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COLLABORATION ACROSS GOVERNMENT AND PHILANTHROPY

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Waldemar A. Nielsen Philanthropy Graduate Fellow

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Grantmakers In Health

Grantmakers In Health (GIH) is the largest national network of health funders, partnering with over 250 foundations, corporate giving programs, and other philanthropic organizations who are committed to improving the health of all people. GIH Funding Partners span a wide range of asset sizes, staff sizes, geographic focus (local, regional and national) and health issue areas. For more than 40 years, GIH has supported health funders through education, networking, and leadership development. GIH prioritizes its partner-centric approach, both within its Funding Partner community and outside of it.

Collaboration Across Government and Philanthropy

July 2026 | By Ryann Alonso

Introduction

Today, philanthropy-government partnerships look vastly different than those before 2017. This is due to a myriad of reasons, including the replacement of President Obama's Office of Social Innovation with President Trump's Office of American Innovation, a shift from a cross-social sector collaboration to one focused on prioritizing business.¹ Other reasons include the COVID-19 pandemic—government and philanthropy shifted toward responding to this global health crisis, both working to move funds and adapt policy to help keep people safe and healthy.² Despite the changing environment, collaboration is still important for philanthropy, particularly in the health sector and with place-based funders who understand the context in which national policy is implemented and the communities who are affected by national political trends. Understanding the ways that place-based philanthropy navigates collaboration with different sectors such as government, business, non-grantmaking nonprofits, and trade associations is part of the reason that Grantmakers In Health (GIH) asked about the topic on their recent funding partner survey, with 128 GIH Funding Partners responding to the questions asking about cross-sector collaboration.

GIH survey results show that 49% of respondents indicate that they collaborate with other sectors either often or very often. Overall, results demonstrate, “while most funders collaborating with government do so frequently, a substantial share describe these relationships as occurring less regularly, suggesting room to strengthen consistency and continuity.”³ Many of these collaborations face hurdles around resource allocation (as reported by 62% of respondents), differences in reporting and decision making (59% of respondents) and misalignment of goals or priorities (46% of respondents). While GIH Funding Partners believe that cross-sector collaboration is valuable and engage in it, most fail to identify longevity as a strong component of their collaborations, with only 7% of respondents saying that long-term success of implemented initiatives is a positive outcome of collaboration.

In a 2021 publication titled *Public Private Partnerships to Strengthen the Public Health Infrastructure*, Grantmakers In Health explains, “Governmental public health agencies at the

¹ “President Donald J. Trump Announces the White House Office of American Innovation (OAI)—The White House.” Trump White House Archives, March 27, 2017. <https://trumpwhitehouse.archives.gov/briefings-statements/president-donald-j-trump-announces-white-house-office-american-innovation-oai/>

² “COVID-19 Grants and Programs.” Grantmakers In Health, April 16, 2020. <https://www.gih.org/philanthropy-work/grants-programs/philanthropy-work-grants-and-programs-covid-19/>; G. S. Sato, S. K. Kumar, and T. G. Gulliver-Garcia, “Philanthropy and COVID-19: Examining Two Years of Giving,” (2022): <https://doi.org/10.15868/socialsector.40288>; “Public Policy Resources on COVID-19,” National Council of Nonprofits, accessed May 7, 2026, <https://www.councilofnonprofits.org/trends-and-policy-issues/public-policy-resources-covid-19>.

³ “Davis Research, GIH Partner Analysis.” (Internal Memorandum, Grantmakers In Health, no date). Dropbox.

local, state, and federal level are indispensable allies for philanthropic organizations seeking to improve population health and advance equity.”⁴ While career-level federal staff are still building partnerships with philanthropy, federal government-philanthropy partnerships are more limited under the current administration. Within this context, many foundations are looking to states and localities for collaboration to serve vulnerable populations in their communities. Relationships and trust building serve as a critical foundation for collaborative projects that may be long- or short-term. This paper seeks to explore the ways that foundations can foster these relationships and documents programmatic success at the state and local level in the current 2026 context. Georgetown University’s Center for Public and Nonprofit Leadership interviewed four GIH Funding Partners and analyzed Funding Partner survey data to ascertain trends and document the details of specific partnerships. Interviews were conducted with senior staff from the following four organizations: Jacob and Hilda Foundation, Vitalyst Health Foundation, Michigan Health Endowment Fund, and Connecticut Health Foundation.

Information from the interviews is shared below as short case studies. Then key findings and common themes from the examples are highlighted.

Connecticut Health Foundation

About the Foundation

The Connecticut Health Foundation (CT Health) is an independent private foundation focused on improving the health of people in Connecticut, with a specific focus on eliminating racial and ethnic health disparities and the systemic conditions that cause them. CT Health’s current strategic plan has four focus areas: expanding health care coverage, sustainable payment for community health workers, maternal health equity for people of color, and fostering the infrastructure for health equity, which includes supporting advocacy, media coverage of health care, and data on patients’ race, ethnicity and language preference.

Key Government Collaborators

CT Health has many partnerships including with the state’s Department of Social Services, Office of Health Strategy, the Office of the State Comptroller, and the Department of Public Health, as well as the governor’s budget office.

Key Government Partnership

One of CT Health’s largest collaborations occurred in the development of a blueprint for maternal health equity in the state.⁵ This collaboration included the Departments of Social Services and Public Health, the Office of Health Strategy, hospital and nonprofit partners, and maternal health providers.⁶ Representatives from these organizations and agencies worked

⁴ Ellen Salinsky, “Public-Private Partnerships to Strengthen the Public Health Infrastructure,” Grantmakers In Health, September 2021, <https://www.gih.org/publication/public-private-partnerships-to-strengthen-the-public-health-infrastructure/>

⁵ “Maternal Health Equity: A Blueprint for Connecticut,” November 6, 2025, <https://www.cthealth.org/publication/maternal-health-equity-blueprint-ct/>

⁶ “Maternal Health Equity: A Blueprint for Connecticut,” November 6, 2025, <https://www.cthealth.org/publication/maternal-health-equity-blueprint-ct/>

together to develop a blueprint with the goal of cutting rates of severe maternal morbidity for Black people in half over the next three years. The foundation and the Department of Public Health separately prioritized addressing maternal health disparities, and then they collaborated to ensure that their individual efforts were aligned. One space for this collaboration is the Connecticut Department of Public Health's Maternal Health Taskforce, where CT Health has two participating staff.

A key aspect of the partnership is collaborative funding. CT Health has found success in funding certain parts of the maternal health initiative where government is restricted in its allocations. A staff member shared, "There's really a lot of cross-fertilization, where we are able to push an agenda and some research forward, whereas DPH has some more strict parameters on their Title V funding for maternal health." The government funds in the areas where it faces fewer regulatory barriers.

Another way to foster partnership is investing in cross-sector planning and convenings. CT Health has found success in supporting research to better connect those working in maternal health with one another, including with the state government. In the future, the foundation sees an opportunity to support specific components of the maternal health blueprint where gaps exist. "There's a lot of opportunity for us to have an impact. We can complement DPH's maternal health efforts by offering funding for piloting a new program, investing in research, or evaluating existing work." For now, the foundation is funding implementation efforts to get the blueprint off the ground.

Other Lessons of Fostering Partnership

In addition to the work on maternal health, CT Health helps the state government in three ways: funding evaluation or implementation measures, funding research on a specific issue or policy, and technical assistance. One example is working with state agencies and the University of Washington to create the Connecticut Healthcare Affordability Index (CHAI), a multiyear collaboration that began in 2018. The foundation worked and funded in collaboration with the Comptroller's Office and another foundation, and served as a pass-through fund for this work. Another example is research on the reporting of patients' self-reported race, ethnicity, and language data (REL), to identify disparities in care and outcomes. This research motivated the passage and implementation of legislation, as well as a learning community of state officials, hospitals, and health systems for the implementation of this policy.

CT Health notes that depending on the administration, there are different structures for collaboration with the state. CT Health has to be adaptable to shifts in government strategy and structure. CT Health is "...agnostic about the solution, but it has to address the right problem in the right way. It doesn't matter who we are talking to; we will ask the same questions: What data do you have? Do you have enough information? And who will the solution impact?"

Relationships are the basis of these various collaborations. Multiple members of CT Health's staff build relationships with leaders and staff members within state agencies. CT Health uses its convening power to bring stakeholders together to build relationships. As an example, they have been funding state leaders to attend topic-relevant health conferences and host a dinner during those conferences. The dinner is an ideal setting for connection and conversation between

legislative office staff and department officials working on health policy. The foundation also hosts convenings to bring together grantees and other policy advocates with state agency leaders and staff members. CT Health emphasizes the importance of “having the ability to have frank discussions back and forth about what is working or not working. We’ve heard both from community partners and from leaders that there is value in giving access [to community partners] and [for government leaders to] hearing what they need to hear.”

CT Health’s advice for other funders: “Build the relationship first.” They also recommend that funders engage with the work while understanding that the state often has limitations in moving at the speed of philanthropy. Also, learn when to use different philanthropic levers: when to fund, when to convene, when to research, and how to do so while avoiding analysis paralysis.

The Michigan Health Endowment Fund

About the Foundation

The Michigan Health Endowment Fund (the Health Fund) was created by the state of Michigan through a legislative act that authorized certain changes on how Blue Cross Blue Shield of Michigan (BCBSM) operates. The law requires BCBSM to contribute up to \$1.56 billion over 18 years to a health endowment fund that benefits Michigan residents and specifies that the fund should focus on children and older adults.⁷ The Health Fund is an independent foundation, though board members are nominated by the governor and state legislative leaders from both political parties and appointed by the governor with the advice and consent of the state Senate.

Key Government Collaborators

The Health Fund engages with stakeholders within state departments and statewide agencies to understand department and agency priorities and needs, along with opportunities to work together to scale or replicate work funded through Health Fund grants to Michigan nonprofits. Additionally, the Health Fund partners with the University of Michigan’s Center for Healthcare Research and Transformation to develop policy briefs on key health topics; convene legislators to discuss relevant health policies and issues in small groups; and support a fellowship program for nonprofit leaders, policymakers, and researchers to build stronger connections in developing health policy.

Key Government Partnership

The Health Fund has supported a number of projects that have been scaled and replicated across the state, or that have resulted in changes to health policy or billing practices. In one recent example, the Health Fund has supported Rx Kids, a program that builds on the 2021 expanded Child Tax Credit that lifted families out of poverty and improved the food security, financial security, and mental health of parents.

⁷⁷ “Mission and History,” Michigan Health Endowment Fund, Accessed May 13, 2026.

<https://mihealthfund.org/about/mission-and-history>

⁸ “Maternal Health Equity: A Blueprint for Connecticut,” Connecticut Health Foundation, November 6, 2025,

<https://www.cthealth.org/publication/maternal-health-equity-blueprint-ct/>

This program started in Flint, Michigan, expanded statewide, and is now looking to replicate across the country. The program leverages TANF dollars and local government and philanthropic investment to provide direct cash payments to mothers and infants. In addition to grants to support the initial pilot in Flint and the program's expansion to the eastern Upper Peninsula, the Health Fund champions the program to other funders, building support among local funders to bring the program to other communities across the state.

In another example, the Health Fund supported pilot projects, data collection, and evaluation to support produce prescription programs, which are evidence-based interventions that expands access to fresh produce through vouchers that can be used at participating food retailers. The programs aim to reduce food insecurity and manage diet-related chronic diseases and include partnership between health systems, community-based organizations, and food retailers. The Health Fund awarded several grants in communities across the state to demonstrate feasibility of the program and scale successful practices, then worked with state agencies, health systems, and statewide nonprofits to develop a statewide coalition and learning network. This coalition worked with the Michigan Department of Health and Human Services to broaden access to the program through Medicaid In Lieu of Services, which allows participating Michigan Medicaid health plans to bill for these supports to eligible beneficiaries.

Other Lessons from Fostering Partnership

Most recently, the Health Fund has leveraged existing relationships with the Michigan Department of Health and Human Services and other statewide groups to respond to changes required by H.R. 1. Because there were existing open paths of communication between the Health Fund and those groups, each had an understanding of what might be needed and how they could work together. The Health Fund, working with Michigan's Office of Foundation Liaison, facilitated connections between state departments and other foundations. In addition to supporting immediate needs, these relationships and connections can support innovation and impact across the state, even when federal funding may be limited.

When considering building programs with state government, the time to establish each relationship varies, and can take months or years. In 2019, there was a change in gubernatorial administration (new governor and a change in parties), which led to significant turnover within state departments. One of the Health Fund's prior grant rounds involved close communication with state agencies, and staff had to adjust timelines slightly so they could have additional conversations with various departments and new staff about the Health Fund's strategies and department priorities before seriously discussing potential grant opportunities. In subsequent years, those additional meetings were not necessary because staff from both parties knew each other more and had conversations throughout the year.

In another example, the Health Fund has been trying to partner with a state agency for about three years, but the potential projects weren't quite right. Conversations continued, and about 18 months ago, the Health Fund awarded a grant that aligned with their priorities and strategies, but it took patience on both sides and commitment to continue conversations until finding the right thing. The Health Fund views funded projects as gateways to working with agencies. Agencies might be 80-85% aligned with Health Fund strategy, but offer an opportunity to strengthen collaboration with that agency.

The Health Fund’s advice to other funders is to be patient and persistent, knowing when to continue conversations and when to agree to table conversations until there’s something tangible to discuss. “The longer and deeper your collaboration or track record, the more examples you can highlight as ways that both parties have supported one another-whether that’s a state agency supporting a program to make it sustainable, an agency being transparent of what data or other evidence would be needed to support that program (as was the case with the prescription for health programs), and where our efforts can complement theirs (as is the case with some of the H.R.1 response work).”

Vitalyst Health Foundation

About the Foundation

The Vitalyst Health Foundation works on issues and policy related to the social determinants of health, health equity, and policy outcomes in Arizona.⁸ Their work as a community convener helps connect key partners around social determinants of health and policy outcomes, and they highlight cross-sector collaboration as an important goal for their work.⁹ Vitalyst’s work is rooted in community-based solutions. “We create a platform for people to talk about the issues that we are seeing, and I think that’s really powerful.” They used to operate under the name St. Luke’s Health Initiative.

Key Government Collaborators

Vitalyst Health Foundation supports coalitions and works directly with the state’s Medicaid Office, Department of Health Services, and Department of Economic Security (which is in charge of SNAP).

Key Government Partnership

Recently, the federal legislation HR1, also known as the One Big Beautiful Bill Act, has created a lot of changes for Arizona, such as tightening Medicaid and SNAP eligibility.¹⁰ Vitalyst is working to make sure they have a seat at the table when the state and key partners are talking about how HR1 will impact communities. As the state government navigates implementation, the Foundation is considering how best to leverage its knowledge of community-based programs and systems. Particularly, this looks like Vitalyst using its relationships with other advocates in the state to find out about state-led convenings around different issues, such as SNAP and work requirements. Although foundations have not traditionally been viewed as natural partners to the Governor’s Office in discussions related to H.R. 1 implementation, Vitalyst’s early engagement with the state Medicaid agency and the Governor’s Office around health insurance coverage and its interest in supporting efforts to reduce Arizona’s uninsured rate helped position the organization as a valued participant in these conversations. This engagement ultimately led to Vitalyst’s inclusion in a Governor-led advocacy and policy discussion group.

⁸ “About,” Vitalyst Health Foundation, accessed May 7, 2026, <https://www.vitalysthealth.org/about/>

⁹ “Collaborative Networks,” Vitalyst Health Foundation, accessed May 7, 2026. <https://www.vitalysthealth.org/goals/collaborative-networks/>

¹⁰ “Standing Strong: Navigating H.R.1’s Impact on the Department of Economic Security (DES) with Resilience and Commitment,” Arizona Department of Economic Security, February 10, 2026. <https://des.az.gov/blog/standing-strong-navigating-hr1s-impact-department-economic-security-des-resilience-and-commitment>

Other Lessons from Fostering Partnership

Additional examples of Vitalyst's government partnerships include:

- Initiating engagements with state officials and utilizing Vitalyst's strong community presence to help identify solutions to public policy problems.
- Leading the Cover Arizona Coalition which consisted of "one hundred twenty federally-funded navigator organizations, and a wide array of community-based organizations, health providers, tribal representatives, advocates, and members of the faith community."¹¹ The goal of the coalition is to reduce the number of uninsured people in Arizona. Through the coalition, Vitalyst provides funding for navigation assistance to those looking to enroll in health insurance. Vitalyst also supports Cover Arizona's public awareness campaigns around Medicaid and marketplace health insurance.
- Other public policy work Vitalyst supports include healthcare integration, housing, and civic health, redistricting, COVID-19 relief, and SNAP.

Vitalyst focuses on not reinventing the wheel when new funding is identified. In the case of new Rural Health Transformation funding that the state will receive, Vitalyst is working to make sure that communities and partners who are already doing work around rural health get support. The foundation sees connecting these community partners with the government as one of their unique contributions.

Vitalyst's advice for other funders: Foundations can legally engage in grassroots advocacy and policy education. Joining a coalition of funders engaged in advocacy can provide coverage for foundations that are concerned about going it alone. Foundations interested in engaging in advocacy should educate themselves on advocacy and lobbying regulations.

Jacob and Hilda Blaustein Foundation

About the Foundation

The Jacob and Hilda Blaustein Foundation engages in local government partnerships in Baltimore, MD. They work on supporting social justice and human rights through six funding areas: public education, arts and culture, health and mental health, strengthening Israeli democracy, Jewish life, and international human rights.¹² The Foundation is part of a network of foundations known as the Blaustein Philanthropic Group.

Key Government Collaborators

The Foundation operates with the understanding that all funders have their own restraints on what they can fund, including the government. This often means that different funders can work together to fund different parts of collaborative projects. The key to effective collaboration is consistency and relationship building. They highlight that "The institutional memory in communities is held by organizations, like foundations. We're here through all of the changes."

¹¹ "The Cover Arizona Coalition," Vitalyst Health Foundation, accessed May 13, 2026.

<https://www.vitalysthealth.org/the-cover-arizona-coalition/>

¹² "Jacob and Hilda Blaustein Foundation," Blaustein Philanthropic Group, accessed May 13, 2026.

<https://blaufund.org/jacob-and-hilda-blaustein-foundation/>

Key Government Partnership

Their most effective partnership with government is a Group Violence Reduction Strategy (GVRS) in Baltimore that provides wrap-around support to neighborhoods with the greatest number of offenders.¹³ This partnership includes the City of Baltimore, the Baltimore Police (which is separate from the city), and the State Attorney's Office. The city was willing to use funds from the 2021 American Rescue Plan Act for this program, but there were restrictions on how those funds could be used. So, the Jacob and Hilda Blaustein Foundation used their funding to hire a manager for the program and incorporate evaluation support from the University of Pennsylvania.

The city also reached out to other funders about supporting different parts of the program resulting in a collaborative funding model. Part of this model included multiple rounds of feedback between the city and funders to assess the best approach for supporting high-risk persons in this program. Partners determined that their goal was to decrease the murder rate and they are seeing success. Baltimore had a 60% reduction in homicides and a 30% reduction in gunshot wounds in five years. Blaustein Foundation's big takeaway from this program is, "if you want big societal change, you have to work with the public sector."

Other Lessons from Fostering Partnership

The Blaustein Foundation has experienced that state politics can hinder successful partnerships. For example, if the Baltimore Mayor and the State's Attorney General are in a public disagreement, this can put a partnership at risk, or at least make the future feel uncertain. Often, the state government will come to philanthropies in the state and ask them to fund programs and projects, but this is a preposterous concept for the Foundation, given the levels of revenue that the state has access to.

Blaustein Foundation's advice:

- It really is about relationships—participate in civic leadership development opportunities, show up at council meetings, make yourself known and available.
- "There are going to be a lot of times where things are not going to make sense to philanthropy—it's a bureaucracy thing. If you have an open, trusting relationship with the people you're working with, then you can work through those hiccups."
- Be clear on what outcomes funders are looking for so everyone is on the same page.

Key Findings

These interviews highlight the tactics and strategies that foundations can engage in to build relationships with both state and local government. These relationships can persist in and around projects and programs that may develop in response to mutually identified problems (such as maternal mortality) or to crises like the COVID-19 pandemic or cuts to federal grants to state programs. The following are recommendations from these interviews that other foundations can learn from in pursuit of cross-sector collaboration.

¹³ "Group Violence Reduction Strategy (GVRS)," City of Baltimore — Mayor's Office of Neighborhood Safety and Engagement, accessed May 13, 2026. <https://www.baltimorecity.gov/monse/gun-violence-intervention/gvrs>

Long-term Relationships are Foundational

Developing relationships with government staffers at the state and local level, separate from any particular projects or programs, are an important foundation for future partnerships. Allowing these relationships to develop organically helps organizations find inflection points to collaborate on, such as COVID-19, the passage of HR-1, or SNAP assistance. GIH funding partners find many allies in their work with the government, including department officials and legislators' staff. Collaborative work can go beyond grantmaking, including: technical assistance, participating in roundtables, public education, and sponsoring evaluation or management systems for government programs.

Funding the Gap

Foundations play an important role in funding projects in ways that the government cannot. This is particularly poignant when considering current federal restrictions on diversity, equity, and inclusion efforts that help reach vulnerable populations. Engaging in effective dialogue with government officials can help identify gaps in funding that philanthropy can fill. Like in the case of the Connecticut Health Foundation, the state government may be restricted on how they spend their money based on federal restrictions or priorities. By supplementing government funding with private dollars that are not restricted in the same way, foundations can help reach vulnerable populations. The Jacob and Hilda Blaustein Foundation found that a group of funders can collaborate and fund different parts of a program based on their own priorities and preferred approaches. In working together on group violence reduction, foundations were able to identify their own comfort levels in funding and collectively fund the program in conjunction with city government.

Uplifting Community Solutions

Philanthropy also has the ability to uplift community partners to make their work visible to government departments. In the case of the Vitalyst Foundation, this is essential as a community convener and is part of their work to make sure nobody is reinventing the wheel in the case of new revenue streams or initiatives. The Michigan Health Endowment Fund is leveraging community solutions to expand effective, community-based programs across the state.

Meet Partners Where They Are

Relationships have the potential to be built with staff at all levels of government if funders are willing to meet them where they are. Attending topic-relevant conferences, not just funder-centered ones, has the potential for meeting government staff and hearing about their work. Leading with policy relevant research also helps funders build relationships with government departments and legislatures. The Michigan Health Endowment Fund provides education on health policy at state conferences. The Connecticut Health Foundation hosts dinners that bring together government staff and key community partners, while also taking a step back at these dinners and allowing state workers and community partners to build relationships without interference by the foundation. By holding the dinners during issue-based conferences, they create a unique space for the two parties to talk and reach understanding without centering the foundation.

Conclusion

Foundations and government collaborations gain the most visibility around emergencies—such as COVID-19 or a lapse in SNAP funding. Yet, what often remains hidden is the underlying commitment from philanthropy to build relationships and networks for advocacy within their work and funding strategies. These relationships can happen at the state and local level to help educate government staff about community-based solutions for policy problems.

Foundations serve a unique role in making sure that our communities are safe and healthy and this is not always accomplished through grantmaking. There are many ways that funders can build long-term relationships with the government that help foster solutions to short-term problems as they pop up. Even when presented with the inability to fix the entirety of a public policy problem, such as a high murder rate in a given city, foundations should assess their own comfort and risk in funding partnerships with state or local governments and determine the ways that they can contribute to solving these issues.



Ryann Alonso served as a Waldemar A. Nielsen Philanthropy Fellow at the Center for Public and Nonprofit Leadership from 2024 to 2026, and recently graduated with their Masters in Public Policy. Their previous work with CPNL centered around assessing the ways that funder collaboratives can support diverse communities through crisis by assessing the Arts Forward Fund, a DMV-based funder collaborative that provided COVID-19 relief to the arts and culture sector. Before going to Georgetown, they spent the four years living and working in

Washington, D.C. at the Alliance for Justice as a Senior Program Coordinator, helping nonprofits and grant makers understand compliance laws around tax exempt entities' ability to do advocacy and lobbying. Ryann is also a Harry S. Truman Scholar, and was part of the inaugural class of finalists for the Hillary Rodham Clinton Award for Peace and Reconciliation. They received their Bachelors in Political Communications from the University of Arkansas.

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