DIRECT CASH TRANSFERS (DCT)
BEST PRACTICES

A report from Impact Charitable

BY CHRISTINA GOTFREDSON
There is a growing body of evidence to suggest that one of the most effective ways to help people move toward economic security is to provide direct cash. Organizations considering direct cash transfers (DCT) can use these findings to guide their recruiting, programming, monitoring and evaluation.
Impact Charitable is a nonprofit cultivating a community of impact investors, philanthropists and social entrepreneurs who mobilize their assets in creative and impactful ways. Impact Charitable recognizes the gaps between traditional investing and traditional philanthropy and the solutions needed to solve complex problems.

The organization is dedicated to helping fill these capital gaps by collaborating with public and private funders who want to mobilize their assets into communities for bigger impact.

BACKGROUND

In April 2020, Impact Charitable launched the Left Behind Workers Fund (LBWF) to provide direct cash payments to those overlooked by federal aid programs in Colorado. The fund has since worked with 30 community-based organizations to distribute:

LEFT BEHIND WORKERS FUND

Direct cash payments for Coloradans affected by Covid-19

In April 2020, Impact Charitable launched the Left Behind Workers Fund (LBWF) to provide direct cash payments to those overlooked by federal aid programs in Colorado. The fund has since worked with 30 community-based organizations to distribute:

- $31M total payments made
- $1,000 per direct transfer
- 23,500 families assisted
BACKGROUND

In April 2021, Impact Charitable initiated a study to proactively identify some of the most pressing opportunities to address the economic insecurity faced by underserved communities in Colorado with direct cash transfers (DCT). The first step in this process was to identify the design, best practices, lessons learned, and partnerships that have made other direct cash transfer models successful elsewhere in the country.

This report describes those findings.

AIDKIT, LLC

Direct cash transfer screening, payment processing & data management

As a response to launching the LBWF, Impact Charitable built AidKit LLC, a direct cash transfer screening, payment processing, and data management platform. The platform offers the following features:

- AUTOMATED STAKEHOLDER (BOTH APPLICANT AND CHANNEL PARTNERS) ENGAGEMENT AND COMMUNICATION
- FULLY CONFIGURABLE DIRECT CASH ASSISTANCE (DCA) APPLICATIONS
- INTEGRATED DOCUMENT VISUALIZATION AND COLLECTION
- BUILT-IN E-SIGNATURES
- AUTOMATED PAYMENT PROCESSING VIA ACH, WESTERN UNION AND VIRTUAL DEBIT CARDS

AidKit is currently supporting five different assistance programs in Colorado and Utah including the Left Behind Workers Fund, the Denver Basic Income Project, and the Mile High United Way Emergency Cash Assistance program.

Leveraging their 501c(3) status, fund management infrastructure, and partnership with AidKit, Impact Charitable has developed a unique capability to develop and execute direct cash/rental assistance programs.

DIRECT CASH TRANSFERS STUDY

Finding and sharing opportunities to fill a gap for underserved communities in Colorado

In April 2021, Impact Charitable initiated a study to proactively identify some of the most pressing opportunities to address the economic insecurity faced by underserved communities in Colorado with direct cash transfers (DCT). The first step in this process was to identify the design, best practices, lessons learned, and partnerships that have made other direct cash transfer models successful elsewhere in the country.

This report describes those findings.
The global pandemic led to an explosion in direct cash transfer programs. New direct cash transfer programs play a pivotal role in providing evidence that could inform transformational policy change.

The fundamental philosophy behind direct cash transfers is a belief that people should be trusted to make decisions for themselves. There is a long history demonstrating how large scale cash assistance programs in the U.S. have created positive outcomes for individuals:

- Using 30 years of data, researchers Bastian and Jones concluded that the Earned Income Tax Credit is one of the least expensive anti-poverty programs in the U.S.¹

- The Alaskan Permanent Fund Dividend has paid a yearly dividend of around $1,600 to state residents since 1982. There has been no evidence of a decrease in labor market participation.¹

- The Eastern Band of Cherokee Basic Income, started in 1996, provides $500 plus per person per year and has shown many positive effects such as reduced behavioral and emotional problems in children and less depression, anxiety, and alcohol dependence in adults.¹

These initiatives, however, have not yet led to widespread policy changes needed to improve economic stability.
While we know that cash transfers can be effective in creating economic stability, we do not yet have a grasp on how they impact other outcomes.

This report is intended to guide direct cash transfer initiatives as they design new initiatives. Our hope is that these best practices leverage what’s been done well in the past in order to make room for learnings that impact the future.
METHODOLOGY

To identify DCT best practices, we performed a rapid literature review and conducted qualitative interviews with individuals from organizations who have designed, advised, assessed, implemented, advocated for or funded other DCT programs in the U.S.

We prioritized reviewing literature and interviewing direct cash transfer (DCT) programs that meet the following criteria.

For a complete list of research questions, see Appendix A.

STEP 1: LIT REVIEW

The rapid literature review focused on the evidence from other direct cash transfer (DCT) studies, case studies of other DCT programs, and general principles of direct cash transfers.

We focused our research on literature that described both the general principles of DCT as well as the impact on specific target populations. Roughly 70 articles were identified and about 40 were reviewed for trends and themes that could reveal best practices outlined in the research questions. The remaining articles proved to be irrelevant as the research progressed.

ACADEMIC STUDIES IN REPUTABLE JOURNALS

PROGRAM EVALUATIONS PUBLISHED BY INDIVIDUAL ORGANIZATIONS

DCT PROGRAM WEBSITES

PRESS RELEASES

OPINION ARTICLES

A direct cash transfer (DCT) program

Are based within the United States

Are unrestricted and have no limitations on how money can be used by recipients

Are targeted to serve a specific population in a time of crisis or life transition

Are relevant to the needs of certain populations
We then conducted semi-structured interviews with 18 individuals from 13 organizations working on DCTs. The vast majority were organizations that have implemented a DCT program. See the chart to the left for the breakdown of other types of research participants.

For a complete list of interviewees, see Appendix B.

The interviewees were sourced through our literature review, the Guaranteed Income Community of Practice membership directory, and advocacy organizations that track current and ongoing pilots, like the Stanford Basic Income Lab and Jain Family Institute.

In addition, we used a snowball sampling technique in which each interviewee was asked to help identify and connect us with other research subjects.

Each interview was 45 minutes in length and conducted over Zoom. The audio of all interviewees was recorded and later transcribed with consent from interviewees.

To analyze the interviews, we utilized a deductive coding approach whereby direct quotes from interviews were selected and coded according to fixed categories related to designing or implementing a DCT program.

1. PRINCIPLES & OBJECTIVES
2. SOURCING
3. ENROLLMENT
4. PAYMENT MECHANISM
5. FREQUENCY
6. DURATION
7. AMOUNT
8. SUPPORT
9. MONITORING & EVALUATION
10. RISKS
FINDINGS

Based on our interviews, we identified a core set of best practices to design or implement a DCT program.

#1  PRINCIPLES & OBJECTIVES

Since we know that historical cash transfer programs don’t create perverse incentives to work or encourage spending more on “sin” goods, a new DCT initiative should consider what outcomes it seeks to achieve and what contribution it can have on the larger national conversation around cash transfers.

There are many things we still do not know about how best DCTs can function. Pilots play a vital role in answering questions like:

• How much money should an individual receive?
• How often should cash be disbursed?
• What sort of infrastructure is needed to effectively distribute cash?
• What other long-term effects on education, criminal justice involvement, etc. can cash transfers have?
• What are the best programs to pair with cash transfers?

To decide on what to test, it is imperative that the community be involved in the design process.

DCT program designers should practice human-centered design to reveal insights about day-to-day thoughts, feelings, and behaviors of the people they seek to serve.

These insights should determine the amount, duration, and frequency at which people are provided cash payments. They should also address any potential risks, barriers to entry, and whether additional programmatic support is needed.

There are several potential components of a cash transfer program. Designers of a DCT program must decide which of the components below are needed to achieve their specific objectives and which align best with the program’s guiding principles.

ONE-TIME OR ONGOING?
TARGETED OR UNIVERSAL?
UNCONDITIONAL OR CONDITIONAL?
UNRESTRICTED OR RESTRICTED?
ONE-TIME OR ONGOING

DCTs that are **one-time cash transfers** play a critical role in mitigating crises and providing emergency relief.

While **on-going cash transfers** may create the same relief, they also aim to provide people with financial stability and the opportunity for economic advancement. Predictable, consistent cash payments provide psychological safety that allows recipients to make decisions about their future. It helps to combat a scarcity mindset—a well-studied psychological concept which explains that a lack of resources causes individuals to overvalue immediate benefits at the expense of future ones.

One-time and ongoing cash transfers share a similar philosophy that we should trust people to make decisions for themselves, remove barriers for people to access support, and reduce costs to administer the support.

TARGETED OR UNIVERSAL

A **targeted DCT program** limits participation to those who meet certain eligibility criteria like income, geography, race, occupation, etc. They can also target a group of individuals who are experiencing similar moments of transition or life crises, like those experiencing homelessness, the recently incarcerated, or youth aging out of foster care systems.

In a pilot, targeted DCT programs are generally means tested—determining who receives cash transfers upfront. However, larger scale DCT programs could also choose to target a certain population on the back-end with tax credits or by requiring repayment from those not eligible.

Targeted DCT programs are useful if the program is either limited in funding or seeking to achieve outcomes unique to a specific population.
**UNCONDITIONAL OR CONDITIONAL**

**Conditionality** in DCT programs refers to the behavioral requirements that an individual would need to meet in order to continue to receive cash transfers. Conditional DCT programs may require individuals to attend certain meetings, meet with case managers, adhere to medical treatments, respond to surveys, etc. Conditional cash transfers are useful if the goal of the program is to encourage certain behaviors of the target population. They have been widely used in developing countries to encourage behaviors like receiving vaccinations. However, if not designed carefully, conditional cash transfers teeter on becoming paternalistic and manipulative.

To be rooted in the idea that we should trust people to make decisions for themselves requires relinquishing control. For a DCT program to be effective, it must allow people to solve problems for themselves and reduce the costs associated with implementing a program. Likewise, DCT designers should facilitate conversations with their internal teams and key stakeholders about the potential biases and expectations they may have of recipients upfront. Every guardrail placed around the program runs the risk of leveraging power and race to influence certain desired behaviors of DCT program recipients.

Nonetheless, there can be a time and place in which conditional DCT are appropriate, but designers must first decide the purpose of their program and align on guiding principles. The decision to make cash transfers conditional or unconditional and the ethical implications will then be much more readily discernible.

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**UNRESTRICTED OR RESTRICTED**

A DCT program can also choose whether to place restrictions on how money is spent. These restrictions can be narrow (e.g., for educational expenses only) or broad (to put towards pursuing one’s personal or financial goals). Regardless, it is generally best to limit restrictions and give people agency over their choices. The power of cash transfers lies in its flexibility and in the unbridled belief that people know best what they need.

There are more subtle ways to encourage spending in certain directions. For example, choosing a program name that speaks to the desired outcomes for participants can encourage positive, focused engagement—in fact, the impact of using empowering and inspiring language/branding versus a more direct language that can potentially stigmatize participants—is well documented and is considered best practice by several DCT programs in the U.S.²

Additional strategies to encourage specific spending habits and choices might include facilitating groups of peers to share their experiences, or matching recipients with mentors and financial coaches.
#2 SOURCING

To recruit eligible participants to a DCT program, it is best to do outreach in the places where your target population gathers.

One obstacle to recruiting people is the understandable skepticism of initiatives that want to give away cash. To combat this skepticism, we recommend:

- Working through community-based organizations that have trusted relationships with recipients. Have them identify potential DCT recipients and implement the initial vetting process.
- Leverage peer networks. Create or work through existing social networks. Let recipients know they are a part of a select group receiving cash payments. This establishes a sense of responsibility and personal obligation to be an active participant in a pilot.
- Over-communicate with potential recipients about the program and the enrollment process. Use phone calls, emails, letters, and in-person announcements to establish a personal relationship and credibility with potential recipients.
- Keep screening criteria to a minimum.

#3 ENROLLMENT

Whenever possible, reduce barriers for recipients to enroll in a DCT program.

SIMPLE & SHORT
Keep applications simple and short. Use simple language. Do not use this as an opportunity to collect data on recipients. Do not ask what recipients intend to use the money for. Recipients often interpret this to mean that they can only use the money for items listed and/or may be held accountable for their responses.

FACE TO FACE
Best practice for DCT programs recommends that the enrollment process involve face-to-face contact between an administrator and recipient. This establishes trust in knowing the program is not a scam and it gives recipients an understanding of the program’s objectives. It thus introduces a level of personal accountability between recipients and administrators—making them more likely to spend the payments in ways that achieve the program objectives. Lastly, it provides an opportunity to vet recipients, connect them to services, and help them set goals for the use of the cash transfer.
PAYMENT MECHANISM

It is best to give people options for how they want to get paid, whether by direct deposit, cash, check, prepaid debit, Western Union transfer, etc.

- If choosing **prepaid debit cards or a check**, recipients should also have the option to choose how cash payments are delivered. In most cases, it is best to deliver cash payments directly to recipients via mail. However, there will be cases when a recipient’s mailing address is unreliable and a DCT program should offer a central place to pick up prepaid debit cards or checks.

- **Electronic payments** are preferred in that they require less processing time, reduce “leakage,” cashing fees, and can be tracked and safeguarded from fraud.

- **Prepaid debit cards** are useful in that they allow administrators to see aggregated, unidentifiable data on how payments were spent.

- There are several payment vendors to choose from that specifically serve DCT programs including Aidkit, Community Financial Resources, Hyperwallet, MyPath and the US Bank Focus card.

- Any payment option chosen should ensure that there are **consumer protections** in place. Recipients should not incur exorbitant fees to access their cash transfers. [The Bank on National Account Standards](#) provides helpful guidance for choosing high-quality payments systems that minimize fees and have accessible in-network ATMs.³

- If recipients are **unbanked**, a DCT program should offer support in helping them to become banked. Setting them up for long-term success to participate in the banking system should be the goal. Don’t design payment mechanisms just to avoid asking people to set up bank accounts.

# QUICK

Be sure cash payments get into the hands of recipients quickly. The turnaround time from application completion, approval, to cash distribution should be no more than 10 days.

# UPFRONT

Over-communicate with recipients. Provide ALL the information upfront as to how people get paid, what they can/cannot use the funds for, where they can/cannot use the payment methods, when they will get paid, how it might affect benefits, tax liability, how to reach someone for questions, etc. Use all available channels to communicate with recipients; email, text, or even handwritten letters.
FREQUENCY

While the frequency at which cash transfers are delivered is largely dependent on the program’s resources, objectives, and evaluation plan, there are a few guardrails that may be helpful when implementing ongoing cash transfers.

- A DCT program should first engage the community to develop consensus on the frequency at which payments be delivered.
- Bi-weekly installments may be incredibly useful in helping recipients learn to budget and manage costs.
- Monthly cash payments provide a reliable, predictable stream of income that can alleviate income volatility.

DURATION

The duration of a DCT program is also largely dependent on its resources, objectives, and evaluation plan. There are more than 25 guaranteed income pilots being designed or implemented in the U.S. The duration of these pilots are determined by how much recipients receive, at what intervals, and by the total number of people the program seeks to serve.

SHORTER HORIZON

Where pilots distribute $1,000 or more a month, the duration of a pilot is generally limited to 12 months.

If cash payments are provided on a short-term horizon, it is more likely that a recipient uses the funds for short-term gains or to merely cover their basic needs.

LONGER HORIZON

Where pilots distribute $500 or less a month, the duration of pilot is anywhere from 18 to 36 months.

Knowing that cash payments will continue to come for a significant period of time (more than 12 months) allows recipients to think about their future.

A longer horizon allows recipients to plan, and it encourages them to set a portion aside for savings and/or to invest in opportunities like further education or training.

If the goal of the program is to mitigate a crisis or to gradually ease an individual into economic stability, remember that it takes time for someone to get back on their feet.
#7 AMOUNT

Like duration and frequency, the total amount recipients receive will be dependent on the program’s funding sources, objectives, and length of the program.

Of the dozens of cash transfer programs in the U.S., recipients receive anywhere from $300-$1,000/month. The average and most common amount distributed is $500 a month. This is largely determined by philanthropic funders who point to the success of the Stockton SEED program as sufficient rationale for providing $500 a month.

If the program’s objective is to intervene during a life crisis or moment of transition, it may be best to consider providing a larger lump sum upfront to cover costs needed to create initial stability, like a security deposit.

For cash transfer programs longer than a year, it may be best to taper payments towards the end of the program to give recipients time to adjust to not have the recurring payments as part of their monthly budgets.

#8 SUPPORT

In most cases, a DCT program will have greater success with intended outcomes when paired with “Cash Plus” supports.

The most common cash plus supports offered in DCT programs are financial coaching, mentoring (either one-on-one or in a peer group), and benefits counseling. These in-kind services help recipients to set goals for themselves and to be held accountable for those goals.

- All supports offered should be optional and not required to receive payments.
- Coaches/mentors should be representative of the target population to establish a trust-based relationship that reflects the DCT program principles.
- It is important to remember that a direct cash assistance program should be more cost effective than alternative interventions. Resist the temptation to build more programs and services. Trust recipients to seek the help they need.
- When cash plus supports are offered, capture data to help determine the cost-benefit of the supports vs. the cash transfer.
#9 MONITORING AND EVALUATION

While understanding the efficacy of a cash transfer program is essential, there are several nuances to consider.

- An evaluation plan and the program budget are deeply intertwined. A significant sample size is needed to draw reliable learnings from a program. However, the number of people participating in a program will be dependent on the funding resources available.

- The number of people enrolled in ongoing cash transfer programs across the U.S. ranges from 15 to 2,000. The average number of people enrolled in a program is about 250. The most common number of enrollees is about 150.

- Best practice recommends that at least 100 individuals are enrolled in the program to establish causality and typically 800 or more to generate the confidence that program impacts will capture reliability.\(^4\)

- Most pilots reserve about 20% of their program budgets for evaluation and administration.

- If designing a randomized control trial with a small number of recipients, be aware that offering different cash amounts to different people may create tension in a small community. Avoid this by either (1) using other research evaluation methods (2) having a large sample size or (3) being intentional about selecting recipients that won’t have interactions with each other. The downfall of the third option is that it also eliminates the possibility of leveraging peer groups to source or provide support to recipients.

- Any participation in an evaluation should be optional. Recipients should never feel obligated to respond to surveys or participate in interviews.

- Seek consent to follow up with recipients just after the first payments are made. It is important to gain consent early on, but doing so after the first payment is made relieves the potential misconception that recipients must consent in order to receive payment.

- It may be tempting to collect an infinite amount of information on recipients, but only collect data that is actionable and/or provide answers to your research questions.

- Do not ask recipients how they spent their cash payments. This question rarely elicits truthful answers and is perceived to be an accountability measure by recipients, which can create distrust. Instead, use aggregated, unidentifiable data from prepaid debit cards to better understand how cash transfers are used.
• Cash transfers can be significantly more cost effective than existing solutions to administer funds. Therefore, a DCT program should evaluate how its solution compares to the support recipients might receive in the absence of a cash transfer. This is commonly referred to as “cash benchmarking” and is used to evaluate how much more/less cost effective a DCT program might be.

• Storytelling and qualitative data should be collected to communicate the individual impact of cash transfers. Often, it is these stories (rather than rigorous quantitative data) that inspire legislators to champion DCT programs and to work towards policy-level changes that enhance their efficacy. Additionally, qualitative data collection can eliminate potential culturally insensitive approaches to rigorous research, while still allowing you to gather evidence.

*Cash transfers can be significantly more cost effective than existing solutions to administer funds.*
#10 RISKS

 Rather than spend excessive time overdesigning a DCT program in anticipation of what could go wrong, center on mitigating barriers and trusting people to solve problems on their own.

With any new program, there will be unknowns and things that do not go according to plan. Remember that these incidents will be in the minority, and they are not enough of a reason to NOT pursue implementing a DCT program. That said, there are common risks that can be mitigated with a few design considerations.

LOSS OF BENEFITS

Depending on the amount, frequency, and duration of a DCT program, recipients may become ineligible to receive other public benefits.

To avoid this, a DCT program should first identify what benefits individuals currently receive. Then, it’s important to understand how the cash transfer will interact with other public benefits via the Federal Reserve Banks of Atlanta’s Benefits Cliff Dashboard. Use this information to decide on a final cash payment amount.

It may also be necessary to:

• Seek waivers or legislation from respective state and local agencies that exempt the cash transfer to be counted as income that otherwise may push recipients over the income limit of certain benefits. Establish cash transfers as gifts to avoid the IRS considering the payment as income. Provide each recipient a letter stating so.

• Stand up a “Hold Harmless” fund to compensate individuals who unintentionally do end up losing benefits.

• Most DCT programs across the U.S have been able to protect the majority of benefits other than SNAP and disability.

• Offer benefits counseling and provide choices to recipients. Some may choose to forgo certain benefits (like SNAP) in favor of cash, while others may choose to withdraw from the program to protect certain benefits, like disability, which tend to provide higher amounts and are harder to obtain.

For further ideas and recommendations, see the Guaranteed Income Community of Practice Benefits Cliff Fact Sheet.
FRAUD
A DCT program should be centered on trust. It should not have excessive guardrails in place requiring people to prove the legitimacy of their eligibility. Nonetheless, there are a few design considerations that can help mitigate potential incidents of fraud or theft.

• Perform periodic spot checks of data captured during enrollment.
• Conduct independent follow-up calls with recipients.
• If mailing prepaid debit cards or checks, send a message via SMS to recipients asking them to confirm whether or not they received their cash payments. This can be a way to monitor incidences in which theft occurs.
• If targeting a specific population, having an in-person enrollment process can help weed out those the program may not be designed for. Likewise, rather than asking simple “yes” or “no” questions on an enrollment form, ask more qualitative questions that may de-incentivize individuals from misrepresenting themselves. For example, a program in California targeting Black women chose to ask the question “How do you identify with being a Black woman?” rather than simply providing a dropdown of pre-selected options.
CONCLUSION

While one-off DCT pilot programs undoubtedly have a direct impact on the recipients who receive funding, it is important to not lose sight of a broader mission to create lasting, systemic change.

While there may be many choices to make in implementing a DCT program, it’s essential to stay rooted in the program’s objectives and the underlying philosophy that make cash transfers an effective tool.

For DCT programs to be successful in the long-run, they require ongoing sources of funding. Unlocking public dollars to support such initiatives requires programs to begin with the end goal in mind. Having a clear purpose and objective for the program and involving the community in each step will help shape much of the design components.
THANK YOU!

Thank you to all of these individuals who shared their experience and expertise for this project. Without their contributions, this report would not be as complete or as well informed.

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ENDNOTES


APPENDICES

APPENDIX A: RESEARCH QUESTIONS

Program Design

1. Who was/is the target population?
2. What are the target populations’ perceived needs? What crises are they facing?
3. Who managed the program? What type of entity?
4. How was it funded?
5. How many recipients?
6. Amount received?
7. Frequency of amount received?
8. Time period of engagement?
9. What are the key design elements that make DCT impactful?
10. What key design elements can lead to unintended consequences of DCT?
11. What role do partners play in the design or delivery of a DCT?

Program Delivery

12. How are beneficiaries sourced and vetted?
13. How is cash distributed? What are the benefits/limitations/unintended consequences of the payment method?
14. How effective was the delivery method at getting cash in the hands of recipients and used?
15. What (if any) ongoing interaction is there with recipients? Is cash a part of a program or wrap around services?

Program Impact

16. What are/were the short and long-term expected/actual impacts on the targeted population?
17. What methodology was used to measure impact?
18. To what degree was direct cash assistance more useful than other types of assistance/services programs?

Program Externalities

19. What were the economic, cultural, or political conditions that led to the success/failure of the program?
20. What interest do government entities or philanthropic orgs have in DCT?
## APPENDIX B: TYPES OF ORGANIZATIONS INTERVIEWED

<table>
<thead>
<tr>
<th>ORGANIZATION NAME</th>
<th>TYPE</th>
<th>ABOUT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Financial Resources</td>
<td>TA Provider</td>
<td>Provides financial products for basic income projects. CFR is the product provider for SEED and the County of Santa Clara initiative.</td>
</tr>
<tr>
<td>Community Works West</td>
<td>DCT Program</td>
<td>Empowers people impacted by incarceration and advocates for a more humane criminal justice system. CWW is implementing the first DCT program for reentry in the U.S.</td>
</tr>
<tr>
<td>Federal Reserve Banks of San Francisco</td>
<td>DCT Program Advisor</td>
<td>ABP provides unconditional cash transfers to Black and Pacific Islander mothers to reduce preterm birth and improve economic outcomes. The Federal Reserve Banks of SF is a key sponsor and advisor of the project.</td>
</tr>
<tr>
<td>Gerald Huff Fund for Humanity</td>
<td>Advocacy Org</td>
<td>Works to raise awareness of Universal Basic Income (UBI) and to promote its understanding, acceptance, and implementation.</td>
</tr>
<tr>
<td>Gerstner Philanthropies</td>
<td>Funder</td>
<td>Provides grants to service organizations that are used to directly support individuals who have suffered a temporary setback and could use a “helping hand” to restore their equilibrium.</td>
</tr>
<tr>
<td>GiveDirectly</td>
<td>DCT Program, TA Provider</td>
<td>The first — and largest — nonprofit that lets donors send money directly to the world’s poorest people. GiveDirectly facilitates DCTs to low-income individuals in the U.S and provides TA to other orgs implementing DCTs.</td>
</tr>
<tr>
<td>LIFT Family Goal Fund</td>
<td>DCT Program, TA Provider</td>
<td>LIFT builds families’ well-being, financial strength, and social connections to lift two generations at once by providing DCTs and financial coaching. LIFT also provides TA to implement their financial coaching model.</td>
</tr>
<tr>
<td>Magnolia Mother’s Trust</td>
<td>DCT Program</td>
<td>Provides low-income, Black mothers in Jackson, Mississippi $1,000 cash on a monthly basis, no strings attached, for 12 months straight.</td>
</tr>
<tr>
<td>McGovern Medical School at UT, Houston</td>
<td>DCT Program</td>
<td>Developing RCT to study how continuous cash transfers impact health outcomes for families with children suffering from end stage renal disease.</td>
</tr>
<tr>
<td>Mile High United Way</td>
<td>DCT Program, Funder</td>
<td>Provides $2,500 one-time cash transfers to FFN child care providers in Denver.</td>
</tr>
<tr>
<td>Santa Clara County Foster Youth</td>
<td>DCT Program, Government Agency</td>
<td>Provides $1,000 monthly cash transfers to youth aging out of the foster care system.</td>
</tr>
<tr>
<td>UpTogether Fund</td>
<td>DCT Program, TA Provider</td>
<td>An online platform that leverages community to facilitate DCTs.</td>
</tr>
<tr>
<td>Women’s Foundation Colorado</td>
<td>Funder</td>
<td>Provides grants to organizations giving cash transfers that enable economic opportunities for women in CO.</td>
</tr>
</tbody>
</table>
# APPENDIX C: DCT PROGRAMS & PILOTS CURRENTLY IN THE U.S. (AS OF JULY 2021)

**Open this file as a Google spreadsheet.**

<table>
<thead>
<tr>
<th>PROGRAM NAME</th>
<th>TARGET POPULATION / ELIGIBILITY REQUIREMENTS</th>
<th>NUMBER OF RECIPIENTS</th>
<th>AMOUNT RECEIVED</th>
<th>FREQUENCY</th>
<th>DURATION</th>
<th>MAX AMOUNT RECEIVED BY INDIVIDUAL</th>
<th>MAX AMOUNT DISTRIBUTED</th>
<th>LOCATION</th>
<th>TIME PERIOD</th>
<th>PROGRAM FUNDER</th>
<th>CASH PLUS</th>
<th>LINK</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abundant Birth Project</td>
<td>Low-income Black and Pacific Islander pregnant women in San Francisco</td>
<td>100</td>
<td>$1,000-$1,500</td>
<td>Monthly</td>
<td>13 months</td>
<td>$19,500</td>
<td>$1,950,000</td>
<td>San Francisco, CA</td>
<td>2021</td>
<td>San Francisco Department of Public Health, Hellman Foundation, and University of California - San Francisco</td>
<td>No</td>
<td><a href="#">Link</a></td>
</tr>
<tr>
<td>Advance Peace Richmond</td>
<td>Youth responsible for the city’s high rates of gun violence.</td>
<td>84</td>
<td>$1,000</td>
<td>Monthly</td>
<td>18 months</td>
<td>$18,000</td>
<td>$1,512,000</td>
<td>Richmond, CA</td>
<td>Ongoing, Started in 2010</td>
<td>Private grants</td>
<td>Yes</td>
<td><a href="#">Link</a></td>
</tr>
<tr>
<td>Artist in Long Beach</td>
<td>Artist</td>
<td>150</td>
<td>$500</td>
<td>Monthly</td>
<td>6 Months</td>
<td>$3,000</td>
<td>$450,000</td>
<td>Long Beach, CA</td>
<td>2021</td>
<td>Spearheaded by Mayor Robert Garcia</td>
<td>Unknown</td>
<td><a href="#">Link</a></td>
</tr>
<tr>
<td>Assured Cash Experiment of Pittsburgh</td>
<td>Families earning &lt;50% of area median income. Half of the funds are to be sent to households run by black women.</td>
<td>200</td>
<td>$500</td>
<td>Monthly</td>
<td>2 Years</td>
<td>$12,000</td>
<td>$2,400,000</td>
<td>Pittsburgh, PA</td>
<td>2021</td>
<td>Spearheaded by Mayor Bill Peduto</td>
<td>Unknown</td>
<td><a href="#">Link</a></td>
</tr>
<tr>
<td>Baby’s First Years</td>
<td>Low-income mothers with babies 0-3 years old</td>
<td>400 (1,000 in study)</td>
<td>333 (600 receive $20/mo as a comparison)</td>
<td>Monthly</td>
<td>3 years</td>
<td>$13,320</td>
<td>$133,200</td>
<td>Minneapolis-St. Paul, New Orleans, New York City, Omaha</td>
<td>2018/2019-2021/2022</td>
<td>NIH and multiple private foundations</td>
<td>No</td>
<td><a href="#">Link</a></td>
</tr>
<tr>
<td>Program Name</td>
<td>Target Population / Eligibility Requirements</td>
<td>Number of Recipients</td>
<td>Amount Received</td>
<td>Frequency</td>
<td>Duration</td>
<td>Max Amount Received by Individual</td>
<td>Max Amount Distributed</td>
<td>Location</td>
<td>Time Period</td>
<td>Program Funder</td>
<td>Cash Plus</td>
<td>Link</td>
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<tr>
<td>Cambridge RISE</td>
<td>Single-parent households earning 80% of area median income (AMI) who have children under age 18</td>
<td>120</td>
<td>$500</td>
<td>Monthly</td>
<td>18 Months</td>
<td>$9,000</td>
<td>$1,080,000</td>
<td>Cambridge, MA</td>
<td>2021</td>
<td>Spearheaded by Mayor Sumbul Siddiqui with support from Cambridge Community Foundation, Harvard University, MIT, and Boston Foundation</td>
<td>Unknown</td>
<td>Link 1</td>
</tr>
<tr>
<td>Chelsea, MA</td>
<td>Low-income families</td>
<td>2000</td>
<td>$200-$400</td>
<td>Monthly</td>
<td>10 Months</td>
<td>$4,000</td>
<td>$8,000,000</td>
<td>Chelsea, MA</td>
<td>2020</td>
<td>City of Chelsea &amp; the Shah Family Foundation</td>
<td>Unknown</td>
<td>Link 2</td>
</tr>
<tr>
<td>College Bound Dorchester</td>
<td>Students with criminal records</td>
<td>40</td>
<td>$400</td>
<td>Weekly</td>
<td>Multi-year. Until they finish school.</td>
<td>Unknown</td>
<td>Dorchester, Boston</td>
<td>Unknown</td>
<td>Unknown</td>
<td>Yes</td>
<td>Link 1</td>
<td></td>
</tr>
<tr>
<td>CollegeBound Saint Paul</td>
<td>Families participating in the “CollegeBound Saint Paul” program</td>
<td>150</td>
<td>$500</td>
<td>Monthly</td>
<td>18 Months</td>
<td>$9,000</td>
<td>$1,350,000</td>
<td>St. Paul, MN</td>
<td>2021</td>
<td>Spearheaded by Mayor Melvin Carter</td>
<td>Yes</td>
<td>Link 2</td>
</tr>
<tr>
<td>Colombia Life Improvement Monetary Boost (CLIMB)</td>
<td>Black fathers in Columbia within an existing program</td>
<td>100</td>
<td>$500</td>
<td>Monthly</td>
<td>1 Year</td>
<td>$6,000</td>
<td>$600,000</td>
<td>Colombia, SC</td>
<td>2020</td>
<td>Founded by Mayor Stephen Benjamin alongside Midlands Fatherhood Coalition, and supported by private funds.</td>
<td>Yes</td>
<td>Link 1</td>
</tr>
<tr>
<td>Community Works West</td>
<td>Recently incarcerated</td>
<td>25</td>
<td>$500</td>
<td>Monthly</td>
<td>1 year</td>
<td>$6,000</td>
<td>$150,000</td>
<td>Bay Area, CA</td>
<td>2021</td>
<td>Privately funded</td>
<td>Yes</td>
<td>Link 2</td>
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<tr>
<td>Compton Pledge</td>
<td>Low-income, formerly incarcerated, and undocumented residents</td>
<td>800</td>
<td>$300-$600</td>
<td>Varies</td>
<td>24 Months</td>
<td>$14,400</td>
<td>$11,520,000</td>
<td>Compton, CA</td>
<td>2020</td>
<td>Spearheaded by Mayor Aja Brown in collaboration with the Fund for Guaranteed Income.</td>
<td>Unknown</td>
<td>Link 2</td>
</tr>
<tr>
<td>EAT</td>
<td>Formerly incarcerated individuals in the neighborhood</td>
<td>30</td>
<td>$500</td>
<td>Monthly</td>
<td>18 Months</td>
<td>$9,000</td>
<td>$270,000</td>
<td>West Garfield Park, IL</td>
<td>2020</td>
<td>Unknown</td>
<td>Yes</td>
<td>Link 2</td>
</tr>
<tr>
<td>Family Health Project</td>
<td>New Mothers</td>
<td>15</td>
<td>$400</td>
<td>Monthly</td>
<td>36 Months</td>
<td>$14,400</td>
<td>$216,000</td>
<td>Lynn, MA</td>
<td>2020</td>
<td>Privately funded</td>
<td>Yes</td>
<td>Link 2</td>
</tr>
<tr>
<td>PROGRAM NAME</td>
<td>TARGET POPULATION / ELIGIBILITY REQUIREMENTS</td>
<td>NUMBER OF RECIPIENTS</td>
<td>AMOUNT RECEIVED</td>
<td>FREQUENCY</td>
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<tr>
<td>Family Independent Initiative (FII)</td>
<td>Low-income Families</td>
<td>2,500</td>
<td>Up to $1,200</td>
<td>Yearly</td>
<td>2 Years</td>
<td>$2,400</td>
<td>$5.8M</td>
<td>14 sites across the US</td>
<td></td>
<td>Privately funded</td>
<td>Yes</td>
<td>Link</td>
</tr>
<tr>
<td>Give Directly Project 100</td>
<td>Low-income US households receiving SNAP.</td>
<td>183,000</td>
<td>Up to $1000</td>
<td>One Time</td>
<td>N/A</td>
<td>$1,000</td>
<td>Up to $183M</td>
<td>Anywhere, US</td>
<td>2020 - unknown</td>
<td>Individual donors, corporate foundations (Google.org), private foundations</td>
<td>No</td>
<td>Link</td>
</tr>
<tr>
<td>GiveDirectly Natural Disaster Relief</td>
<td>Hard-hit, low-income individuals in the aftermath of major natural disasters</td>
<td>6363</td>
<td>$1,500</td>
<td>One Time</td>
<td>N/A</td>
<td>$1,500</td>
<td>$10M</td>
<td>Communities most affected by Hurricanes Harvey and Maria</td>
<td>8-9 weeks after disaster</td>
<td>Laura and Arnold Foundation</td>
<td>No</td>
<td>Link</td>
</tr>
<tr>
<td>GRIT Demonstration</td>
<td>Tacoma residents, single head of household, and Asset-Limited-Income-Constrained while Employed (ALICE)</td>
<td>100</td>
<td>$500</td>
<td>Monthly</td>
<td>1 Year</td>
<td>$6,000</td>
<td>$600,000</td>
<td>Tacoma, WA</td>
<td>2021</td>
<td>Partnership between Mayor Victoria Woodards and United Way of Pierce County, and part of Mayors for a Guaranteed Income (MGI). It will rely on private funds.</td>
<td>Unknown</td>
<td>Link</td>
</tr>
<tr>
<td>Hilltop</td>
<td>Young parenting mothers of Hilltop School</td>
<td>50</td>
<td>$330</td>
<td>Monthly</td>
<td>6 Months</td>
<td>$1,980</td>
<td>$99,000</td>
<td>San Francisco, CA</td>
<td>2021</td>
<td>Unknown</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Hudson, NY</td>
<td>Income &lt;$35k</td>
<td>25</td>
<td>$500</td>
<td>Monthly</td>
<td>5 Years</td>
<td>$30,000</td>
<td>$750,000</td>
<td>Hudson, NY</td>
<td>2020</td>
<td>Funded by two non-profits: The Spark of Hudson and the Humanity Forward Foundation.</td>
<td>Unknown</td>
<td>Link</td>
</tr>
<tr>
<td>LIFT Family Goal Fund</td>
<td>Parents of young children</td>
<td>700</td>
<td>$150</td>
<td>Quarterly</td>
<td>2 Years</td>
<td>$1,200</td>
<td>$340,000</td>
<td>Chicago, Los Angeles, New York, and Washington D.C</td>
<td>On-going</td>
<td>Privately funded</td>
<td>Yes</td>
<td>Link</td>
</tr>
<tr>
<td>PROGRAM NAME</td>
<td>TARGET POPULATION / ELIGIBILITY REQUIREMENTS</td>
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</tr>
<tr>
<td>Magnolia Mother's Trust</td>
<td>African American single mothers living in affordable housing</td>
<td>130. Adding 100 in 2021</td>
<td>$1,000</td>
<td>Monthly</td>
<td>1 year</td>
<td>$12,000</td>
<td>$1,560,000</td>
<td>Jackson, Mississippi</td>
<td>Yr1: Dec 2018 -2019. Expansion: March 2019 -2020</td>
<td>Privately funded</td>
<td>No</td>
<td>Link</td>
</tr>
<tr>
<td>MOMentum</td>
<td>Low-income mothers of color with children under 18 years of age, with priority for those ineligibles for federal benefits</td>
<td>125</td>
<td>$1,000</td>
<td>Monthly</td>
<td>2 Years</td>
<td>$24,000</td>
<td>$3,000,000</td>
<td>Marin County, CA</td>
<td>2021</td>
<td>Funded by the Marin Community Foundation and Family Independence Initiative as an administrative partner for payments.</td>
<td>Unknown</td>
<td>Link</td>
</tr>
<tr>
<td>New York, NY</td>
<td>Low-income Black and immigrant mothers during first 1000 days of life</td>
<td>100</td>
<td>$500-$1,000</td>
<td>Biweekly</td>
<td>3 Years</td>
<td>$36,000</td>
<td>$3,600,000</td>
<td>New York, NY</td>
<td>2021</td>
<td>Funded and implemented by the Monarch Foundation.</td>
<td>Unknown</td>
<td>Link</td>
</tr>
<tr>
<td>Oakland Resilient Families</td>
<td>BIPOC families earning &lt;50% of area median income, with half earning below 138% of the federal poverty line</td>
<td>600</td>
<td>$500</td>
<td>Monthly</td>
<td>18 Months</td>
<td>$9,000</td>
<td>$6,400,000</td>
<td>Oakland, CA</td>
<td>2021</td>
<td>Led by Mayor Libby Schaaf, one of the Mayors for a Guaranteed income, supported by the Family Independence Initiative.</td>
<td>Unknown</td>
<td>Link</td>
</tr>
<tr>
<td>PROGRAM NAME</td>
<td>TARGET POPULATION / ELIGIBILITY REQUIREMENTS</td>
<td>NUMBER OF RECIPIENTS</td>
<td>AMOUNT RECEIVED</td>
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</tr>
<tr>
<td>Resilient Communities for Every Child</td>
<td>Random selection of low-income families with children under 12 within hardest-hit zip codes for COVID-19 and child poverty</td>
<td>150</td>
<td>$500</td>
<td>Monthly</td>
<td>2 Years</td>
<td>$12,000</td>
<td>$1,800,000</td>
<td>San Diego, CA</td>
<td>2021</td>
<td>Supported and housed by Jewish Family Service of San Diego</td>
<td>Unknown</td>
<td>Link</td>
</tr>
<tr>
<td>Richmond Resilience Initiative</td>
<td>Low-income families in existing anti-poverty programs; employed but excluded from traditional benefit programs</td>
<td>55</td>
<td>$500</td>
<td>Monthly</td>
<td>2 Years</td>
<td>$12,000</td>
<td>$660,000</td>
<td>Richmond, VA</td>
<td>2020</td>
<td>Initially funded through CARES Act funds, but it has since been expanded to add 37 families as part of Mayors for Guaranteed Income.</td>
<td>Yes</td>
<td>Link</td>
</tr>
<tr>
<td>Rise Colorado / Bridge Network</td>
<td>Low-income families in Denver Metro. Career development</td>
<td>30</td>
<td>$333</td>
<td>Monthly</td>
<td>2 years</td>
<td>$8,000</td>
<td>$240,000</td>
<td>Denver Metro</td>
<td>May 1, 2021 - May 1, 2023</td>
<td>Privately funded</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Santa Clara County Foster Youth</td>
<td>Former foster youth ages 21-24 who were in the foster care system between the ages of 16 and 21 and live in Santa Clara county</td>
<td>72</td>
<td>$1,000</td>
<td>Monthly</td>
<td>A year</td>
<td>$12,000</td>
<td>$900,000</td>
<td>Santa Clara County, CA</td>
<td>Initial Pilot: May 2020 - May 2021</td>
<td>City of Santa Clara</td>
<td>No</td>
<td>Link</td>
</tr>
<tr>
<td>Stockton Economic Empowerment Demonstration (SEED)</td>
<td>Low-income families</td>
<td>125</td>
<td>$500</td>
<td>Monthly</td>
<td>24 months</td>
<td>$12,000</td>
<td>$1,500,000</td>
<td>Stockton, California</td>
<td>City of Stockton</td>
<td>No</td>
<td>Link</td>
<td></td>
</tr>
<tr>
<td>UpTogether Platform</td>
<td>Households earning 50% – 150% of FPL</td>
<td>200,000</td>
<td>Determined by funder</td>
<td>Determined by funder</td>
<td>Determined by funder</td>
<td>Determined by funder</td>
<td>Unknown</td>
<td>Nationwide</td>
<td>Multiple private donors</td>
<td>Yes</td>
<td>Link</td>
<td></td>
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<tr>
<td>Workers Strength Fund</td>
<td>Gig workers experiencing financial emergencies</td>
<td>350</td>
<td>$1,000</td>
<td>One-Time</td>
<td>N/A</td>
<td>$1,000</td>
<td>$350,000</td>
<td>Dallas, Detroit, San Francisco and New York</td>
<td>Unknown</td>
<td>No</td>
<td>Link</td>
<td></td>
</tr>
</tbody>
</table>
APPENDIX D: FURTHER READING & RESOURCES

A. STAKEHOLDER GROUPS

GUARANTEED INCOME COMMUNITY OF PRACTICE (GICP)

https://gicp.info/

The Guaranteed Income Community of Practice is a working group of guaranteed income stakeholders convened to facilitate communication and collaboration between guaranteed income programs, pilots, funders, advocates, and policymakers across the country.

GICP is co-convened by the following partners: Economic Security Project, Springboard To Opportunities, Mayors for a Guaranteed Income, Stanford Basic Income Lab, the Center for Guaranteed Income Research, and Asset Funders Network.

GICP Structure and Participation

The Guaranteed Income Community of Practice hosts monthly convenings in addition to regularly updating the website with useful materials including meeting agendas, readouts, white papers, and issue and policy briefs. GICP also facilitates both an email listserv and Slack workspace. To join or learn more visit https://gicp.info/.

MAYORS FOR A GUARANTEED INCOME

https://www.mayorsforagi.org/

STANFORD BASIC INCOME LAB

https://basicincome.stanford.edu/

B. FACT SHEETS

- The Use of Public Funds for Guaranteed Income Programs
- Benefits Cliff and Guaranteed Income
C. BEST PRACTICE TOOLKITS

- Guaranteed Income Messaging Literature Review: How to frame guaranteed income for policy change
- Guaranteed Income in the U.S: A toolkit of best practices, resources and existing models of planned and ongoing research in the U.S
- Basic Income in Cities
- A Learning Agenda for Basic Income
For more information or support designing your DCT programming, email the Impact Charitable team.

info@impactcharitable.org