐	☐	☐
The City is more accountable to the public, ensuring transparency in the delivery of essential services. (2)	☐	☐	☐	☐	☐	☐
The City has the authority to implement and enforce regulations to ensure services are provided equitably. (3)	☐	☐	☐	☐	☐	☐
The City can integrate essential services more	☐	☐	☐	☐	☐	☐

effectively
with other
public
services,
such as
healthcare
and
education.
(4)

The City has
a more
stable
workforce,
reducing
service
disruptions
compared to
non-profits
with higher
turnover. (5)

The City has
the capacity
to retain and
attract staff
with
specialized
care. (6)

Other
(please
specify) (7)

☐	☐	☐	☐	☐	☐
☐	☐	☐	☐	☐	☐
☐	☐	☐	☐	☐	☐

Page Break

Q25 25. Please add any additional context about your perspective regarding the provision of services by the City of Alexandria as compared to local nonprofit organizations.

Page Break

Q26 26. To what extent would each of the following collaborative efforts between the DCHS and community organizations (e.g., nonprofits, faith-based organizations) strengthen the City's capacity to deliver essential services to residents of Alexandria, on a scale of 1 = Not at all - 5 = Absolutely? 1 =

Not at all 2 = Slightly 3 = Somewhat 4 = Very much 5 = Absolutely Don't Know

	1 (1)	2 (2)	3 (3)	4 (4)	5 (5)	Don't Know (6)
Joint outreach and education campaigns (1)	☐	☐	☐	☐	☐	☐
Resource sharing and training initiatives (2)	☐	☐	☐	☐	☐	☐
Co-locate service centers for streamlined access (3)	☐	☐	☐	☐	☐	☐
Data and resource sharing for needs assessment (4)	☐	☐	☐	☐	☐	☐
Shared funding and grant opportunities (5)	☐	☐	☐	☐	☐	☐
Other (please specify) (6)	☐	☐	☐	☐	☐	☐

End of Block: Section 3: Alternative Models

Start of Block: Section 4: Demographics

Section 4 Intro *In this final section, we ask you to provide demographic data related to the organization or program you are representing. These questions will help us understand the types of service providers who are providing responses so we can uncover unique perspectives and understand differences in responses. We strive to protect your anonymity. Therefore, all data will be de-identified and reported in aggregate.*

1. What is the name of your organization? (We will not share this information with the City of Alexandria; we are simply trying to understand the organizations represented in this wave of data collection).

Demo 2 2. Are you or have you been an AFHS grant recipient?

- ☐ Yes, insert grant cycle(s) (1) _____
- ☐ No (2)
-

Demo 3 3. How is your organization classified?

☐ Service Provider: Nonprofit Agency (501(c)(2) or 501(c)(3) (1)

☐ Service Provider: For Profit Agency (2)

☐ Service Provider: Public Agency (3)

☐ Faith-based (4)

☐ Other (5) _____

Demo 4 4. What is the age of your organization or program?

☐ Less than 1 year old (1)

☐ 1–3 years old (2)

☐ 4–7 years old (3)

☐ 8+ years old (4)

Page Break

Demo 5 5. What type of essential service does your organization provide? (select all that apply)

☐

Older Adult (1)

☐

Early Care and Education (2)

☐

Employment (3)

☐

Food Security (4)

☐

Healthcare Access (5)

☐

Housing (6)

☐

Immigration (7)

☐

Legal (8)

☐

Behavioral/Mental Health (9)

☐

Youth (10)

☐

None of the above (11)

☐

Other (12) _____

Demo 6 6. Which geographic areas are included in your service area? (select all that apply)

- ☐ 22206 (1)
 - ☐ 22301 (2)
 - ☐ 22302 (3)
 - ☐ 22304 (4)
 - ☐ 22305 (5)
 - ☐ 22311 (6)
 - ☐ 22312 (7)
 - ☐ 22314 (8)
 - ☐ Other (please specify) (9) _____
-

Demo 7 7. Is your organization based in Alexandria?

- ☐ Yes (1)
 - ☐ No (2)
-

Page Break

Demo 8 8. Please select the communities or groups that your organization serves? (select all that apply)

- ☐ Low-income Individuals and Families (1)
 - ☐ Children and Youth (2)
 - ☐ Seniors and Older Adults (3)
 - ☐ People with Disabilities (4)
 - ☐ Individuals Experiencing Homelessness (5)
 - ☐ Immigrants and Refugees (6)
 - ☐ Unemployed or Underemployed Individuals (7)
 - ☐ Individuals with Chronic Health Conditions (8)
 - ☐ Families in Crisis or Domestic Violence Situations (9)
 - ☐ Other Vulnerable or Underserved Populations (please specify) (10)
-

Demo 9 9. What is the approximate annual budget of your agency?

▼ Not Known (1) ... \$50,000,000 or more (32)



Demo 10 10. Please indicate the top three types of funding or income sources that are received by your organization?

- ☐ Federal Grants (1)
 - ☐ State Grants (2)
 - ☐ Local Government Grants (3)
 - ☐ Individual Donors or Capital Campaign (4)
 - ☐ Foundation Grants (5)
 - ☐ Corporate Donors (6)
 - ☐ Fees for Services (7)
 - ☐ Government Contracts (8)
 - ☐ Endowment (9)
 - ☐ Other (please specify) (10)
-

Page Break

Demo 11 **11. Is there anything else you would like to share with us before completing the survey and submitting your responses? If so, please use the following open ended text box.**

End of Block: Section 4: Demographics

Start of Block: End of Survey

End of Survey **Thank you sincerely for your time and for sharing your valuable insights!** Your responses are invaluable and will play a critical role in helping to guide the City of Alexandria's funding strategies for essential human services. If you have any further questions or would like more information, please do not hesitate to contact Michelle Haynes-Baratz, Project Director at Community Science, at mhaynesbaratz@communityscience.com. Thank you again for helping us build a stronger, more equitable Alexandria!

End of Block: End of Survey

Appendix D:

Priority Maps' Measurement Sources and Details

Appendix D: Priority Maps' Measurement Sources and Details

The evaluation team sought to visualize the impact of the most recent AFHS funding cycle across approximate target populations. To do so, we used data from 2024 year-end grantee reports reporting the number of individuals served by grantees across the City of Alexandria's zip codes in conjunction with publicly available data.

All maps created for the City of Alexandria were geocoded, calculated, and visualized using R/RStudio's *tidyverse*, *tidycensus*, *sf*, *leaflet*, and *htmltools* packages. R and RStudio are respectively a programming language and complementary integrated development environment that are open-source and primarily used for statistical computing, data analysis, and data visualization. R, RStudio, and its packages are all publicly available and free to use.

Each layer in the maps is detailed below:

- **Grantees:** Shows the location of each grantee organization funded by the City of Alexandria in 2024. The Community Science team identified the latitude and longitude of each grantee headquarters' address listed in the data provided by the City (the organization's contact address), and then these coordinates were geocoded for mapping visualization.
- **Individuals Served by Grantees (Raw):** The raw count of individuals or families served by grantees per zip code.
- **Percent of Individuals Served (Normalized):** This layer uses the raw count of individuals or families served by grantees per zip code and normalizes it by dividing by the total estimated number of economically-burdened residents living in that zip code as of 2023. Economically-burdened residents are all those living in poverty as well as those on the edge-of-poverty – a proxy for Asset Limited, Income Constrained, Employed (ALICE) individuals. The measure of economically-burdened combines the U.S. Census Bureau's American Community Survey five-year 2023 estimates of the total number of residents living below 100 percent of the poverty level and the total number of residents living between 100 and 149 percent of the poverty level (i.e., those living at the edge-of-poverty).
- **Percent of Economically-burdened:** Details the proportion of residents within the zip code that are economically-burdened as of 2023. Economically-burdened residents are all those living in poverty as well as those on the edge-of-poverty.*
- **Change in Economically-burdened:** This layer details the change in the proportion of economically-burdened residents within the zip code from 2018 to 2023.*
- **Percent of Poverty-burdened:** Details the proportion of residents within the zip code that are poverty-burdened as of 2023. The measure of poverty-burden uses the U.S. Census Bureau's American Community Survey five-year 2023 estimates of the total number of residents living below 100 percent of the poverty level.*
- **Change in Poverty-burdened:** This layer details the change in the proportion of poverty-burdened residents within the zip code from 2018 to 2023. The measure of poverty-burden uses

the U.S. Census Bureau's American Community Survey five-year estimates of the total number of residents living below 100 percent of the poverty level for both 2018 and 2023.*

- **Percent at Edge-of-poverty:** Details the proportion of residents within the zip code that are at the edge-of poverty as of 2023. The measure of the edge-of poverty uses the U.S. Census Bureau's American Community Survey five-year 2023 estimates of the total number of residents living between 100 and 149 percent of the poverty level.*
- **Change in Edge-of-poverty:** This layer details the change in the proportion of edge-of-poverty residents within the zip code from 2018 to 2023. The measure of the edge-of-poverty uses the U.S. Census Bureau's American Community Survey five-year estimates of the total number of residents living between 100 and 149 percent of the poverty level for both 2018 and 2023.*
- **Zip Codes (Census Borders):** Shows the boundaries of all zip codes that are fully or partially located within the municipal boundaries of the City of Alexandria. This layer helps contextualize other map layers using population estimates from the U.S. Census Bureau's American Community Survey which only accounts for the full boundaries of all zip codes and not the partial boundaries of zip codes that may be divided across different municipalities.

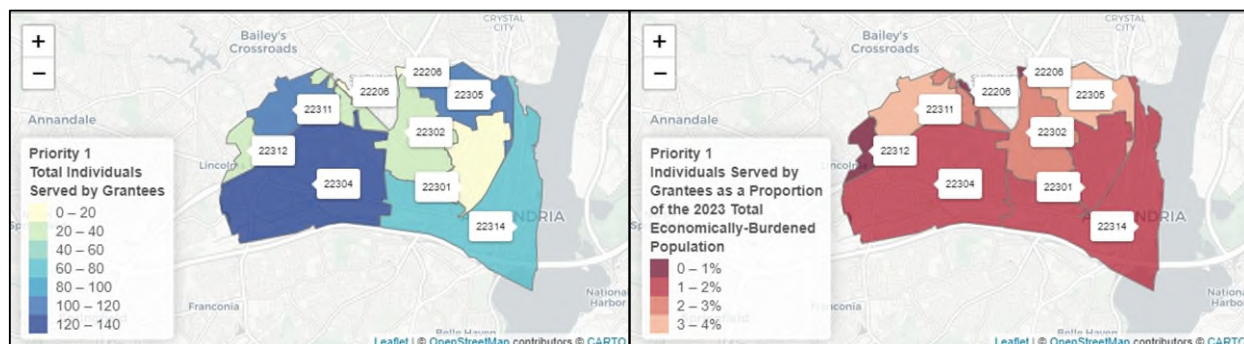
*NOTE: The estimate of residents per zip code is an estimate of the entirety of that zip code's population based on its most recent boundaries as identified by the U.S. Census Bureau in 2020, not only the population living within the City of Alexandria boundaries (see the Zip Codes or Census Borders layer to view the full boundaries of each zip code).

Appendix E: Mapping by Priority Area

Appendix E: Mapping by Priority Area

Figure 5 through Figure 9 show the share of City of Alexandria residents served by grantees during the most recent grant cycle by each of the AFHS’s five priority areas. There are two maps for each priority area; maps on the left detail the raw estimate of residents served by grantees per zip code for each priority area while maps on the right normalize the raw count of residents served by each zip code’s estimated economically-burdened population in 2023. This provides a proxy measure for grantees’ relative reach in each zip code in comparison with the total number of residents in need.

Figure 5: Grantee Reach across Priority 1

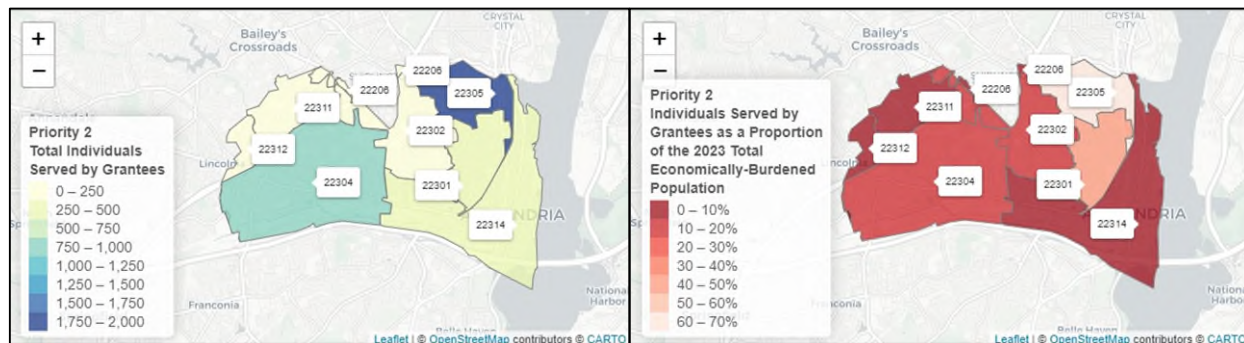


DATA SOURCES: The City of Alexandria’s DCHS AFHS grantee report and the U.S. Census Bureau’s 2023 American Community Survey five -year estimates.

NOTE: The raw estimate of individuals served by grantees is self-reported by grantees and likely includes overlapping counts of individuals who may have been served by multiple grantees. Similarly, the estimate of economically burdened residents uses the total number from the entire zip code and, for some zip codes, includes the entire estimate of economically burdened residents living both within and outside of the municipal boundaries of the City of Alexandria (see [Figure 10: City of Alexandria Zip Codes](#) to see all zip code boundaries that were used to calculate the proportion of economically burdened residents).

Figure 5 details grantees’ reach across “Priority 1: All children and youth are school ready.” Overall, this priority saw the least number of programs funded and the fewest residents served when compared to the other priority areas in the most recent grant cycle. The highest estimate of residents served per zip code was 127 in the West End zip code of 22304 while the 22311 and 22305 zip codes saw the second and third highest share of residents served, respectively, at between 100–200 residents served. Other zip codes fell slightly in the middle while the 22206 and 22301 zip codes saw the least number of residents served, at 2 and 12, respectively. The corresponding proportional reach map on the right of Figure 5 also details how the relative reach to economically burdened residents across Priority 1 was minimal in the past grant cycle. No zip code saw a reach score greater than 4%. However, the 22305 and 22311 zip codes did see the greatest share of economically burdened residents reached at 3.7% and 3.3%, respectively.

Figure 6: Grantee Reach across Priority 2

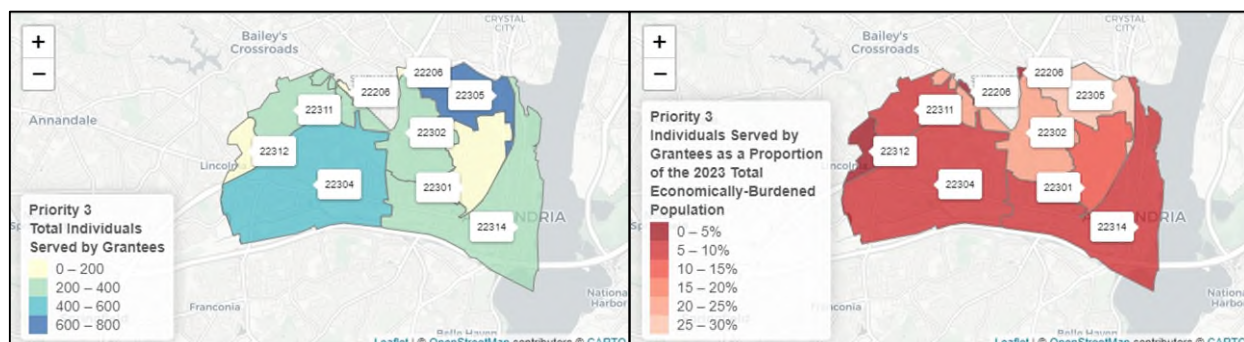


DATA SOURCES: The City of Alexandria’s DCHS AFHS grantee report and the U.S. Census Bureau’s 2023 American Community Survey five -year estimates.

NOTE: The raw estimate of individuals served by grantees is self-reported by grantees and likely includes overlapping counts of individuals who may have been served by multiple grantees. Similarly, the estimate of economically burdened residents uses the total number from the entire zip code and, for some zip codes, includes the entire estimate of economically burdened residents living both within and outside of the municipal boundaries of the City of Alexandria (see [Figure 10: City of Alexandria Zip Codes](#) to see all zip code boundaries that were used to calculate the proportion of economically burdened residents).

[Figure 6](#) shows grantees’ reach across “Priority 2: All Alexandrians are socially connected, emotionally secure, and culturally competent.” Priority 2 grantee programming served a larger share of residents than any other priority area except Priority 5. Grantees in this priority area reported serving the highest estimate of residents, at 1,987, in the 22305 zip code. The corresponding proportional reach map on the right of [Figure 6](#) shows that this accounted for roughly 70% of that zip code’s economically burdened population estimate in 2023 — indicating a strong reach by grantees to those in need. Grantees’ reach in other zip codes was not nearly as high as in the 22305 zip code. In fact, the West End zip code of 22304 saw the second largest share of residents served by grantees in this priority area, at 868, and this accounted for almost 12% of that zip code’s economically burdened population in 2023. This may indicate that grantees’ efforts across Priority 2 may need greater expansion outside of the 22305 zip code.

Figure 7: Grantee Reach across Priority 3



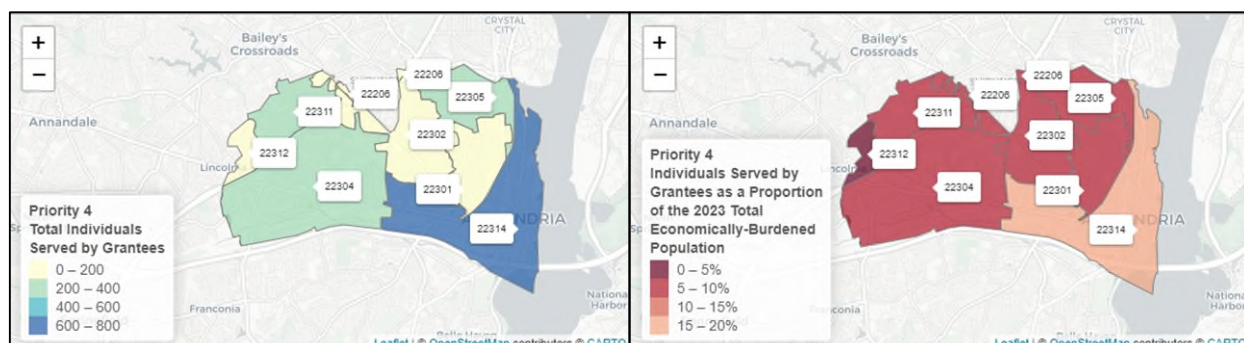
DATA SOURCES: The City of Alexandria’s DCHS AFHS grantee report and the U.S. Census Bureau’s 2023 American Community Survey five -year estimates.

NOTE: The raw estimate of individuals served by grantees is self-reported by grantees and likely includes overlapping counts of individuals who may have been served by multiple grantees. Similarly, the estimate of economically burdened residents uses the total number from the entire zip code and, for some zip codes, includes the entire

estimate of economically burdened residents living both within and outside of the municipal boundaries of the City of Alexandria (see [Figure 10: City of Alexandria Zip Codes](#) to see all zip code boundaries that were used to calculate the proportion of economically burdened residents).

[Figure 7](#) details grantees’ reach across “Priority 3: All Alexandrians are economically secure and career-ready.” As shown in [Exhibit 2](#), this priority area had the largest count of programs funded in the most reach grant cycle. As with Priority 2 grantees, Priority 3 grantees reported serving the greatest number of residents in the 22305 zip code, at 725. Unlike Priority 2 grantees, however, the number of residents served in 22305 did not vastly exceed the estimate of residents served in other zip codes. In fact, the West End zip code of 22304 saw the second highest share of residents served at 582. The zip codes to see the smallest estimates of residents served for Priority 3 include the border zip codes of 22312 and 22206 with 184 and 42 reported residents served, respectively, as well as the more central Del Ray zip code of 22301 with 91 reported residents served. The corresponding proportional reach map on the right of [Figure 7](#) shows that a wider share of residents in need was served in the 22305 and 22302 zip codes, at 25.5% and 21.2%, respectively. Meanwhile, the border zip codes of 22312 and 22206 showed the lowest reach scores (although, this is likely due to the measure of economically burdened including residents in those zip codes who live outside of the City of Alexandria). Other West End zip codes, like 22311 and 22304, as well as the 22314 Old Town/Downtown/Braddock zip code, all saw reach scores of less than 10%.

Figure 8: Grantee Reach across Priority 4

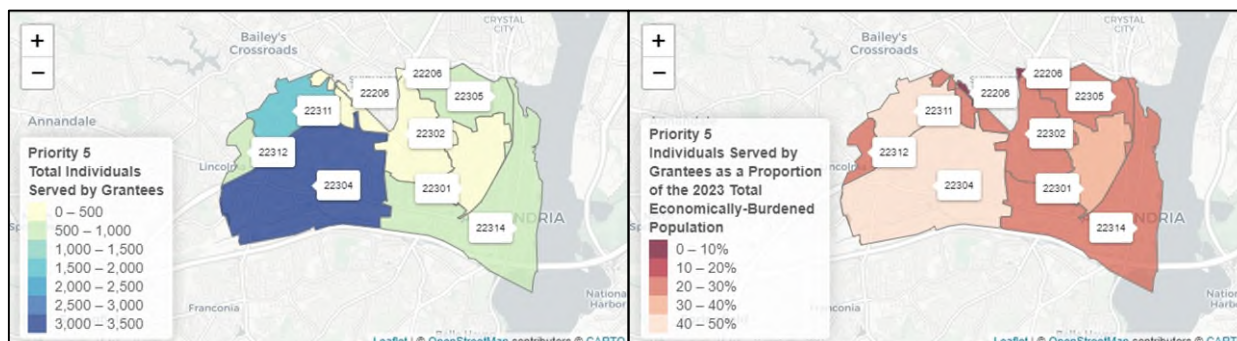


DATA SOURCES: The City of Alexandria’s DCHS AFHS grantee report and the U.S. Census Bureau’s 2023 American Community Survey five-year estimates.

NOTE: The raw estimate of individuals served by grantees is self-reported by grantees and likely includes overlapping counts of individuals who may have been served by multiple grantees. Similarly, the estimate of economically burdened residents uses the total number from the entire zip code and, for some zip codes, includes the entire estimate of economically burdened residents living both within and outside of the municipal boundaries of the City of Alexandria (see [Figure 10: City of Alexandria Zip Codes](#) to see all zip code boundaries that were used to calculate the proportion of economically burdened residents).

[Figure 8](#) shows grantees’ reach across “Priority 4. All Alexandrians have access to physical, dental, mental health, and vision resources.” Grantees of Priority 4 were the only ones of any priority area to report serving the greatest number of residents in the city’s Old Town/Downtown/Braddock 22314 zip code, at 688. The more economically burdened zip codes — as seen in [Figure 1](#) — of 22304, 22311, and 22305 saw the next largest share of residents served as part of Priority 4 programming; all reporting between 200 and 400 residents served. The corresponding proportional reach map on the right of [Figure 8](#) shows how reach scores across zip codes were relatively similar, at between 5% and 10%, except for the 22312 zip code with the lowest reach score of 1.5% and the Town/Downtown/Braddock zip code of 22314 with the highest reach score of 19.9%.

Figure 9: Grantee Reach across Priority 5

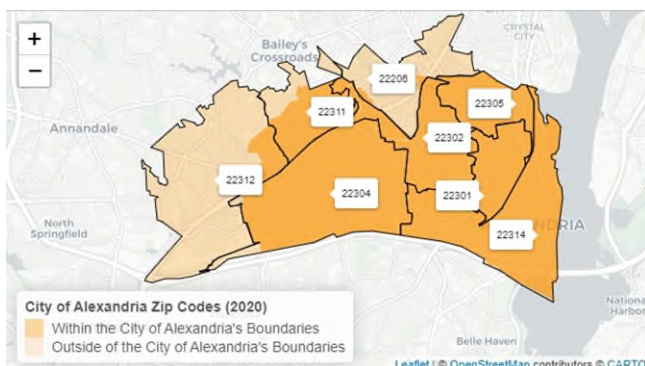


DATA SOURCES: The City of Alexandria's DCHS AFHS grantee report and the U.S. Census Bureau's 2023 American Community Survey five-year estimates.

NOTE: The raw estimate of individuals served by grantees is self-reported by grantees and likely includes overlapping counts of individuals who may have been served by multiple grantees. Similarly, the estimate of economically burdened residents uses the total number from the entire zip code and, for some zip codes, includes the entire estimate of economically burdened residents living both within and outside of the municipal boundaries of the City of Alexandria (see [Figure 10: City of Alexandria Zip Codes](#) to see all zip code boundaries that were used to calculate the proportion of economically burdened residents).

[Figure 9](#) details grantees' estimated reach across "Priority 5: All Alexandrians are empowered to prevent and remedy crises." Priority 5 grantees reported serving the greatest number of City of Alexandria residents out of any priority area. The largest share of residents served by Priority 5 grantees was in the West End zip code of 22304, with 3,492 reported residents served. The border zip code of 22311 saw the second largest share of reported residents served, at 1,685. The 22312, 22305, and 22314 zip codes all saw roughly between 500 to 1,000 residents served by Priority 5 grantees, while the 22206, 22302, and 22301 zip codes all saw between 1 and 500 reported residents served, with the 22206 zip code seeing the smallest estimate of reported residents served at 30. The proportional reach map on the right of [Figure 9](#) shows how Priority 5 grantees had some overall higher reach scores when compared to other priority area grantees. The more economically burdened zip codes of 22304 and 22311 saw the highest proportional reach scores between 40% and 50%, with the border zip code of 22311 seeing the highest overall reach score across Priority 5 at 48%. Most other zip codes saw reach scores between 20% and 30%, except the 22206 border zip code with the lowest reach score of 1.8% and the 22301 Del Ray zip code's more modest reach score of 34%.

Figure 10: City of Alexandria Zip Codes



[Figure 10](#) displays all zip code boundaries that were used to calculate the proportion of economically burdened residents, including three that fall both within and outside of the municipal boundaries of the City of Alexandria.

Appendix F: Quantitative Survey Findings

Appendix F: Quantitative Survey Findings

Section 1: Understanding Essential Human Services and Our Community

Please note, the survey had a total of 53 participants; however, the response rate for each question varies, as responses to individual questions were not required and participants could skip questions. Also note that the numbering of questions reflects the numbering in the original questionnaire. Open-ended questions are not summarized below, which accounts for any skipped numbers in the sequence.

1. Please rate the extent to which each of the following is a critical need in the City of Alexandria, on a scale of 1=Not important to 5=Critically important. (n=53)			
Summary: Respondents indicated that housing, mental/behavioral health services, and emergency/crisis needs are the most critical concerns in the City of Alexandria, with housing rated the highest.			
	Mean	Standard Deviation	Responses
Emergency/Crisis/Acute Needs (e.g., hunger relief, homelessness, behavioral health crises, child welfare crises)	4.49	0.77	53
Early Care and Education (e.g., access to affordable childcare for children under age 6, access to childcare outside of traditional childcare hours)	4.29	0.72	51
Youth Services (e.g., programs supporting young people, out-of-school time as after-school programs, mentorship, recreational activities)	4.10	0.77	52
Services for Older Adults (e.g., aging in place, older adults are aware of behavioral and emotional supports that are available to them, older adults have safe spaces to socialize with peers and other generations)	3.82	0.94	49
Economically Secure and Career Ready (e.g., increased access to training for the modern workforce across the lifespan including youth, adults, and older adults; unemployment assistance)	4.17	0.79	53
Food Security (e.g., residents have access to enough food and to healthy food)	4.36	0.85	53
Housing (e.g., residents have access to affordable, stable housing)	4.72	0.68	53
Immigration (e.g., assistance with legal aid, community integration support, advocacy)	4.25	0.95	51
Healthcare Access (e.g., residents have access to physical, dental, and vision health resources and services)	4.47	0.85	51
Mental/Behavioral Health Services (e.g., access to mental health and substance use services, including counseling and treatment options for all Alexandrians)	4.60	0.77	52

Other (please specify)*	5.00	0.00	2
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* The qualitative responses for 'Other (please specify)' are not displayed because they varied significantly among respondents and could not be effectively summarized in the tables.

2. Please rate the extent to which each group needs essential services in the City of Alexandria, on a scale of 1=Very low need to 5=Very high need. (n=53)			
Summary: Individuals facing crisis and those with low incomes and low wealth have the highest perceived need for essential services in the City of Alexandria.			
	Mean	Standard Deviation	Responses
Children (ages 0–6)	4.20	0.98	45
Youth (ages 6–18)	4.29	0.83	49
Individuals with low incomes and low wealth	4.63	0.71	52
Individuals facing crisis	4.80	0.57	49
Survivors of domestic violence and sexual assault	4.31	0.77	48
Older adults	4.14	0.88	49
Black, Indigenous, People of Color	4.42	0.88	52
Immigrant populations	4.50	0.77	52
LGBTQIA+ individuals	4.02	0.92	44
Individuals with a disability	4.31	0.69	45
Individuals involved with the justice system	4.18	0.77	45
Other (please specify)*	4.20	1.60	5

* The qualitative responses for 'Other (please specify)' are not displayed because they varied significantly among respondents and could not be effectively summarized in the tables.

3. Please rate the extent you think the following services are currently being provided in the City of Alexandria through city services or community service organizations, on a scale of 1=Not provided to 5=Fully provided. (n=50)

Summary: Food security and services for older adults are perceived as the most adequately provided services in the City of Alexandria, while housing and immigration support are seen as the least provided.

	Mean	Standard Deviation	Responses
Emergency/Crisis/Acute Needs (e.g., hunger relief, homelessness, behavioral health crises, child welfare crises)	3.36	0.90	45
Early Care and Education (e.g., access to affordable childcare for children under age 6, access to childcare outside of traditional childcare hours)	3.14	0.82	36
Youth Services (e.g., programs supporting young people, out-of-school time as after-school programs, mentorship, recreational activities)	3.23	0.83	39
Services for Older Adults (e.g., aging in place, older adults are aware of behavioral and emotional supports that are available to them, older adults have safe spaces to socialize with peers and other generations)	3.53	0.94	38
Economically Secure and Career Ready (e.g., increased access to training for the modern workforce across the lifespan including youth, adults, and older adults; unemployment assistance)	3.04	0.88	46
Food Security (e.g., residents have access to enough food and to healthy food)	3.71	0.82	48
Housing (e.g., residents have access to affordable, stable housing)	2.64	0.93	47
Immigration (e.g., assistance with legal aid, community integration support, advocacy)	2.65	0.85	40
Healthcare Access (e.g., residents have access to physical, dental, and vision health resources and services)	3.04	0.75	46
Mental/Behavioral Health Services (e.g., access to mental health and substance use services, including counseling and treatment options for all Alexandrians)	2.71	0.65	45
Other (please specify)*	3.00	0.00	1

* The qualitative responses for 'Other (please specify)' are not displayed because they varied significantly among respondents and could not be effectively summarized in the tables.

4. For any unmet needs, please rate the extent to which you believe each of the following factors serves as barriers, on a scale of 1=Not a barrier to 5=Significant barrier. (n=51)

Summary: Respondents indicated that lack of funding is perceived as the most significant barrier to meeting unmet needs, followed by limited provider capacity and cultural or language barriers.

	Mean	Standard Deviation	Responses
Lack of funding	4.60	0.87	50
Limited provider capacity or staffing	4.30	0.97	47
Transportation	3.53	1.16	47
Geographic barriers	3.25	1.23	44
Lack of community awareness or outreach	3.56	0.86	48
Systemic or policy barriers	4.00	1.11	47
Cultural or language barriers	4.22	0.93	49
Other (please specify)*	4.67	0.47	3

* The qualitative responses for 'Other (please specify)' are not displayed because they varied significantly among respondents and could not be effectively summarized in the tables.

5. In addition to understanding your perception of each of these barriers, we are interested in how they compare to one another. Please rank the following barriers to accessing services from 1 to 7, with 1 being the most significant barrier and 7 being the least significant barrier. (n=51)

Summary: Lack of funding is ranked as the most significant barrier to accessing services, followed by limited provider capacity and cultural or language barriers. Geographic barriers are considered the least significant challenge, while transportation and systemic or policy barriers fall in the mid-range of perceived obstacles.

	Ranked Order
Lack of funding	1
Limited provider capacity or staffing	2
Cultural or language barriers	3
Transportation	4
Systemic or policy barriers	5
Lack of community awareness or outreach	6
Geographic barriers	7

6. Please rate the extent to which you perceive each of the following should be an important factor in determining whether something is an “essential” human service, on a scale of 1=Not important to 5=Critically important. (n=51)

Summary: Respondents perceive addressing basic population needs related to survival, such as hunger relief and emergency healthcare, is considered the most important factor in determining essential human services, followed closely by supporting vulnerable or marginalized populations.

	Mean	Standard Deviation	Responses
Addresses basic populations needs fulfillment related to survival (e.g., hunger relief, shelter, emergency healthcare)	4.73	0.72	51
Supports vulnerable or typically marginalized populations (e.g., low-income families, the elderly, people with disabilities)	4.65	0.71	51
Addresses public health and safety (e.g., directly mitigates risk to public health safety such as vaccination programs, emergency responses services)	4.35	0.68	51
Addresses economic stability and support for individuals and communities (e.g., unemployment assistance, job training)	4.22	0.77	51
Addresses social functioning and cohesion (e.g., justice services, community mediation)	3.69	0.87	51
Contributes to long-term well-being and societal resilience (e.g., supports long-term solutions and addresses root causes of need)	4.12	0.90	51

7. In addition to understanding your perception of each of these factors, we are interested in how they compare to one another. Please rank the following factors from 1 being the most important criteria to 6 being the least important criteria in determining whether something qualifies as an 'essential' human service. (n=51)

Summary: Fulfilling basic population needs related to survival, such as hunger relief and shelter, is considered the most important criterion for determining essential human services, followed by support for vulnerable populations.

	Ranked Order
Addresses basic populations needs fulfillment related to survival (e.g., hunger relief, shelter, emergency healthcare)	1
Supports vulnerable or typically marginalized populations (e.g., low-income families, the elderly, people with disabilities)	2
Addresses economic stability and support for individuals and communities (e.g., unemployment assistance, job training)	3
Addresses public health and safety (e.g., directly mitigates risk to public health safety such as vaccination programs, emergency responses services)	4
Contributes to long-term well-being and societal resilience (e.g., supports long-term solutions and addresses root causes of need)	5
Addresses social functioning and cohesion (e.g., justice services, community mediation)	6

8. The following are the current AFHS priority areas. Please rate the extent to which you think each are important for the City of Alexandria's well-being, on a scale of 1=Not important to 5=Critically important. (n=50)

Summary: *The most important AFHS priority area is ensuring Alexandrians are empowered to prevent and remedy crises, such as food insecurity and financial challenges, followed by access to health resources.*

	Mean	Standard Deviation	Responses
All children and youth are school ready (including young children 0 to 5 years old)	4.27	0.92	49
All Alexandrians are socially connected, emotionally secure, and culturally competent	3.96	1.06	50
All Alexandrians are economically secure and career ready	4.28	0.92	50
All Alexandrians have access to physical, dental, mental health, and vision resources and services	4.38	0.96	50
All Alexandrians are assisted in and empowered to prevent and remedy crises (including food insecurity, evictions, and financial crises)	4.50	1.00	50

Section 2: Understanding the Impact of AFHS in Meeting Essential Needs

10. Overall, how effective is the current AFHS funding in meeting essential community needs, on a scale of 1=Not effective to 5=Extremely effective? (n=41)

Summary: Majority of respondents (41%) consider AFHS funding to be very effective in meeting essential community needs, with an additional 39% rating it as moderately effective.

	Count	Percentage
Very effective	17	41%
Moderately effective	16	39%
Slightly effective	5	12%
Extremely effective	3	7%
Not effective	0	0%
Overall	41	

11. Please rate the extent to which each of the following populations benefit from AFHS funding, on a scale of 1=Does not benefit to 5 =Benefits extremely. (n=41)

Summary: Children (ages 0–6) and youth (ages 6–18) are perceived as the populations benefiting the most from AFHS funding, while individuals involved with the justice system and those with disabilities are seen as benefiting the least.

	Mean	Standard Deviation	Responses
Children (ages 0–6)	3.96	0.96	25
Youth (ages 6–18)	3.83	0.93	30
Individuals with low incomes and low wealth	3.79	0.87	34
Individuals facing crisis	3.78	0.78	32
Survivors of domestic violence and sexual assault	3.33	0.94	21
Older adults	3.38	0.99	24
Black, Indigenous, People of Color	3.61	0.90	31
Immigrant populations	3.41	0.91	34
LGBTQIA+ individuals	3.38	0.93	16
Individuals with a disability	3.26	0.79	23
Individuals involved with the justice system	3.25	0.92	24
Other (please specify)*	3.00	0.00	2

* The qualitative responses for 'Other (please specify)' are not displayed because they varied significantly among respondents and could not be effectively summarized in the tables.

12. Please rate the degree to which being an AFHS recipient or grantee provides the following leverage, on a scale of 1=Not at all to 5=Absolutely. (n=43)

Summary: Respondents indicated that being an AFHS recipient or grantee is most beneficial in maintaining the capacity to offer services that would not be supported through other funding mechanisms, followed by increasing community service capacity and leveraging additional funding.

	Mean	Standard Deviation	Responses
Increases capacity to serve the community (e.g., expanded services, ability to reach more people)	4.19	1.03	42
Maintains capacity to offer services in your organization that otherwise would not be supported through other funding mechanisms (e.g., maintain ability to provide services that are not covered by other local, state, or federal funding)	4.35	0.91	43
Enhances ability to leverage additional funding (e.g., attracting other funders or partnerships)	4.15	0.98	41
Improves organizational stability and sustainability (e.g., support for operational costs, reduced financial stress)	4.07	1.18	42
Increases access to resources and technical assistance (e.g., training, supporting program implementation)	3.19	1.20	42
Strengthens community partnerships and collaboration (e.g., networking, joint initiatives)	3.74	1.18	42
Improves outcomes for beneficiaries (e.g., better quality of services, positive community impact)	4.14	0.99	42
Other (please specify)*	0.00	0.00	0

* The qualitative responses for 'Other (please specify)' are not displayed because they varied significantly among respondents and could not be effectively summarized in the tables.

13. In your opinion, please rate the extent to which the grant process requires improvements in each of the following domains, on a scale of 1=No major improvements needed to 5=Major improvements needed. (n=46)

Summary: The most significant area for improvement in the grant process is the amount of funds available in the AFHS fund, followed by the amount allocated to individual projects.

	Mean	Standard Deviation	Responses
Announcement of grant cycle	2.50	1.47	42
Application process	2.93	1.23	44
Grant review and selection process	3.10	1.30	40
Grant awarding communication and instructions from AFHS	2.83	1.46	42
The grant funds transfer and payment process	2.33	1.47	42
Support or technical assistance provided by AFHS staff during the grant cycle	2.19	1.23	37
Grant reporting requirements and process	2.89	1.37	44
Communication with AFHS staff	2.12	1.35	43
The length of the grant award (more than 3+ years)	2.66	1.52	41
The amount of funds available in the AFHS fund	4.21	1.15	42
The amount allocated to an individual project	3.8	1.42	40
Other (please specify)*	3.00	1.79	5

14. Overall, how fair do you perceive the AFHS funding process to be, on a scale of 1=Very unfair to 5=Very fair? (n=43)

Summary: Perceptions of the AFHS funding process are generally positive, with 33% of respondents considering it very fair and 19% somewhat fair. However, a significant portion (35%) remains neutral.

	Count	Percentage
Neutral	15	35%
Very fair	14	33%
Somewhat fair	8	19%
Somewhat unfair	5	12%
Very unfair	1	2%
Overall	43	

* The qualitative responses for 'Other (please specify)' are not displayed because they varied significantly among respondents and could not be effectively summarized in the tables.

Section 3: Alternative Models

17. For the following essential services, please indicate your preference for how they should be funded, on a scale 1=Strongly prefer direct contracts to 5=Strongly prefer competitive grants. (n=46)			
Summary: Respondents indicated preference for direct contracts over competitive grants for essential services such as emergency/crisis needs, food security, and housing, which received the lowest mean scores. In contrast, youth services and services for older adults were rated higher.			
	Mean	Standard Deviation	Responses
Emergency/Crisis/Acute Needs (e.g., hunger relief, homelessness, behavioral health crises, child welfare crises)	2.20	1.50	41
Early Care and Education (e.g., access to affordable childcare for children under age 6, access to childcare outside of traditional childcare hours)	2.80	1.42	40
Youth Services (e.g., programs supporting young people, out-of-school time as after-school programs, mentorship, recreational activities)	3.43	1.26	42
Services for Older Adults (e.g., aging in place; older adults are aware of behavioral and emotional supports that are available to them, older adults have safe spaces to socialize with peers and other generations)	3.26	1.33	38
Economically Secure and Career Ready (e.g., increased access to training for the modern workforce across the lifespan to include youth, adults, and older adults; unemployment assistance)	3.12	1.45	43
Food Security (e.g., residents have access to enough food, to healthy food)	2.21	1.42	42
Housing (e.g., residents have access to affordable, stable housing)	2.43	1.45	42
Immigration (e.g., assistance with legal aid, community integration support, advocacy)	3.05	1.28	39
Healthcare Access (e.g., residents have access to physical, dental, and vision health resources and services)	2.68	1.39	41
Mental/Behavioral Health Services (e.g., access to mental health and substance use services, including counseling and treatment options for all Alexandrians)	2.46	1.40	41
Other (please specify)*	2.57	1.29	7

* The qualitative responses for 'Other (please specify)' are not displayed because they varied significantly among respondents and could not be effectively summarized in the tables.

18. Please indicate the extent to which you agree with the following statements regarding funding mechanisms for services, on a scale of 1=Strongly disagree to 5=Strongly agree. (n=47)

Summary: Respondents generally perceive direct contracts as more suitable for meeting immediate community needs and providing stability and accountability for nonprofit organizations.

	Mean	Standard Deviation	Responses
Competitive grants are better suited for meeting immediate community needs	2.45	1.18	42
Competitive grants encourage innovation in service delivery	3.74	1.16	43
The competitive grant process creates unnecessary administrative burdens	3.27	1.34	44
Direct contracts create unnecessary administrative burdens	2.42	1.04	38
Direct contracts awarded via a competitive procurement process provide more stability for nonprofit organizations	3.96	1.15	45
Direct contracts allow for clearer accountability in service delivery	3.76	1.02	42
Direct contracts are better suited for meeting immediate community needs	3.98	1.10	44

19. Please indicate the extent to which you agree with the following statements regarding the following funding models, on a scale of 1=Strongly disagree to 5=Strongly agree. (n=48)

Summary: Respondents indicated strong agreement that continuous funding from AFHS is essential for maintaining stable service delivery, followed by the belief that full funding is necessary to adequately support essential services.

	Mean	Standard Deviation	Responses
Full funding from AFHS is necessary to adequately support the delivery of essential services in the community	3.82	1.27	44
Partial funding encourages greater collaboration among community partners to pool resources	2.70	1.24	47
AFHS funding should prioritize innovative new programs that address emerging needs in the community	2.93	1.14	45
Funding ongoing services is more essential than funding innovative projects in meeting current community needs	3.72	0.97	43
Allocating funds for innovative services will have a greater long-term impact than focusing solely on ongoing services	2.85	1.16	41
Time-limited funding from AFHS encourages organizations to develop sustainable funding models for the future	2.81	1.06	47
Continuous funding from AFHS is necessary to maintain stable service delivery for essential programs	4.33	1.06	46

21. The following services currently provided by the City of Alexandria would be better if provided by an existing nonprofit organization, 1=Strongly disagree to 5=Strongly agree. (n=43)

Summary: Respondents generally see potential benefits in having nonprofit organizations provide certain services, particularly in areas such as youth services and food security. However, opinions are more divided on services like housing and emergency/crisis needs.

	Mean	Standard Deviation	Responses
Emergency/Crisis/Acute Needs (e.g., hunger relief, homelessness, behavioral health crises, child welfare crises)	3.1	1.32	40
Early Care and Education (e.g., access to affordable childcare for children under age 6, access to childcare outside of traditional childcare hours)	3.58	1.21	36
Youth Services (e.g., programs supporting young people, out-of-school time as after-school programs, mentorship, recreational activities)	3.76	1.08	37
Services for Older Adults (e.g., aging in place; older adults are aware of behavioral and emotional supports that are available to them, older adults have safe spaces to socialize with peers and other generations)	3.56	1.03	34
Economically Secure and Career Ready (e.g., increased access to training for the modern workforce across the lifespan to include youth, adults, and older adults; unemployment assistance)	3.53	1.16	40
Food Security (e.g., residents have access to enough food, to healthy food)	3.70	1.15	43
Housing (e.g., residents have access to affordable, stable housing)	2.95	1.43	40
Immigration (e.g., assistance with legal aid, community integration support, advocacy)	3.58	1.04	38
Healthcare Access (e.g., residents have access to physical, dental, and vision health resources and services)	3.15	1.18	41
Mental/Behavioral Health Services (e.g., access to mental health and substance use services, including counseling and treatment options for all Alexandrians)	3.20	1.23	41
Other (please specify)*	4.33	0.94	3

* The qualitative responses for 'Other (please specify)' are not displayed because they varied significantly among respondents and could not be effectively summarized in the tables.

22. In the question above, IF you indicated nonprofits are better suited to provide at least some of the services listed; we would like to know why. Please rate each of the following on a scale of 1=Strongly disagree to 5=Strongly agree. (n=41)

Summary: Respondents indicated strong agreement that nonprofits are better suited than government agencies in areas such as flexibility in responding to community needs, building trust within local communities, and operating with fewer bureaucratic constraints.

	Mean	Standard Deviation	Responses
Nonprofits can be more flexible in responding to emerging community needs than government agencies	4.54	0.89	41
Nonprofits are better able to build trust within local communities than government organizations	4.54	0.74	41
Nonprofits have specialized expertise in certain areas that makes them more effective at providing essential services than government agencies	4.44	0.77	41
Nonprofits can operate with fewer bureaucratic constraints, allowing for faster decisionmaking and service delivery	4.71	0.51	41
Nonprofits often have a more community-centered approach, tailoring services to meet specific local needs	4.61	0.62	41
Other (please specify)*	2.50	1.50	2

* The qualitative responses for 'Other (please specify)' are not displayed because they varied significantly among respondents and could not be effectively summarized in the tables.

23. The following services currently provided by an existing nonprofit would be better if they were provided by the City of Alexandria, 1=Strongly disagree to 5=Strongly agree. (n=42)

Summary: Respondents generally do not strongly agree that services currently provided by nonprofits would be better if provided by the City of Alexandria, with overall ratings falling below neutral. Emergency/crisis needs and housing received the highest agreement for potential city provision, while immigration services received the lowest support for a shift to city management.

	Mean	Standard Deviation	Responses
Emergency/Crisis/Acute Needs (e.g., includes hunger relief, homelessness, behavioral health crises, child welfare crises)	3.33	1.41	36
Early Care and Education (e.g., access to affordable childcare for children under the age 6; access to childcare outside of traditional childcare hours)	2.81	1.29	36
Youth Services (e.g., programs supporting young people, out-of-school time as after-school programs, mentorship, recreational activities)	2.66	1.19	35
Services for Older Adults (e.g., aging in place; older adults are aware of behavioral and emotional supports that are available to them; older adults have safe spaces to socialize with peers and other generations)	2.69	1.15	36
Economically Secure and Career Ready (e.g., increased access to training for the modern workforce across the lifespan to include youth, adults, and older adults; unemployment assistance)	2.46	1.01	39
Food Security (e.g., residents have access to enough food; to healthy food)	2.88	1.31	42
Housing (e.g., residents have access to affordable, stable housing)	3.29	1.40	41
Immigration (e.g., assistance with legal aid; community integration support, advocacy)	2.14	0.98	36
Healthcare Access (e.g., residents have access to physical, dental, and vision health resources and services)	3.20	1.27	40
Mental/Behavioral Health Services (e.g., access to mental health and substance use services, including counseling and treatment options for all Alexandrians)	3.08	1.10	40
Other (please specify)*	3.00	0.00	1

* The qualitative responses for 'Other (please specify)' are not displayed because they varied significantly among respondents and could not be effectively summarized in the tables.

24. In the question above, IF you indicated the City of Alexandria is better suited to provide at least some of the services listed; we would like to know why. Please rate each of the following on a scale of 1=Strongly disagree to 5=Strongly agree. (n=40)

Summary: Respondents agree that the City of Alexandria's greatest advantage in providing essential services lies in its financial stability and ability to ensure consistent funding.

	Mean	Standard Deviation	Responses
The City has greater financial stability, allowing them to provide consistent funding for essential services	4.03	0.89	39
The City is more accountable to the public, ensuring transparency in the delivery of essential services	3.03	1.20	38
The City has the authority to implement and enforce regulations to ensure services are provided equitably	3.71	1.05	38
The City can integrate essential services more effectively with other public services, such as healthcare and education	3.55	1.12	38
The City has a more stable workforce, reducing service disruptions compared to nonprofits with higher turnover	2.89	1.09	37
The City has the capacity to retain and attract staff with specialized care	3.00	1.16	34
Other (please specify)*	3.00	0.00	1

26. To what extent would each of the following collaborative efforts between the DCHS and community organizations (e.g., nonprofits, faith-based organizations) strengthen the City's capacity to deliver essential services to residents of Alexandria, on a scale of 1 = Not at all to 5 = Absolutely? (n=47)

Summary: Shared funding and grant opportunities are perceived as the most impactful collaborative effort to strengthen the City's capacity to deliver essential services, followed closely by data and resource sharing for needs assessment.

	Mean	Standard Deviation	Responses
Joint outreach and education campaigns	3.98	1.05	46
Resource sharing and training initiatives	4.07	0.90	45
Co-locate service centers for streamlined access	3.77	1.11	44
Data and resource sharing for needs assessment	4.15	0.91	46
Shared funding and grant opportunities	4.43	0.84	47
Other (please specify)*	3.00	0.00	1

* The qualitative responses for 'Other (please specify)' are not displayed because they varied significantly among respondents and could not be effectively summarized in the tables.

Section 4: Demographics**

2. Are you or have you been an AFHS grant recipient? (n=53)		
	Count	Percentage
Yes, insert grant cycle(s)	40	75%
No	8	15%
Missing	5	9%
Overall	53	

3. How is your organization classified? (n=53)		
	Count	Percentage
Service Provider: Nonprofit Agency (501(c)(2) or 501(c)(3))	44	83%
Faith-based	2	4%
Other	1	2%
Missing	6	11%
Overall	53	

4. What is the age of your organization or program? (n=53)		
	Count	Percentage
8+ years old	45	85%
0–7 years old	3	6%
Missing	5	9%
Overall	53	

5. What type of essential service does your organization provide? (select all that apply) (n=53)		
	Count	Percentage of Respondents***
Youth	23	43%
Other	17	32%
Employment	11	21%
Behavioral/Mental health	11	21%
Housing	10	19%
Older adult	9	17%
Food security	9	17%
Early care and education	6	11%
Healthcare access	6	11%
Immigration	5	9%
Legal	3	6%
None of the above	1	2%
Overall	111	

6. Which geographic areas are included in your service area? (select all that apply) (n=53)		
	Count	Percentage of Respondents***
22305	46	87%
22304	44	83%
22311	42	79%
22302	41	77%
22312	40	75%
22314	41	77%
22301	40	75%
22206	33	62%
Overall	327	

7. Is your organization based in Alexandria? (n=53)		
	Count	Percentage
Yes	32	60%
No	16	30%
Missing	5	10%
Overall	53	

8. Please select the communities or groups that your organization serves. (select all that apply) (n=53)		
	Count	Percentage of Respondents***
Low-income individuals and families	45	85%
Children and youth	37	70%
Immigrants and refugees	36	68%
Unemployed or underemployed individuals	28	53%
People with disabilities	26	49%
Seniors and older adults	25	47%
Individuals experiencing homelessness	21	40%
Individuals with chronic health conditions	21	40%
Families in crisis or domestic violence situations	17	32%
Other vulnerable or underserved populations (please specify)*	14	26%
Overall	270	

* The qualitative responses for 'Other (please specify)' are not displayed because they varied significantly among respondents and could not be effectively summarized in the tables.

9. What is the approximate annual budget of your agency? (n=53)		
	Count	Percentage
\$0–\$1,000,000	18	34%
\$1,000,001–\$5,000,000	22	42%
\$5,000,001+	6	11%
Missing	7	13%
Overall	53	

10. Please indicate the top three types of funding or income sources received by your organization. (n=53)		
	Count	Percentage of Respondents***
Foundation grants	32	60%
Individual donors or capital campaign	27	51%
Local government grants	24	45%
State grants	13	25%
Corporate donors	12	23%
Government contracts	8	15%
Federal grants	8	15%
Fees for services	8	15%
Endowment	2	4%
Other (please specify)*	1	2%
Overall	135	

* The qualitative responses for 'Other (please specify)' are not displayed because they varied significantly among respondents and could not be effectively summarized in the tables.

** Some response categories were collapsed to protect confidentiality.

*** The percentage of respondents is calculated by dividing the number of responses by the total number of survey participants. (n=53).

Appendix G:

Summary Findings from Focus Groups with Community Partners

Summary Findings from Focus Groups with Community Partners

Below we summarize and highlight key insights from focus groups conducted with community partners and service providers. Their perspectives on 1) Essential Human Services, 2) perception of the AFHS, and 3) alternative funding mechanisms inform our proposed funding model and recommendations.

Essential Human Services

Greatest Needs in the City of Alexandria

In the focus groups, community partners were asked to identify the top Essential Human Services need. **The following five emerged most frequently**, with nearly everyone agreeing on housing and food as top priorities:

- **Affordable, quality housing:** Stable housing is the foundation for economic security, health, and access to other resources. Without an address, individuals face barriers in applying for jobs, receiving mail, and accessing benefits.
- **Food security and access:** Reliable, food sources remain a critical need, particularly for low-income families and undocumented individuals who may not qualify for federal assistance.
- **Healthcare access:** This includes physical, mental, and behavioral health services. A key concern is the lack of affordable providers and mental health resources for uninsured or underinsured residents.
- **Economic stability and mobility:** Job placement, professional development, and access to living-wage employment are essential to supporting other basic needs.
- **Resource awareness and navigation:** Many residents struggle to access services simply because they are unaware of available programs, particularly non-English speakers, recent immigrants, and those with limited digital literacy.

Many reflected that these needs emerge as essential because their absence creates a ripple effect and places individuals in a position where their well-being or security is threatened.

Even though community partners identified these five needs, they emphasized that it is critical to reassess community needs on a periodic basis. Community partners emphasized the importance of collecting both **quantitative and qualitative data** — using Census data, regional-level reports, and policy analyses alongside lived experiences captured through interviews, focus groups, and direct community feedback. They further emphasized that the City of Alexandria should regularly assess its funding across departments to identify **gaps, redundancies, and priorities**. This helps ensure resources are allocated **strategically** and **equitably** based on actual service needs. One community partner noted, *“Sometimes the City is funding the same organization through different departments. If they had a full picture, they could make better decisions about funding distribution.”* Importantly, **community partners underscored engaging community members** — particularly those from vulnerable and underserved groups (e.g., immigrants, non-English speakers, those who are unhoused, and older adults) — **to understand their**

current and emerging priorities, and funding decisions should reflect **direct input from residents and nonprofit partners**.

Barriers to Accessing Essential Services

Community Partners identified several key barriers that prevent residents from accessing the services they need:

- **Eligibility restrictions:** Many services require extensive documentation, such as proof of residency or income, which excludes undocumented residents, recently arrived immigrants, and individuals without stable housing.
- **Transportation challenges:** While the City of Alexandria's DASH bus system offers free rides, many service users must take multiple routes to reach providers, increasing travel time and costs. Some areas remain poorly served by public transit.
- **Language barriers:** Non-English speakers often struggle to navigate application processes due to the lack of translated materials and multilingual staff.
- **Crisis-based eligibility models:** Many services only provide assistance **after** a crisis occurs. For example, rental assistance is often unavailable until an eviction notice has been issued, rather than being offered as a preventive measure.

Community partners suggested several policy and programmatic changes to address these barriers, including:

- Expanding **language access services** by ensuring that program materials are available in multiple languages and ensuring service providers have the language skills or interpreter support needed for effective communication.
- **Improving transportation access** by rerouting services to align with nonprofit service hubs.
- **Shifting from crisis intervention to prevention** by funding services that provide early support before emergencies arise.
- **Creating robust awareness strategies** — through both online and community-based channels — to ensure broader awareness of available supports.

AFHS Process

Greater Clarity in the AFHS Process

Many participants emphasized the need for **greater transparency in funding decisions**. To improve the funding process, participants recommended:

- Clearly defining grant categories and selection criteria.
- Providing structured post-award feedback to help applicants refine future proposals.
- Possibly establishing term limits for repeated grants — if a program is consistently funded through grants, it may be more appropriate for direct contracting.

Expanding and Adapting Funding

Participants expressed **strong concern over stagnant funding levels** in the AFHS fund, which has remained between \$1.9M and \$2.2M for years despite rising costs and service demands. Many noted that without inflation adjustments, **the real purchasing power of AFHS funding has decreased over time.**

Additionally, organizations relying on multiple small grants face operational instability, leading to high staff turnover and service interruptions. A nonprofit leader explained, *"We use five different grants to fund one staff position. If we lose just one grant, we lose that person — and the services they provide."*

To address these issues, community partners recommended:

- Increasing the total funding pool and adjusting it for inflation.
- Awarding larger grants to reduce reliance on partial funding.
- Continuing multi-year funding cycles to provide stability for service providers.

Alternative Funding Models

The Dual Funding Model: Direct Contracts and Competitive Grants

Community partners overwhelmingly supported a **dual funding model** that balances **stability for essential services** with **flexibility for innovation**. When nonprofit partners referred to “essential” or “basic” human services, they often invoked core survival needs such as food, housing, and shelter. These services are viewed as vital and thus require more stable, longer-term contract funding arrangements to ensure continuity.

- **Direct contracts should be used to fund essential, ongoing services** that require stability and reliability, such as housing assistance, food security programs, and emergency crisis response.
- **Competitive grants should fund innovative and specialized programs** that target specific service gaps, test new approaches, or provide wraparound support to underserved populations.

The Need for Capacity Building

Community partners shared that smaller nonprofits particularly struggle with data collection and reporting requirements. Many lack dedicated staff for evaluation and grant writing, making it difficult to demonstrate impact in ways that funders typically require. One small nonprofit leader noted, *"We are a small nonprofit. We do not have dedicated staff for evaluation, data collection, or grant writing. Not too long ago, we didn't even know what a logic model was. But we do good work that has results. Just because we can't do these formal things doesn't mean we aren't capable of serving the community."*

To improve equity in funding distribution, community partners recommended:

- **Providing capacity building grants** to help smaller nonprofits improve data collection and evaluation processes.
- **Allowing alternative reporting methods** for organizations with limited administrative resources, such as qualitative storytelling and case studies in place of complex quantitative metrics.

- **Integrating a mix of formal and community-driven data** to guide funding decisions.

Nonprofit Capacity and Collaboration to Deliver Essential Human Services

Community partners emphasized that community partners best positioned to deliver Essential Human Services should be evaluated on:

- **Structural capacity:** Accountability mechanisms (measuring outcomes) such as financial stability, diversification of funding sources, and the ability to sustain services beyond a single grant cycle should be considered in decisions. One community partner reported, *"I think asking questions about how many other funding sources organizations have and how much the AFHS grant makes up their funding portfolio is important so [nonprofits] don't become dependent on AFHS funding and the community loses a resource when and if the AFHS grant is not renewed."*
- **Cultural responsiveness:** Organizations should demonstrate a commitment to equity by hiring staff with lived experience, implementing justice-oriented policies, and actively engaging marginalized communities.
- **Partnerships and collaboration:** The ability to work across sectors and with government agencies is a key indicator of effectiveness because it exemplifies its ability to recognize its own gaps and address those via collaboration. Furthermore, collaboration is needed, given that they serve a small region with a small number of finite funding opportunities.

Several participants raised concerns about the **fragmentation of services due to funding competition**. Many community partners recognize the value of collaboration but struggle to build partnerships due to the scarcity of funding opportunities. One nonprofit leader explained, *"if we were to work together, we could share resources and address service gaps ... but with such a small number of funding opportunities and organization leaders having a responsibility to themselves and their staff, a culture of competition is bred instead."*

To address this, community partners recommended:

- **Incentivizing joint applications for funding** to encourage collaboration rather than competition.
- **Prioritizing nonprofits with demonstrated financial sustainability.**
- **Prioritizing organizations with strong community trust.**

Appendix H: Jurisdiction Comparison

Neighboring Jurisdiction Funding Comparison

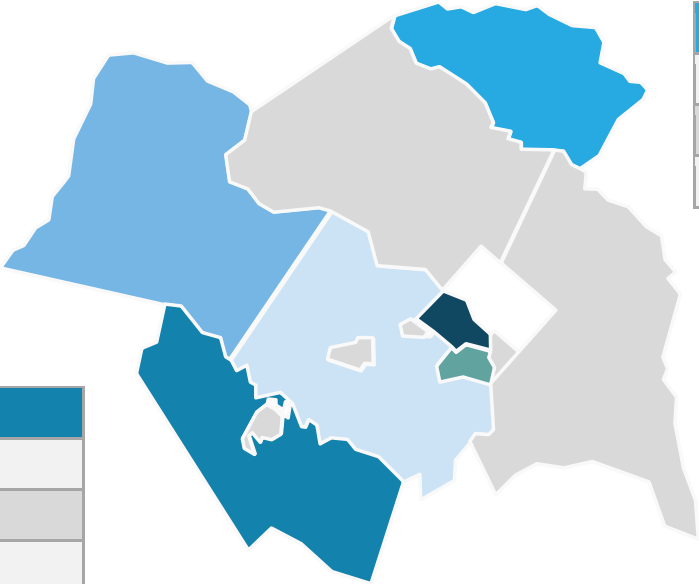
The Community Science team conducted a review of neighboring jurisdictions with similar funding mechanisms, including Arlington, Fairfax, Loudoun, Prince William, and Howard Counties. This included a review of publicly available information and interviews with representatives to understand how they manage funding for human services. The table below provides an overview of current practices; however, this snapshot is not a direct comparison, as each county has its own approach and unique resources. We verified the accuracy with representatives after compiling.

Neighboring Jurisdictions

Loudon County, VA	
Population Per Square Mile	839
Total Population	436,347
Land Area (Square Miles)	520

Prince William County, VA	
Population Per Square Mile	1,449
Total Population	489,640
Land Area (Square Miles)	338

Fairfax County, VA	
Population Per Square Mile	2,920
Total Population	1,142,787
Land Area (Square Miles)	391



Howard County, MD	
Population Per Square Mile	1,339
Total Population	336,001
Land Area (Square Miles)	251

Arlington County, VA	
Population Per Square Mile	9,006
Total Population	234,162
Land Area (Square Miles)	26

City of Alexandria, VA	
Population Per Square Mile	10,349
Total Population	155,320
Land Area (Square Miles)	15

Neighboring Jurisdiction Funding Comparison

	Arlington County	Fairfax County	Loudon County	Prince William County	Howard County	City of Alexandria
Profile	Size: ~26 miles Population: 234,162 Pop Per Sq Mi: 9,006	Size: ~391 miles Population: 1,141,878 Pop Per Sq Mi: 2,920	Size: ~520 miles Population: 436,347 Pop Per Sq Mi: 839	Size: ~338 miles Population: 489,640 Pop Per Sq Mi: 1,449	Size: ~251 miles Population: 336,001 Pop Per Sq Mi: 1,339	Size: ~15 miles Population: 155,230 Pop Per Sq Mi: 10,349
Fund Name	The Community Development Fund	The Consolidated Community Funding Pool	The Human Services Nonprofit Grant	The Community Partners Program	The Community Services Partnership Grant Program	Alexandria Fund for Human Services
Size of Fund	~\$1.3 million	~\$14.4 million	~\$2.8 million	~\$4.1 million	~\$8.1 million	~\$1.9 million
Sources of Funding	- Federal Community Development Block Grant - Community Service Block Grant: Temporary Assistant for Needy Families (TANF) - Federal and State Community Services Block Grant - Arlington County’s Affordable Housing Investment Fund	- Federal Community Development Block Grant - Federal Community Services Block Grant which includes Temporary Assistance for Needy Families - Local Fairfax County General Fund	County General Funds	County General Funds	- County General Funds (Core Support, i.e., General Operations; Safety, Security, and Well-being (SSW); Human Service Transportation (HST) Program Grants such as Transportation for Adults with Disabilities - PayGo Funds (Emerging Needs and Opportunities (ENO) Grants, i.e. one time funding for emergent needs, capacity building, and collective impact initiatives)	City General Funds
Purpose	Provides funding to community organizations to achieve goals outlined in the Consolidated Plan, including affordable housing, family self-sufficiency, homelessness prevention, and sustainable neighborhoods	Invests in nonprofits to strengthen the network of human services programs available to residents, serving as a catalyst for addressing critical needs and enhancing community well-being	Strengthens coordination with nonprofits to leverage local funding for core safety net services, helping vulnerable individuals and families meet critical needs for safety, security, and independence	Connects nonprofits with the county to make essential services accessible to residents, aligning with the county’s strategic plan to address community priorities	Partners with nonprofits to equitably meet basic needs and promote safety, security, and well-being for vulnerable residents	Supports the human service needs of the City’s most vulnerable residents at all life stages, promoting well-being, safety, self-sufficiency, and resilience through equitable practices and outcomes
Managing Department	Department of Community Planning, Housing, and Development	Procured by Department of Procurement and Material Management & Managed by the Department of Neighborhood and Community Services	Department of Finance and Procurement	Department of Management and Budget	Department of Community Resources & Services	Department of Community and Human Services

	Arlington County	Fairfax County	Loudon County	Prince William County	Howard County	City of Alexandria
Year Current Version Established	1991	1997 Undergoing evaluation in 2025	2016 Transitioned from donation-based program to competitive process	2024 Transitioned from donation-based program to competitive process	1974 Underwent evaluation in 2021	2014 Undergoing evaluation in 2024–2025
Structure of Grant* <i>*Note: Other sources of funding for human services exist beyond these structures</i>	Notice of Funding Opportunity with potential for supplemental funds for targeted programs (e.g., economic development initiatives serving families that may qualify for TANF funding)	Two lane funding model using Request for Proposals Does not have a “grant” process; this was identified as the equivalent structure in Fairfax	Standard Competitive Grant (up to \$113,000) or mini grants (up to \$5,000)	Two funding streams: Competitive Grant or mini grants, and Strategic Memorandum of Understanding (MOU) Partnerships	Notice of Funding Opportunity for Core Support, SSW, ENO, and HST grants	Notice of Funding Opportunity for Standard Competitive Grant
Priority Areas	- Create and sustain affordable housing - Promote healthy and self-sufficient families - Stabilize families at risk of homelessness - Foster vibrant and sustainable neighborhoods	RFP I - Financial Stability - Food and Nutrition - Health - Literacy/Educational Development/Attainment - Positive Behaviors and Healthy Relationships - Housing - Support/Community/Social Networks RFP II - Emergency Housing - Emergency Food Assistance	- Prevention and Self-sufficiency - Long-term Support - Crisis Intervention and Diversion - Improved Quality of Human Services	Competitive Grants or Mini Grants - Health, Well-being, and Human Services - Safe and Secure Community - Resilient Economy - Quality Education and Workforce Development - Environmental Conservation - Sustainable Growth - Transportation and Mobility Strategic MOU Partnership - Health, Well-being, and Environmental Sustainability - Mobility, Economic Growth, and Resiliency - Safe and Secure Community	Level I: Basic Human Needs - Hunger Relief and Nutrition - Homeless System Services - Health Services, including Mental and Behavioral Health - Reliable and Affordable Access to Resources for Basic Human Needs Level II: Safety and Security - Personal Security and Safety - Safe and Stable Housing - Legal Assistance - Job Skills and Employment - Healthy Aging - Family and Community Resiliency - Reliable and Affordable Access to Resources Related to Safety and Security	- All children and youth are school ready (this includes young children 0 to 5) - All Alexandrians are socially connected, emotionally secure, and culturally competent - All Alexandrians are economically secure and career ready - All Alexandrians have access to physical, dental, mental health, and vision resources and services - All Alexandrians are assisted in and empowered to prevent and remedy crises (this includes food insecurity, evictions, and financial crises)
Funding Cycle	Annual	Every 2 Years	Annual	Annual	Annual	Every 3 Years
Current Iteration	FY 2025 (July 2025–June 2026)	FY 2025-2026 (July 2025–June 2026)	FY 2025 (July 2025–July 2026)	FY 2025 (July 2025–June 2026)	FY 2025 (July 2025–June 2026)	FY 2024-2026 (July 2023–June 2026)
Currently Funding	43 Programs	RFP I: 60 Programs RFP II: 34 Programs	Standard Grants: 33 Programs	Standard Grants: 8 Programs	Core Support Grants: 14 Programs	49 Programs

	Arlington County	Fairfax County	Loudon County	Prince William County	Howard County	City of Alexandria
			• Mini Grants: 9 Programs	• Mini Grants: 1 Program • Strategic MOU Partnerships: 27 Programs	• SSW Grants: 32 Programs • ENO Grants: 7 Programs • HST Grants: 3 Programs	
Application Submission Mechanism	▪ ZoomGrants™	▪ Bonfire Interactive Portal	▪ AmpliFund	▪ Application submitted via email; software implementation in progress	▪ Neighborly Software	▪ Foundant Technologies
Grant Process Timeline (Number of months to process / Month process commences)	10 Months / July ▪ Notice of Funding Availability released, July ▪ Grant applications due, early September ▪ Award recommendations published in County Manager’s Proposed Budget, February ▪ Approved by County Board, April	7 Months / September ▪ Request for Proposal released, September ▪ Grant applications due, December ▪ Award recommendations submitted for County Board approval, April	6 Months / November ▪ Grant application released, early November ▪ Grant applications due, early January ▪ Award recommendations submitted to County Board, April	7 Months / November ▪ Grant application released, November/December ▪ Grant applications due, January ▪ Organizations notified of funding decision, mid-May	6 Months / November ▪ Grant application released, late November ▪ Grant application due, early January ▪ Award recommendations published in County Manager’s Proposed Budget, May	4 Months / March ▪ Notice of Funding Availability released, March ▪ Grant application due, April ▪ Organizations notified of funding decision, June
Review and Evaluation Committee Composition	▪ 11-member County Board appointed Community Development Citizens Advisory Committee and subject matter informed county staff	▪ County Executive appoints a Selection Advisory Committee comprised of county residents to review, rate, and recommend proposals ▪ Technical Advisory Committee comprised of county staff with expertise in human service and housing development, also review proposals for technical requirement compliance	▪ Committee comprised of 15–20 subject matter experts representing multiple county departments independently review and score each application; members must attend a grant review training and review a select number of applications	▪ Committee comprised of 3 community representatives and 3 county staff from the Department of Community Services, the Transformation Management Office, and one vacant position	▪ Committee comprised of 3–5 reviewers selected from various county departments and the community based on expertise in nonprofit management, human services, and grant or funding management; members must demonstrate a vested interest in the community and have the ability to critically assess applications, make funding recommendations, and provide clear justifications for decisions	▪ Review committee is comprised of representatives from City Boards and Commissions, with staffing provided by DCHS
Evaluation Criteria	100 Point Maximum ▪ 30: Program Design & Proposal Elements	100 Point Maximum ▪ 13: Demonstration of Need	100 Point Maximum Standard Grants Process ▪ 25: Statement of Need	66 Point Maximum Standard Grants Process	No Point System ▪ Completion and compliance with application	100 Point Maximum ▪ 20: Focus Population

	Arlington County	Fairfax County	Loudon County	Prince William County	Howard County	City of Alexandria
	15: Organization Capacity and Experience 25: Program Performance Evaluation 25: Program Budget and Program Sustainability 5: Community Support and References	23: Outcomes 24: Approach and Equitable Practices 20: Organizational Capacity 20: Budget and Budget Narrative	20: Project Description and Timeline 15: Organizational Background, Qualifications, and Expertise 15: Evaluation and Sustainability 25: Budget and Supporting Financial Document 50 Point Maximum Mini Grants Process 7: Statement of Need 8: Project Description and Timeline 4: Organizational Background, Qualifications, and Expertise 6: Evaluation and Sustainability 25: Budget and Supporting Financial Documents	3: Is the service or goal description clearly defined? 9: Does the program provide a direct benefit to residents? 15: Does the program effectively link back to 2021–2024 Strategic Plan (SP)? 9: Do performance measures link back to SP KPIs? 15: Are funds from other sources being leveraged? 15: Overall impact 18 Point Maximum Mini Grants Process 3: Is the service or goal description clearly defined? 3: Does the program provide a direct benefit to residents? 3: Does the program effectively link back to 2021–2024 Strategic Plan (SP)? 3: Do performance measure link back to SP KPIs? 3: Are funds from other sources being leveraged? 3: Overall impact	requirements, including partnership model - Alignment with CSP Grant Program's purpose, expectations, and focus areas - Alignment with the purpose of the grant type - Understanding of the organization's mission, work, and impact - Understanding of the proposed use of funds (including a well-developed budget) - Organizational stability and capacity to execute the proposed use of funds - Compliance with current CSP Grant terms (for current recipients only) An evaluation rubric is used to review the SSW and Core Support Grants, but it does not provide a numerical score	20: Human Services Need Being Met 10: Advancing Equity 10: Outreach and Engagement 10: Maximizing Efficiency 10: Fiscal and Organizational Management 10: Collaboration 5: Voice in Proposed Program/Service Design and Implementation 5: Organizational Capacity Building
Technical Assistance Provided	A virtual workshop was held in July 2024 to provide an overview of the NOFA. Staff conduct subject-specific workshops, with the 2025 one focusing on strategies for dealing with conflict within an organization. Additionally, staff organize annual subrecipient training every June.	New awardees receive technical assistance to facilitate the submission of online data for monthly and quarterly reports.	A technical assistance session to provide guidance on the application process was hosted.	A virtual workshop was held to provide guidance on the application process and scoring rubric. Technical assistance was also available to answer questions up to January 17.	Mandatory pre-application training is held for all grant competitions when the application period opens. Technical assistance office hours guide and support applicants in completing and submitting applications. After the budget is finalized,	A preproposal conference is held to provide an overview of the application process, followed by a post-award conference to discuss grant requirements and expectations. Staff respond to requests for assistance as needed throughout the grant cycle.

	Arlington County	Fairfax County	Loudon County	Prince William County	Howard County	City of Alexandria
					feedback sessions are offered to all applicants.	
Reporting Requirements	• Subrecipients are required to submit quarterly reports on the demographics and income of program beneficiaries, as mandated by funding sources. • They must also report on outcomes and indicators, which are negotiated as part of their contracts.	▪ Awardees must submit monthly and quarterly reports on project performance and expenditures to the county. ▪ Project site visits are conducted to confirm reported data, provide reporting technical assistance, identify and clarify contract performance issues and correction measures, and observe implementation.	▪ Quarterly performance and expenditure reports required. ▪ Final reports are due 30 days after the grant period ends. ▪ Organizations below 50% of mid-year targets may need a corrective plan for the second disbursement. ▪ Mini grants only submit a final report.	▪ Each organization is required to provide performance measurements for the services they are providing to residents of the county.	Requirements by grant type: • Core Support: Check-in Report, Expenditure Report, Performance Measures Report, and Financial Report, including signed approval by the board of directors • SSW: Check-in Report, Expenditure Report, Performance Measures Report, and Financial Report, including detailed ledger of grant expenses • HST: Check-in Report and Performance Measures Report • ENO: Check-in Report	▪ Submit Mid-year (due January 31) and Year-end (due July 31) including program performance, expenditures, and data related to work. ▪ Reports must include zip codes of program beneficiaries, ages and race/ethnicity of populations served, and number of individuals served.
Recent Developments	In 2021, Arlington County evaluated its nonprofit grantmaking process with input from community leaders and experts. This evaluation led to the 2023 adoption and additional grant (<i>in addition to the Community Development Fund</i>) — the RACE to Rebuilding Trust and Community Grant — with an allocation of approximately \$1.5M in general funds for subrecipients. Separately, grant managers are working to understand which organizations are being funded and what projects are being supported in different areas.	In 2021, Fairfax County addressed service gaps in the Consolidated Community Funding Pool process by implementing a two-lane funding strategy. One lane focuses exclusively on housing and food support, while the other funds additional essential programs, each supported by a dedicated advisory committee. Separately, the county established a review process for ongoing contracts to identify critical services that should be funded through alternative mechanisms rather than the competitive process.	In 2016, Loudoun County evaluated its nonprofit funding to identify gaps and unmet needs. Following this assessment, the county initiated a competitive procurement process for six core services to build direct funding relationships. Under the new grant process, funds are allocated at the program level, with each applicant starting at zero and needing to meet a minimum score. A mini grant program was also created to support capacity building. In 2022, the process was updated to proportionally fund all applicants scoring 75 percent	In 2024, an evaluation was conducted to improve transparency, accountability, and impact in community partnerships. This resulted in a two-track competitive funding process. One supports strategic partnerships that work closely with county departments. The other provides competitive standard and mini grants with \$575K allocated. Eligibility criteria align with the county's strategic plan and require supporting specific goals. A scoring matrix was developed to objectively evaluate applications. The Community Partners Selection	In 2019, Howard County evaluated its grant program to better serve the community and local nonprofits. The program was reimagined with a clear purpose and guiding principles to inform decisionmaking. Shared, measurable progress indicators were established to track impact. Funding focus areas were defined and grant types refined into three categories. Eligibility requirements were updated to align with the new framework.	In 2023, the Alexandria Fund for Human Services underwent a second review process to shape the current grant cycle (FY2024–2026). Recommendations included implementing a web-based grantmaking platform, using logic models to support program outcomes, refining funding areas and priorities, and increasing emphasis on collaboration, innovation, and racial equity.

	Arlington County	Fairfax County	Loudon County	Prince William County	Howard County	City of Alexandria
			or higher. In FY2025, the county plans to engage nonprofits to refine and improve the process.	Committee now includes community members to ensure decisions reflect resident priorities.		
Decision Criteria for Government-covered Services	In 2019, the Department of Human Services (DHS) evaluated its services to determine if they should be permanently provided under direct DHS control. Services meeting this criterion were procured via competitive solicitation, sole source, or exempt purchase, while those that did not qualify were placed in a consolidated community funding pool. A decision tree was made to reflect this.	Fairfax County procures services through competitive negotiation in line with federal and state guidelines, including the Virginia Public Procurement Act. Community Services Block Grant funds under the CCFP require competition since state law does not permit grant awards for these services. If a service is funded through departmental budgets, the managing agency handles contract administration. Some services may receive funding from both the CCFP and county contracts funded with departmental dollars.	Evaluation determined that some services should be managed by direct government contracts, including domestic and sexual violence (advocacy, accompaniment, emergency shelter, lethality assessment, crisis hotline); reduced fee comprehensive medical home; independent living support for the elderly and persons with disabilities; free medical; and reduced fee comprehensive adult dental. Other services (e.g., prevention or crisis intervention) are funded through a competitive grant process.	When the program was redesigned, the goal was to determine which programs and services should transition to contractual relationships, and which should follow an annual competitive process. Providers chosen for direct oversight were moved to contracts or MOUs to ensure continuous delivery of community services. These providers focus on key areas such as Health, Well-being, and Environmental Sustainability; Mobility, Economic Growth and Resiliency; and Safe and Secure Community.	The Community Science team did not speak directly with a Department of County Administration staff member. Our understanding of the county's criteria for selecting government-covered services is limited.	

Appendix I: AFHS Literature Review

Appendix I: AFHS Literature Review

Background

This literature review has two main objectives:

1. To review existing frameworks of Essential Human Services to operationalize what qualifies as "essential" for residents of the City of Alexandria.
2. To identify the effective funding models for supporting these services by comparing approaches like direct contracts and competitive grants while examining variables such as partial versus full funding, and innovation versus continuity.

Scope and Methods

To achieve these objectives, we employed the following strategy to review the state field as related to the project's goals.

1. **Search Scope and Strategy:**
 - o **Peer-reviewed Literature:** Databases like DeepDyve and Google Scholar were used to access full-text publications. Backward and forward citation tracking was employed to identify seminal works and influential studies in the field.
 - o **Grey Literature:** Reports, policy briefs, and non-academic sources, such as those from the Urban Institute and Deloitte Insights, were included to capture practical insights and recent developments.
 - o **Inclusion Criteria:** Emphasis was placed on studies focusing on U.S. contexts, particularly those published post-2016. Earlier foundational works (1943–2024) were also included where necessary to establish historical trends or provide comprehensive context.
 - o **Search Terms:** Boolean operators and proximity terms were used to explore concepts such as "essential human service," "basic needs," "essential services," "funding models," "nonprofit roles," and "government provision."
 - o **Review Scope:** A total of 23 articles were reviewed, containing both peer-reviewed and grey literature, to ensure a balanced understanding of the topic.
2. **Data Collection and Synthesis:**
 - o The literature review focused on synthesizing key themes and findings, which were cataloged in an Excel spreadsheet for organization and analysis.
 - o Special attention was given to frameworks defining "essential services," their measurable outcomes, and funding strategies tailored to different types of services.
 - o The findings were cross-referenced with project goals to ensure applicability to AFHS's strategic planning.
3. **Timeframe:**
 - o The review process spanned several weeks, with preliminary searches conducted between October and November 2024. Subsequent analyses and iterative refinements continued into early 2025 to ensure depth and alignment with the evolving needs of the project.

Defining Essential Human Services

To determine what constitutes **Essential Human Services (EHS)**, we examined various frameworks from human development, global development, public health, and human services literature. While different models emphasize distinct priorities, they converge on the idea that essential services support individuals and communities in achieving stability and well-being. Below, we outline several key definitions that have informed our understanding of EHS.

Maslow’s Hierarchy of Needs (Maslow, 1943): Maslow’s framework underscores the necessity of fulfilling physiological and safety needs as prerequisites for higher-level psychological and self-actualization needs. This hierarchy provides a foundational lens for identifying essential services, linking the fulfillment of basic needs to human motivation and long-term development.

Basic Needs Approach (Streeten & Burki, 1978): The Basic Needs Approach defines essential services as those necessary for maintaining physical well-being, emphasizing resources like food, shelter, and clean water. This approach also recognizes the continuum from survival to stabilization to overall well-being, positioning essential services as critical to alleviating poverty.

Human Services Report (Hahn et al., 2022): A report from the Urban Institute defines essential human services as those that support the basic needs and well-being of individuals and communities. These include healthcare, food and nutrition assistance, housing, child welfare, mental health services, and employment support, with a focus on vulnerable populations.

Human Services Value Curve (Oftelie, n.d.): Oftelie (n.d.) describes essential human services as interventions and supports that address both immediate needs (e.g., housing, food, safety) and long-term sustainability (e.g., economic mobility). The Human Services Value Curve emphasizes a continuum of services tailored to individual and community needs, moving from basic compliance to generative solutions that create systemic change.

Social Determinants of Health Framework (Homer, 2017): Public health frameworks, such as the Social Determinants of Health model, identify essential services as those that influence health outcomes by addressing factors like economic stability, access to healthcare, education, and safe living environments. This approach highlights the structural conditions that shape well-being.

Despite differences in emphasis, **these definitions share overlapping key themes** that form the foundation of Essential Human Services.

Overlapping Key Themes

Core Needs and the Existence of a Continuum: Much of the literature recognizes a continuum when thinking about essential human needs. Furthermore, many emphasize the degree to which needs are related and interdependent (e.g., Maslow, 1943; Oftelie, n.d.). While some literature discusses specific areas of need such as **housing, food access, education, healthcare, and economic mobility**, it almost always presents these within a **spectrum** — highlighting their interconnectedness rather than treating them as isolated needs (e.g., United Nations Development Programme (UNDP), 1990; Sen, 1999; Commission on Social Determinants of Health (CSDH), 2008).

Equity and Vulnerable Populations: Most of the literature integrates the concept of **equity**, emphasizing the necessity of addressing **vulnerable populations**. Services such as healthcare, housing, and education

are universally recognized as foundational to not only individual well-being, but also to societal equity. The discussion of Essential Human Services often centers the lack of access to these resources as key symptoms of making a population vulnerable (e.g., Oftelie, n.d.; CSDH, 2008; United Nations (UN), 2015; Homer, 2017).

Health and Safety: Essential Human Services are about meeting individual and family needs; and they also play a critical role in maintaining public health and safety. The literature highlights that access to healthcare, mental health support, and emergency response systems are essential for preventing widespread health crises and ensuring community well-being (e.g., Oftelie, n.d.; CSDH, 2008; Homer, 2017).

Economic Mobility: Economic stability is a key determinant of individual and community well-being. The literature underscores that without economic opportunity, individuals and families struggle to meet their basic needs, creating cycles of poverty that are difficult to break (e.g., Oftelie, n.d.; Sen, 1999; Eggers & O’Leary, 2018).

Social Cohesion: Humans are social beings and rely on social connections. Strong communities rely on Essential Human Services that foster social cohesion, inclusion, and collective well-being. Programs that promote social inclusion foster long-term stability and collective resilience (e.g., Oftelie, n.d.; UN, 2015).

Context-specific Definitions: Definitions of Essential Human Services must consider local needs. Furthermore, stakeholder engagement is critical in identifying priorities, as community-specific challenges often dictate what qualifies as essential (e.g., UNDP, 1990; Hahn et al., 2022).

Funding Models for Essential Human Services

To identify the most effective funding models for Essential Human Services we examined the literature for various approaches, with a particular eye for understanding direct contracts versus competitive grants, as well as the balance between partial and full funding models. As with most approaches, there is no one-size-fit-all; rather their efficacy depends on context and desired outcomes.

Direct Contracts versus Competitive Grants

Direct Contracts

o Pros:

- Provide stability and predictability, enabling long-term planning for services such as food security and housing (Pettijohn & Boris, 2014). For instance, Eggers and O’Leary (2018) highlight how stable funding underpins the success of foundational programs like early education initiatives.
- Suitable for services that require consistent delivery and regulatory oversight. UN (2015) emphasizes the importance of direct contracts in maintaining the quality and continuity of universal services.

o Cons:

- May limit innovation by prioritizing established practices. This can hinder the adoption of adaptive solutions necessary for evolving societal challenges (UN, 2015).

- Funders' requirements can impose financial and operational burdens on nonprofits. Pettijohn and Boris (2014) note that excessive reporting demands and compliance costs often strain organizational capacities.

Competitive Grants

O Pros:

- Foster innovation and efficiency by encouraging novel approaches to challenges such as mental health and restorative justice (Moore & Lawrence, 2024). Hahn et al. (2022) cite examples of pilot programs that successfully addressed emerging needs through grant-funded initiatives.
- Effective for time-limited or pilot projects. Competitive grants allow organizations to experiment with new strategies without the constraints of long-term commitments (Hahn et al., 2022).
- Competitive funding mechanisms were originally adopted in the domain of research funding to allocate limited resources, as well as increasingly for the promotion of scientific excellence and efficiency (Organisation for Economic Co-operation and Development (OECD), 2018).
- Competitive funding increases institutional diversity by providing opportunities for emerging researchers and organizations to contribute to new advancements and ideas, ultimately driving progress in various fields while maintaining accountability and transparency in resource distribution (OECD 2018).

O Cons:

- Can create instability due to limited funding timelines. This often disrupts service continuity, particularly for critical programs reliant on sustained support (Pettijohn & Boris, 2014).
- Can encourage short-term, lower-risk projects rather than long-term, transformative initiatives due to the uncertainty of future funding (OECD, 2018).
- Competitive funding (grants) can introduce certain inefficiencies such as administrative costs of managing competitive funding, including the time and effort spent on preparing applications by organizations and conducting reviews by the funder (e.g., OECD, 2018).

Partial versus Full Funding Models

O Partial Funding

- Partial funding models are more appropriate for pilot projects and fostering public-private partnerships. Eggers and O'Leary (2018) discuss how these models promote innovation by encouraging collaboration and leveraging resources from multiple stakeholders.

O Full Funding

- Full funding is essential for foundational services like healthcare and education to ensure equitable access and avoid exacerbating disparities. UNDP (1990) underscores that full funding guarantees the sustainability of core programs, preventing service interruptions that disproportionately affect marginalized populations.

Governance and Provisioning of Services

The governance and delivery of services involve key roles for nonprofits and city governments.

o **Nonprofit Organizations**

- Nonprofits are particularly effective in delivering localized and specialized services. Pettijohn and Boris (2014) describe nonprofits as intermediaries that bridge gaps in underserved communities, often addressing mistrust in public institutions. Hahn et al. (2022) highlight their role in tailoring services to meet specific community needs.

o **City Governments**

- City governments are best suited for universal services requiring equity and regulatory oversight. UN (2015) advocates for government control in areas like public safety and education to ensure accountability and uniform service quality across diverse populations.

Partnerships and Collaboration

A review of the literature reveals that entrenched social challenges — such as housing instability, food insecurity, and behavioral health disparities — are too complex for any single nonprofit to address alone.

o **Research underscores that collaborative approaches, where organizations align efforts, pool resources, and share data, are essential for tackling these systemic issues.**

- Provan and Kenis (2008) found that structured partnerships improve coordination, reduce redundancy, and create more comprehensive interventions.
- Funders and policymakers increasingly recognize that partnerships amplify impact, ensuring that grants support ecosystem-wide solutions rather than fragmented efforts (Bryson, Crosby, & Stone, 2015).

o **Requiring partnerships in grant applications can incentivize meaningful collaboration and reduce inefficiencies caused by competition.**

- o As cited by Shumate (2024), The Sustained Collaboration Network (2023) reported that 75% of studied nonprofit partnerships led to expanded services, increased funding, or improved program outcomes, demonstrating the long-term benefits of structured collaboration.
- o Bryson, Crosby, and Stone (2015) further emphasize that funders play a critical role in shifting nonprofits from competition to coordination, aligning fragmented efforts into cohesive, high-impact initiatives.

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