Joining Forces: Community Development Collaborations in Greater Boston

Report from the Collaboration Working Group of the Community Development Innovation Forum

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Contents

I. Introduction

Innovation Forum

In January of 2007, a handful of Boston CDC directors and others in the field met informally to discuss changes they were experiencing in their communities and in the field itself and to consider what strategies these changes might call for. In the months that followed the number of participants in this process grew and the discussions became more multi-faceted. By June of 2008 these discussions had evolved into a grant-supported, facilitated process to delve more deeply into some of the key issues that the community development field must address in order to maintain or increase over the next several years the impact it has had over the last generation.

The process took on the name *Community Development Innovation Forum*. Its goal is to generate and then help implement ideas and strategies for making the community development field more responsive to current conditions and therefore more effective. The focus of the process has been on innovation—identifying ways that we can reorganize the field, build on demonstrated best practices, reform the community development financing system, and develop new more effective and viable operating models for CDCs.

The efforts of the Innovations Forum have been divided into five topics, each of which was addressed by a working group comprising community development practitioners and allies. These include groups focused on
1) community development financing;
2) community-building strategies;
3) regional equity;
4) defining the field by updating the state's CDC statute; and
5) collaboration.

This report provides a summary and analysis of the work of the Collaboration Working Group.

Collaboration Working Group

The Collaboration Working Group met seven times from June 2008 to February 2009, with the consistent and engaged participation of about a dozen people from the community development field. (A roster of participants is attached as Appendix 1.) The basic premise of this work is that more extensive and thoughtfully executed collaborations will enhance the health and effectiveness of our field. Early on, the group identified the outcomes it sought from its work:

1. document CDC collaborations;
2. develop a typology and best practices for collaboration in the field;
3. identify ways to promote collaboration, including a written report, forums, and advocacy with funder and public agencies;
4. identify projects or problems that represent opportunities for high-impact collaborative response; and
5. provide recommendations about configuration of community development network.

The focus of the group's work has been practical and focused on the actual experience and results of the many local CDC collaborations. Early in the process, we solicited write-ups of CDC collaborations and collected nearly 15 such descriptions (a brief summary of the descriptions appear in Appendix 2). These case write-ups served as the basis of our many discussions on the topic and for the development of the typology of collaboration types described later in this report. While this collection of collaboration cases was neither exhaustive nor statistically representative, it did underscore the fact that collaborations are an important and frequently used strategy in our field. Until now there has been no comprehensive effort to share information about these many collaborations among CDCs and our supporters so that suitable collaborative strategies can be successfully applied across the field. It is our hope that this report will help accomplish that.

II Context

Bringing together the goals, cultures and peculiarities of two or more organizations is a complex undertaking. This, however, has not prevented their proliferation throughout our field and among nonprofits in general. CDCs have collaborated extensively since their inception. These collaborations appear to be growing in number and becoming more complex. They have developed in the context and because of the following factors:

- There is a well developed set of CDC networks, most notably those convened by our active and effective CDC trade association, Massachusetts Association of CDCs.
- CDCs usually strive to address their communities' issues comprehensively, which often requires partnerships with others better suited to addressing certain aspects of the community's wellbeing.
- CDCs have developed unevenly, leaving a wide range of community development capacity, including many neighborhoods and regions without the capacity to address local problems. Simultaneously, some areas are served by more than one viable CDC.

- Many CDCs have become "victims of their own success" by stabilizing their communities and enabling gentrification, which has limited their opportunities and eroded their natural neighborhood constituencies. In these new circumstances, CDCs must find new strategies and partnerships to be effective.
- A challenging real estate development and organizational support climate, compounded by the current economic meltdown, has required CDCs to be creative and to consider different models for doing their work, including various types of collaborations and partnerships.
- Key public and private community development funders have been encouraging collaboration and consolidation within the field and among nonprofits generally, providing an incentive for CDCs to "get ahead of" funder-driven partnerships.

III. Collaboration Continuum

The call from public and private funders for consolidation among nonprofits—CDCs in particular—has grown more persistent during this difficult economic period, and understandably so. In 2008 The Boston Foundation (TBF), a leading funder and policy advocate in greater Boston, published *Passion & Purpose: Raising the Fiscal Fitness for Massachusetts Nonprofits,* a report in which TBF asserts that the "Massachusetts Nonprofit Sector needs to seriously consider mergers, strategic alliances and collaborations." An alarming article on nonprofits and the recession in *ShelterForce*, a community development journal, quotes the president of an on-line rating service for charitable donors as saying that the "good news in the bad economy" is that the recession will force "smaller and less financially efficient charities" out of business[1].

Despite this, mergers among community development organizations so far have been very rare. We are aware of only two mergers in recent years between community development organizations—Nuestra Comunidad and Boston Aging Concerns in Boston and Solutions CDC and Nuestra Raices in Holyoke—and both were more acquisition of weaker organizations by stronger ones than marriages of equals. There are some examples of CDC mergers elsewhere in New England and across the country, but they are far from commonplace.[2]

[1] Cohen, "Brave New World for Nonprofits," *ShelterForce*, Winter 2008.
[2] Cramer and Zdenek, "A Merger of Equals," *ShelterForce*, Winter 2006.
"Merger Talks: The Story of Three CDCs in Boston," The Hauser Center for Nonprofits Organizations, Kennedy School, Harvard University, 9/30/06.
Davis, "Bridging the Organizational Divide: The Making of a Nonprofit Merger," Neighborhood Reinvestment Corp., 2002.

One obvious reason for the small number of mergers is that mergers are often complicated, messy and expensive. Given these drawbacks, most experts assert that creating more financial efficiency is in itself an inadequate basis for a successful merger.[3] In addition to financial efficiency, successful mergers must provide synergy and higher impact, and should at least preserve if not strengthen key community services.

Through discussions within our Working Group and elsewhere within the MACDC network, we have become aware of as many as six pairs or small groups of CDCs that are now considering and discussing deep strategic alliances or mergers. That so many CDCs are now ready to consider consolidating after having resisted it for so long suggests the stress many CDCs are under. It will be important for our network and the Innovation Forum to support these efforts, and later in this report we identify a few plans for doing so.

While mergers have been infrequent so far, local and national trends indicate that collaborations short of mergers are common. David LaPiana (www.lapiana.org), an organizational consultant specializing in strategic restructuring, depicts a continuum of organizational affiliation with three distinct steps or degrees:
1. **Collaboration:** No permanent commitment, and decision making remains with each organization.
2. **Alliance:** Commitment for foreseeable future; decision making is shared; structured by explicit agreement.
3. **Integration:** Changes in corporate control and/or structure, including creation and or dissolution of one or more organization.[4]

In his 1999 book *The Collaboration Challenge*, James E. Austin identifies three stages (or levels) of collaboration: Philanthropic, Transactional and Integrative.

> "As the relationship moves from stage to stage (philanthropic to integrative), the level of engagement of the two partners moves from low to high. The importance of the relationship to each collaborator's mission shifts from peripheral to strategic. The magnitude and nature of the resources allocated to the relationship expand significantly. The scope of activities encompassed by the partnership broadens. The partners' interactions intensify, and the managerial complexity of the alliance increases."[5]

[3] McLaughlin, *Nonprofit Mergers and Alliances: A Strategic Planning Guide*, Wiley, 1998
[4] La Piana and Kohm, "In Search of Strategic Solutions: Funder Briefing on Nonprofit Restructuring," GEO.
[5] Chung, A. (2004) *Bridging Sectors*.

Philanthropic → **Transactional** → **Integrative**

The stages of the collaboration continuum

Regardless of the nature of or motivation for a collaboration, organizations considering collaboration should dedicate adequate time and strategic thought toward choosing the right partner and structuring the partnership. Less structured and "reversible" collaborations may allow groups to "test the waters" before entering into more formal partnerships or mergers, just as a couple may choose to date and live together before marrying and buying a house.

IV Form Follows Function: Goals and Forces Driving Collaboration

When it comes to the nature of organizational collaboration, Frank Lloyd Wright's principal that "form follows function" is apt. Collaborations should be structured in ways appropriate to the goals of the participating organizations. The case write-ups collected by our Working Group underscore this point. They also point to a variety of factors and goals that lead CDCs to collaborate:

- **Pursuit of scarce resources:** In many cases, collaboration enables organizations to secure resources neither could secure separately. Funders are increasingly explicit in encouraging collaboration, sometimes making such collaborations a threshold requirement for funding.
- **Operational efficiencies:** The financial resources of many CDCs are too limited to support the kind of management capacity necessary to manage the complex nature of these small organizations. Collaboration can enable small CDCs to share capacity in order to support more specialized, experienced and/or skilled staff and improve their efficiency. These particularly challenging economic times provide an incentive for CDCs, especially those forced to downsize, to consider such options.
- **Shared and complementary program capacity:** The ambitions of most CDCs exceed their capacity to deliver on those ambitions. This is

probably endemic to a field or movement rooted in idealism. However, collaborating on programs and projects or sharing program staff can enable CDCs to deliver programs or pursue projects that they could not complete on their own.

- **Pursuit of particular opportunities:** A specific project or program opportunity can provide incentive to share capacity through a collaboration or partnership. These can be real estate development opportunities too big for any one CDC to take on or they can be issues and opportunities that extend beyond a CDC's boundaries.
- **Enhance standing or power through coalition:** The social change and justice goals that are explicit in most CDCs' missions are usually bigger than the CDC itself. "Moving the dial" in the ways required to bring about this kind of change often requires coalitions with other organizations.

There was some debate within our Working Group over the degree to which current collaborations are defensive—i.e. aimed at keeping CDCs afloat—versus more affirmative initiatives to enhance leverage and impact. The reality is that most collaborations have some elements of both. Even as so many CDCs are now driven to collaborate because of their financial vulnerability, our hope is that they forge partnerships that not only enable them to survive but to do so with renewed energy and enhanced potential.

V Collaboration Taxonomy

Most collaborations are driven by a combination of the factors described above and are not easily categorized. However, we have identified certain patterns and traits among the collaboration case studies we collected and from our observations in general. Based on this we developed a typology of collaborations. We illustrate each with a description of a specific community development collaboration.

A. Collaborations for Comprehensive Community Impact

CDCs usually take a comprehensive view of the health of their neighborhoods. Their visions usually extend beyond the "bricks and mortar" of their affordable housing projects and even beyond the range of their various community programs. Driven by their expansive visions, some CDCs have over-extended themselves trying to address issues that they are not suited to address. Most CDCs have concluded that achieving all aspects of their visions for safe, stable, diverse, healthy and vibrant neighborhoods is beyond their scope and capacity. Some have turned to collaborations with other groups in their communities to achieve the kind of comprehensive impact they seek. As many CDCs struggle to find funding for the programs

they have historically operated, collaboration may be necessary just to maintain the scope of programs the CDC has offered

Despite CDCs' comprehensive goals for their communities, there are relatively few examples of extensive neighborhood partnerships involving CDCs aimed at deep and broad neighborhood impact in our state. In Boston, the Healthy Boston Program is one recent example. This City of Boston project, funded through an unusual use of Medicaid resources, supported comprehensive planning projects in 17 Boston neighborhoods and two communities of interest (e.g., gay and lesbian issues). Each place-based planning process involved a health center, a CDC, a school, and other neighborhood resources. Most of the plans were thoughtfully completed and had modest influence on neighborhood development. However, overall the program had limited impact because there was little implementation funding available from the City and, for the most part, financial resources for follow-up activities could not be obtained from third parties.

The most promising current model for this approach is the Chicago New Communities Program described here. The Local Initiative Support Corporation (LISC), which helped launch the initiative in Chicago, has prioritized it as a model to replicate in many of the other cities where LISC

CASE STUDY

New Communities Program—Chicago

(www.newcommunities.org/)

"Comprehensive" development in 16 Chicago neighborhoods

The New Communities Program is a long-term initiative of the Local Initiatives Support Corporation/Chicago to support comprehensive community development in 16 Chicago neighborhoods. The five-year effort seeks to rejuvenate challenged communities, bolster those in danger of losing ground, and preserve the diversity of areas in the path of gentrification.

NCP neighborhoods span a cross-section of Chicago's South, Southwest, West and Northwest sides. Each effort is led by a neighborhood-based lead agency that coordinates programs among other local organizations and citywide support groups.
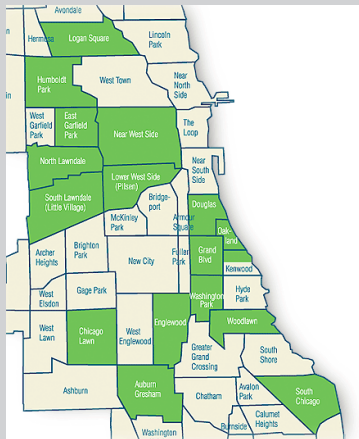
The 14 lead agencies (one of which serves three adjacent communities) have at their disposal:
- Two full-time staff positions: an NCP director and an organizer.
- A pool of loan and grant funds to mount short- and long-term initiatives.
- Technical support and peer-learning opportunities, including planning expertise, trainings, access to experts, and meetings with peers in other NCP agencies.

Lead agencies are encouraged to forge partnerships with other nonprofit groups, businesses, government and residents to address issues such as affordable housing, prisoner re-entry, cultural programming, education reform, community marketing and open space.

operates. James Caprara, a key leader of the New Communities Program, delivered the keynote address at the public kick-off of the Innovation Forum in June of 2008.

B. Regional Collaboration

While CDCs' neighborhood base is ideal for achieving community participation and organizational accountability, it is limiting in that the challenges our communities face and the solutions to those challenges are increasingly regional, national or even global in nature. These issues include jobs, transportation, and the environment. CDCs that aim to address these issues often come together to cover a broader geography that corresponds better to the issue they strive to address.

In their efforts to bring living-wage job opportunities to their neighborhood residents, Jamaica Plain NDC and Fenway CDC collaborated to establish a job-placement and career-ladders program in the Longwood Medical

Health Care Research and Training Institute

Starting in the mid-1990s, Jamaica Plain NDC and Fenway CDC each operated effective job-placement programs serving residents of their respective neighborhoods. These programs largely served residents with limited work experience and barriers to employment and aimed at linking them to entry-level jobs. Longwood Medical Area (LMA) employers were important partners in these programs, particularly with Fenway CDC's Walk to Work program. In the late 1990s the two CDCs forged a Welfare-to-Work partnership that included some of these same LMA employers. They found in both their neighborhood jobs program and the Welfare-to-Work partnership that the people they helped to secure entry-level jobs would, at best, remain in those jobs without prospects for advancement. Worse, some were unable to retain those jobs and would return for further job-placement assistance.

The new Health Care and Research Training Institute—originally called Bridges to the Future—aimed to address this shortcoming of the two programs. This sectoral strategy focused on the growing health care and research sector and received seed funding from BankBoston's (and then Fleet's) Career Ladders initiative. The Training Institute consisted of an elaborate incumbent-worker training program that trained and coached entry-level workers at about ten LMA institutions. It also trained and worked to place job seekers from Jamaica Plain, the Fenway, Mission Hill and other Boston neighborhoods for entry-level jobs in the LMA. In all, the project trained and supported over 1,000 employees and over 100 job seekers. A highly motivated and effective staff member drove this project. Its success had much to do with her

unique skills and efforts, and its shortcomings reflected the fact that the sponsoring organizations and partners followed her rather than leading the project. The project had substantial impact on the lives of hundreds of participants. It also had a high profile and for a time was a "feather in the cap" of the sponsoring CDCs. It deepened the CDCs' relationships with important institutions. The most enduring impact was that the Training Institute eventually led to institutional change that led these employers to deepen their commitment to training and otherwise investing in their employees, particularly those at the entry level.

In spite of these positive outcomes, the Training Institute was not always well aligned with the CDCs' missions and organizational interests:

- It served only small numbers of neighborhood residents. In some ways the complexity of the collaboration and the enormity of the incumbent-worker training was a distraction from the more mission-focused neighborhood job-placement work. What was intended to increase the numbers of residents placed into jobs—with career-ladder- opportunities to follow—actually probably reduced those numbers.
- In spite of extensive and successful fundraising efforts, the project never covered overhead costs and at times required a disproportionate amount of time and attention from the CDCs' executive directors.

Area (LMA), serving LMA employees and jobs eekers from across greater Boston. As the case on the Health Care and Research Training Institute indicates, this sectoral workforce strategy coexisted, sometimes uneasily, with the two CDCs' neighborhood focus. The Fairmount Collaborative, described below as an example of a Power Collaborative, is also an excellent example of CDCs coalescing to address transit inequity across four of Boston's low-income neighborhoods.

C. Shared Capacity Collaboration

The rationale and viability of having "soup-to-nuts" community development organizations in some 75 communities across the state has been legitimately questioned. Increasingly practitioners and funders alike have favored an evolution towards a more diverse community development field that includes a greater variety of community development organizations that network and coordinate together at the local, regional and statewide level. Under this scenario, some organizations would specialize in particular activities or serve particular populations, while others will retain a largely place-based character, with a number of variations and permutations along the continuum. Some organizations would be largely volunteer-run, perhaps with small staffs, while others would have substantial real estate assets and/or a relatively large number of employees. The result would potentially be a field that is more efficient and can serve more communities and more people than it does now, while at the same time remaining accountable and accessible to the communities its serves. Finding ways to share capacity and to collaborate across the field will be necessary for such an evolution to succeed.

There have been many effective and instructive examples of collaborations built on this principal. CDCs recognize that the residents or businesses in their communities may benefit from certain programs or expertise that the CDC cannot itself provide or sustain. In these cases collaborations may offer the economies of scale to support shared programmatic or technical capacity that can serve several communities. This can take the form of staff or programs shared across organizations or the designation of one CDC

Community Business Network

Starting in the 1997, several Boston CDCs came together to offer small businesses technical assistance and training through the Community Business Network (CBN). The original structure had three tiers: MACDC took the lead coordinating and fundraising role; three lead CDCs had full-time employees serving both their own neighborhoods and those of a few referring CDCs; and several CDCs (as many as seven in the beginning) did outreach and referral in their neighborhoods and then referred clients to the three lead CDCs.

Positive Features and Results
- **Central fundraising** enabled the lead CDCs to hire full-time small business staff for many of the first eight years and the affiliate CDCs to hire part-time staff for business intakes and referrals.
- **Central branding** allowed affiliate CDCs and other organizations to refer to the CBN network.
- **An accountability system** that included peer performance evaluations became the basis for end-of-year fundraising distributions.
- **Sharing experienced staff** allowed for expertise that the participating CDCs could not have supported otherwise.

As a result of these features, the network achieved some impressive results and success stories. Over $11,800,000 in loans were either arranged or made directly to small and micro-businesses. From these loans and direct assistance, 992 jobs have been created or maintained.

Challenges
On the other hand, the network has fallen short of expectations in the following ways:
- Some "affiliate" CDCs, whose job was to refer clients, eventually dropped out because their efforts were only supported by $5,000 from CBN.
- Because of reduced participation by citywide affiliates, the lead CDCs did not cover all neighborhoods as initially intended.
- Due to funding cuts after September 11, 2001, it became more difficult to provide both distributions to the lead CDCs and cover the cost of a full-time coordinator; the half-time network coordinator's duties were also split with statewide MACDC small-business activities.
- Drawing participation in the network almost exclusively from CDCs excluded some strong potential partners and included others who were weak participants.

Current Status
After two years of strategic planning and evaluation during yet another time of economic retrenchment, the CBN "lead" CDCs have made some important decisions. While there are many strengths in the work of the three lead CDCs, the groups believe CBN must work at a larger, citywide level to strengthen and multiply small-business supports both among CDCs and with other practitioners. CBN partners have already begun this discussion with the Boston Committee of CDCs and MACDC, where there is still interest in a broader network and building a stronger resource pool with the Department of Neighborhood Development. DND recently hosted a broad small-business support network meeting that included representatives from CBN, various banks, city, state, and federal agencies, and UMass-Boston.

In addition, CBN members decided not to create a strong central structure, which would impose new administrative costs difficult to fund in the current climate and which would duplicate services already available. CBN partners will fill the part-time coordinator position through the end of September, 2009. The coordinator will provide fundraising, strategic, and administrative support to the three CDCs and additional partners.

During this time, CBN will build on members'

as a lead agency, with others directing their residents or businesses toward that CDC for services or support. The whole network may be supported by philanthropic sources or through a fee-for-service business model.

This type of collaboration was among the most common in the limited sample of cases collected by the Collaboration Working Group. Anecdotal evidence also suggests that still more CDCs are exploring partnerships of this sort, as they are unable to maintain in-house capacity in some areas. The Community Business Network, described here, sheds light on both the possibilities and pitfalls of this strategy. The MIDAS Collaborative uses a similar model to support asset development initiatives in communities across the state.

D. Transactional Partnerships
While the work of CDCs is grounded in their social justice values and missions, their impact is usually driven by specific opportunities. Some of these opportunities are too big for CDCs to pursue on their own and therefore require partnerships or joint ventures. Complex, risky or expensive real estate development opportunities are the most common impetus for such partnerships.

CDCs required development partners when they pursued their early projects because they lacked the track record necessary to secure financing and the expertise to see deals through. Even after CDCs have built extensive development records, they may still lack the internal staff and financial capacity to seize development opportunities in their neighborhoods or to maintain ongoing asset management. This is particularly true for mixed-use and mixed-income projects, which may include components with which CDCs have little experience. In addition, in the current financing and tax credit investment crisis, CDCs frequently do not meet lender and investor financial and balance sheet requirements. For their part, CDCs bring various attributes as partners to complex real estate deals, including 1) legitimacy within the community, 2) housing development expertise, and 3) access to flexible and below-market financing resources.

Some of the most productive CDCs in the region, including Madison Park, Jamaica Plain NDC, Urban Edge, Asian CDC and Nuestra Comunidad, have turned frequently and fruitfully to real estate development partnerships. Some of the highest-profile and -impact development projects involving CDCs are being carried out as joint ventures. These include the partially completed Olmsted Green project in Mattapan; the Box District development in Chelsea; Parcel 24 in Boston's Chinatown; the Kilby, Gardner, Hammond Neighborhood Revitalization Project in Worcester; Blessed Sacrament Church and Jackson Square in Jamaica Plain; and Boynton Yards near Dudley Square, Roxbury. These examples suggest that transactional partnerships, or joint ventures, are becoming more common, even as—or perhaps because—CDCs become more experienced and sophisticated.

ANALYSIS OF TRANSACTIONAL PARTNERSHIPS

Joint Ventures Between CDCs and For-profit Developers—Lessons from Recent Years

BY PETER MUNKENBECK

I have worked with at least a half dozen CDC's over the past five years to piece together teams in which the CDC plays a partner level role with shared control over the design and implementation of the venture. A few have been unable to obtain site control, but most have obtained planning and zoning permits and funding for some or most of the components of the project. All are large-scale (>100 units) and multi-phase or multi-use. All have significant reliance on the market—usually for-sale homes but also residential and commercials rental components.

In the course of those five years, the condo market has come down 10-50%, market rents are flat, construction costs went up 30% and then down 15%, and the appetite at the state and local levels for subsidizing below-market condos, even in strong downtown or upscale locations, has evaporated. Quasi-public and commercial underwriting for construction and end loans has changed in uneven ways and some products are practically unavailable. Of course, buyers for Low-Income Housing Tax Credits are scarce, and most deals cannot even find even one buyer. The federal stimulus bill will help only a precise chronological band of disabled projects, most of which are not a part of these joint ventures.

So, basically, none of these marquee projects is on track as expected, and all are being re-cast, delayed, or both. The teams are incredibly persistent and resourceful, so none are dead; even the most ambitious are busy adapting to the rapidly shifting realities of market and subsidy.

The lessons I am drawing and the questions I ask as we all ride these rapids—trying to stay upright and afloat—are several:

1. A well-capitalized partner gets a CDC in the game at a level CDCs often cannot play. It allows significant market components, it allows very large scale and complexity. But savvy, well-heeled partners also make rational decisions about capital outlay, and the money does not continue to flow just because it is there. And savvy not-so-well-heeled partners can run out of capital. In either case, the CDC is often required to raise and spend money to keep these projects alive when the for-profit cannot or will not. So a joint venture may not be what it seems at the start.

2. For a CDC to raise pre-development money in a joint venture with a for-profit is an interesting challenge. Mission-driven lenders will press hard to understand why the CDC can't just ride on the coattails of the for-profit and the more conventional lenders who have both types of clients want a guarantee from the for-profit, which sort of defeats the purpose, because the CDC then does not get credit in the deal for contributing any capital raised in the context of that guarantee—it becomes deal capital, not partner capital.

3. If the for-profit partner raises capital from third-party equity investors, that capital is highly time-sensitive, and the feasibility of the deal very rapidly erodes as the double-digit compound-interest clock ticks away. As long as the deal structure does not sacrifice the community benefits and the income mix on the alter of this interest clock, then the losses are at the investor end. Make sure you go in with a strong floor on feasibility. But inevitably the question will arise of investing incrementally in a deal that has no hope of returning the capital to the investor with interest. So, inevitably, the CDC has to be prepared to recognize that holding to the literal terms of the contract may cause a permanent freeze in the deal's access to cash for design and development. Be prepared for tough choices. How does half a loaf now compare to a whole loaf in five years? Or is it no loaf?

4. In a multiyear project, the staff composition of both the CDC and the for-profit are likely to change in important and unexpected ways at both the project and executive levels, and missions and strategies can change at both entities. The job of keeping the project focused and funded is greatly complicated by these changes. It takes two to tango, and when both might be changing shoes and dance steps in the middle of a long turn on the dance floor, it gets a bit perilous.

5. I wonder if the most active players in this CDC joint-venture game today will have the appetite for another round once these deals come to resolution. Will CDCs revert to their usual former partners, or will there be a new generation? Or will for-profits wrongly associate the delays and losses with the joint-venture approach, and go it alone in the future?

6. Similarly, will CDCs look at these large projects with huge and so far unrecovered pre-development expenses and no fee or overhead recovery in sight and decide that this is not what CDCs are for. Or might they relegate themselves (or be relegated) to non-controlling or go-it-alone roles?

I hope that all players will see that the exogenous forces are the real cause of all the current financial disappointment, and realize that none of their respective go-it-alone ventures are faring any better. It is a shame that the budding and initial flowering of these large joint ventures with large meaningful roles and large potential rewards for both CDCs and their friendly and respectful for-profit partners has coincided with this crash.

Peter Munkenbeck, a highly skilled development consultant to greater-Boston CDCs has been an adviser to many of the complex CDC-private developer partnerships in Boston. His analysis makes the case that, while such partnerships have great potential, this potential is largely unrealized because the emergence of these partnerships has coincided with a highly volatile time for the economy and real estate, culminating in the current recession and financial crisis.

E. Power Collaborative

Individually, our communities and our CDCs may lack the power and leverage to bring about the results necessary to achieve our visions. For this reason, the community development movement has relied on the same coalition strategies that many other social movements have successfully employed. Most CDCs have led or joined coalitions to stop urban renewal, highways, ballparks, crime or lending practices from ravaging their neighborhoods. Coalitions have also given us the power to affirmatively advance our vision through legislative efforts and other grassroots campaigns.

The Massachusetts Association of CDCs plays this role around certain state-wide issues, most notably related to state legislation and policy. The Fairmount Collaborative, which has the distinction of fitting into all or nearly
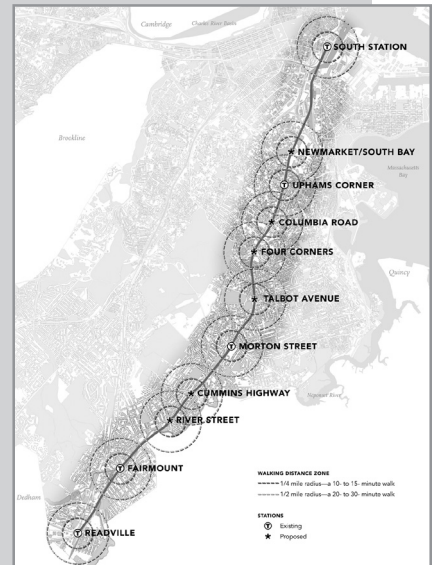

CASE STUDY

The Fairmount Collaborative

Building on the advocacy of several neighborhood-based community organizations for new stations and more frequent service, the Fairmount/Indigo Line CDC Collaborative, formed in 2004, includes four CDCs with contiguous boundaries along the Fairmount Corridor: Dorchester Bay EDC, Codman Square NDC, Mattapan CDC, and Southwest Boston CDC. The Collaborative works in partnership with the Fairmount Coalition that includes the Greater Four Corners Action Coalition, Dudley Street Neighborhood Initiative, Project RIGHT, 02136 All Things Hyde Park and the Conservation Law Foundation. The Collaborative and the Coalition have recently formed the Fairmount Greenway Task Force which includes the four Collaborative CDCs, the Quincy Geneva Housing Corporation, the Greater Four Comers Action Coalition, Dudley Street Neighborhood Initiative, Project RIGHT, 02136 All Things Hyde Park, and the Boston Natural Areas Network.

The Collaborative's three major goals are:
* Spearheading a smart growth, transit-oriented development agenda to create vital "urban villages" with new affordable housing, economic development opportunities, open space, and needed services to benefit the low and moderate income residents living near the line;
* Bringing transit equity to the inadequately served residents in the distressed neighborhoods working with the broader Fairmount Coalition; and,
* Deepening the "greening" of the Fairmount Corridor by creating a linear greenway along and near the Fairmount Line to add value to the line as a connector across all the Fairmount neighborhoods.

To date, 17 CDC development projects are in the pipeline, funding commitments are in place for four new stations, and greenway planning is underway.

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all of our collaboration categories, is a powerful example of a coalition that was able to address a fundamental injustice—transit inequity—in a way that none of its coalition partners could have on their own. The Fairmount Collaborative case is instructive and promising in many ways, not the least of them being how it reminds us that achieving social justice requires allies.

F. Long-Term Partnerships

Successful partnerships often endure or else resurface around new opportunities. The partners in these long-term collaborations have overlapping goals that go beyond a specific opportunity and capitalize on complementary expertise. Trust and fluid working relationships are also key elements that motivate collaborating organizations to stick together or to regularly rekindle their collaboration when the circumstances call for it.

Madison Park Development Corp. and Trinity Financial work together regularly as joint-venture partners. With different aims, Jamaica Plain NDC's long-term collaboration with City Life/Vida Urbana has been similarly productive. City Life has played a sort of "tree-shaker" role—organizing tenants, pressing landlords and public officials in ways that have created housing-development opportunities for JPNDC. In its complementary "jam-maker" role, JPNDC has picked up the opportunities shaken free by City Life's agitation and turned them into projects that advance the organizations' shared vision.

G. Funder-Initiated or -Encouraged Collaborations

Most community development collaborations have been practitioner-driven. However, funders—both private and public—are increasingly encouraging collaboration, in some cases making it a prerequisite for funding. While some CDCs bristle at the imposition of funders' priorities on the field, if the community development field is to become more collaborative and more rationally configured, funders will and should be a part of making that happen. Practitioner skepticism about funder-driven collaborations is not unfounded. Incentives or requirements to collaborate can lead to dysfunctional forced marriages or alliances of convenience that lack synergy and are unsustainable. More often, though, funders enable productive collaborations that might not have been forged without the availability of resources.

Some of the most prominent community development funders have emphasized collaboration. The Boston Foundation has not only encouraged or required collaborations among grantees, it has also organized or participated in various consortia of funders around a variety of philanthropic initiatives, including, among others, workforce development, civic engagement, English as a second language, family homelessness, and housing foreclosure. TBF, Hyams and Mass. Housing Partnership have also funded exploration and negotiation processes for some emerging strategic alliances or mergers between CDCs.

The Commonwealth has required regional collaborations for both foreclosure prevention and homelessness prevention. This is a sensible approach to dealing with two multifaceted issues. In the case of the state's

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CASE STUDY
Regional Foreclosure Education Centers

The 11 Regional Foreclosure Education Centers had their origin in late 2007 with the passage of Chapter 206, a new Massachusetts law aimed at preventing foreclosures that was drafted by and championed by MACDC, CHAPA, and other advocacy organizations. As a part of the law, money was set aside to fund at least ten Regional Foreclosure Education Centers.

The Division of Banks (DOB) funds this program, but originally, DOB and Department of Housing and Community Development (DHCD) decided

that while DOB would fund and maintain ultimate authority over the program, DHCD would administer it and work directly with the grantees. DHCD received a number of initial proposals, and ended up making 11 regional awards.

All but one of these centers represents a collaborative effort among a number of groups in the same region. (The exception is the Homeownership Options for MA Elders center, which focuses on the needs of elders statewide). While this program would certainly fall under the "forced marriage" category of collaborations

brought about because of funder instructions, most of the centers' leading organizations seemed happy to collaborate with others. In many cases, the centers codified informal partnerships that already existed. There was also at least one small local counseling agency that personally expressed thanks to the state for bringing it into contact with the larger agency leading the regional center—this contact allowed the smaller agency to connect its clients with more resources and information than it would otherwise have been able to.

This program was born out of a crisis, and its main focus has been getting service to clients as quickly as possible. Thus, it is unclear whether it will lead to any kind of lasting collaboration or change in the way these organizations relate to each other. In addition, the need to deliver service quickly precluded capacity-building, and the awards focused on agencies with a proven record of successful foreclosure counseling. Areas of Massachusetts with less-developed nonprofit networks to begin with had less ability to create a

Center, though such areas probably always face disadvantages in this type of project.

Due to the difficult budget situation, the program's funding was cut in half for the second round of awards, and the House Ways & Means Committee budget for FY 2010 would eliminate funding completely. In addition, administration of the program was shifted from DHCD to DOB, the funding agency. It is too early to say what effect these changes will have on the program. During 2008, the centers counseled thousands of borrowers, saving hundreds from foreclosure. The number of borrowers actually foreclosed on was far smaller. In the bulk of cases, borrowers are either still in counseling or the agencies do not know how the borrowers' mortgage problems were resolved. The centers continue to perform much-needed anti-foreclosure work, but whether they lead to any lasting collaboration remains to be seen.

Interagency Council on Housing and Homelessness regional networks, the requirement for collaboration at the community level has been matched by resources to form and support networks among homeless service providers, housing producers, and others. The Regional Foreclosure Education Centers are the subject of the case write-up on this topic.

VI Features of Successful Collaborations and of Collaborative Organizations

Based on the case studies and the experiences of Working Group members, we identified the elements that help determine the success of a collaboration:
• Balancing the interests of the collaboration with those of the organizational partners.
• A focus on partners' mutual interest and enlightened self-interest.
• Respecting and valuing partner's history and strengths, and acknowledging and compensating for weaknesses.

- Financial resources available to support centralized collaboration functions.
- Financial resources available to collaborating partners.
- Joint planning toward a shared vision.
- Overlapping values and complementary expertise.
- Clarity about the desired outcomes, especially in terms of delivery of services to the community.

Conversely, we identified challenges and obstacles to successful collaborations:
- Failure to clarify the goals and purposes of collaboration among all partners early on.
- Absence or disappearance of a motivated, visionary leader who drives the partnership.
- Only shallow organizational commitment to the process (e.g., decision maker supports the process but implementation-level staff are not, or program/project staff are engaged but lack the backing of executive director or board).
- Urgent situations, including financial challenges, can distract a partner from the collaborative process.
- Competition and distrust among collaborating organizations.
- Differing decisions-making styles and processes among the collaborating organizations.[6]

VII Conclusion

The work of the Collaboration Working Group over the last six months made clear that CDCs are collaborating extensively and have been doing so throughout their histories. These collaborations have been driven by a desire to have broader or deeper impact, achieve greater efficiencies, build power and leverage, and secure resources. In addition to the range of goals that motivate them, these collaborations fall along a continuum of intensity, formality and permanence, with the great majority falling short of merger. In fact, there have been very few recent mergers between community development organizations in Massachusetts and none that could be characterized as marriages of equal partners.

During the course of our work and discussions, however, we have become aware that a number of CDCs are now actively pursuing or considering deep strategic alliances or mergers. Most of these appear driven by necessity.

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[6] *The Collaboration Challenge* provides a sort of quiz to help organizations make good partnerships and collaborations, and isis included as Appendix 3.

A tough economy and fewer viable real estate development opportunities, among other factors, have put financial stress on CDCs, forcing downsizing. Financially vulnerable and at reduced scales, CDCs are considering consolidation as a means to survive and to maintain their capacity and impact. We hope and expect that these circumstances and the strategic alliance discussions among CDCs will lead to some innovations for how the community development field in general is structured and organized.

Whatever form they take and despite their complexity, collaborations have proven to be an effective strategy for achieving community development goals and strengthening the participating organizations. With the wealth of experience and range of examples of collaborations among CDCs, there are many opportunities to learn from each other's successes and failures in these collaborative initiatives. We hope that the work of the Collaboration Working Group and this report facilitates that learning process.

VIII Next Steps and Recommendations

The Community Development Innovation Forum and the Collaboration Working Group are committed to supporting innovative practices that move our shared vision forward and strengthen community development organizations. Advancing effective collaborative practices and supporting processes that explore deep strategic alliances, including mergers, will be an important part of that.

Toward this end, as the next phase of our work we will invite representatives from all local CDCs engaged in strategic alliance or merger discussions to join a practice group that will meet regularly (monthly or semi-monthly), perhaps with a paid facilitator, to compare notes on their processes. This will be particularly useful if participants are forthcoming about their goals, interactions and the status of their processes. We envision alternating between facilitated discussions among participants and presentations by experts in the various aspects of mergers and strategic alliance. These could include lawyers and organizational consultants who have supported nonprofit mergers, and representatives from merged organizations in other fields. The practice group may also choose to organize broader forums on topics related to mergers and strategic alliances.

In addition to the central role practitioners need to play in charting a more effective and collaborative future for the field, funders and public agencies also have a vital role to play. They should be—and are increasingly— encouraging collaborations that bring greater efficiency, impact and

organizational strength, both by funding well conceived collaborative programs and projects and by supporting strategic planning and cross-organizational discussions aimed at strategic alliances. They can also identify opportunities for high-impact collaborations that address complex, multi-faceted problems whose solutions require comprehensive and collaborative approaches. The State's homelessness and foreclosure initiatives are good examples of this, as is the SkillWorks workforce development initiative led by the Boston Foundation.[7] Not only do these efforts encourage sensible collaboration among grantees, the funders themselves "model" collaborative practices and a commitment to a comprehensive approach by involving many funders and public agencies.

A related concept that deserves greater exploration is the viability and benefit of a shared-services model under which some entity houses capacity that can be shared among CDCs. It is apparent that most CDCs cannot maintain the range and depth of capacity they need to pursue their expansive visions and complex agendas. Collaboration with other organizations is one answer to this dilemma. Developing an organization that embodies "back office" financial support, housing development, asset management and/or other programmatic capacity could be another. Massachusetts Housing Partnership has taken the initiative of exploring this issue further by engaging a consultant to assess the viability of a unified development entity. In addition, we believe the practice group described above will provide fertile ground for discussions about shared capacity among CDCs and consolidation options within the field.

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[7] Funders that participated in and supported SkillWorks include Boston's Neighborhood Jobs Trust, the Commonwealth of Massachusetts, and twelve Boston-based and national foundations: The Annie E. Casey Foundation; Bank of America Charitable Gift Fund and Frank W. and Carl S. Adams Memorial Fund, Bank of America, N.A., Trustee, Boston 2004; The Boston Foundation; The Clowes Fund; The Jessie B. Cox Charitable Trust; The Paul and Phyllis Fireman Foundation; The William Randolph Hearst Foundation; The Hyams Foundations; The Robert Wood Johnson Foundation; The John Merck Fund; The Rockefeller Foundation; State Street Foundation; and United Way of Massachusetts Bay.

Bibliography

This annotated bibliography was compiled by Northeastern University students as a class project.

Nonprofit Organization: Books

Arenault, J. (1998). *Forging Nonprofit Alliances.* **San Francisco: Jossey-Bass Publishers.**
This book specifically looks at nonprofit mergers. It addresses how to forge an alliance or merger while maintaining the mission of the organization. It addresses the whole merger/alliance process starting with understanding the options an organization has, such as joint ventures, partnerships, management service organizations, parent corporations and mergers. It then goes in-depth into negotiations and the implementation of agreements. The back of the book has great resources that any nonprofit organization can use, from worksheets to outlines.

Hodgkinson, V. A., & Lyman, R. W. (1989). *The Future of the Nonprofit Sector: Challenges, Changes, and Policy Considerations* **(Jossey Bass Nonprofit & Public Management Series). San Francisco: Jossey-Bass.**
This book looks at all aspects of nonprofit organizations. It compares for-profit organizations with the nonprofit sector, and looks at different business practices. By having a variety of authors, the book has many different tones and viewpoints of the nonprofit sector. This book takes a business-like approach while maintaining the ideals of nonprofit organizations.

Salamon, L. M. (2003). *The Resilient Sector: The State of Nonprofit America.* **Washington: Brookings Institution Press.**
This book looks at why nonprofits are needed, some of the challenges the nonprofit sector faces as well as the opportunities they have. It addresses the real challenges that many nonprofits face today, and gives hope for the future. It looks at the building of partnerships with other nonprofits. The book looks at what risks and opportunities lie ahead for the nonprofit sector.

Nonprofit Organizations: Articles

Cortez, A., Foster, W., & Milway, K. S. (February 25, 2009). "Nonprofit M&A: More than a Tool for Tough Times." Retrieved March 10, 2009, from www.bridgespan.org/uploadedFiles/ Homepage/Articles/Mergers_and_Acquisitions/091702-Nonprofit%20Mergers%20and%20Acquisitions.pdf .
The difficult economy has made mergers and acquisitions among nonprofit organizations more logical and common. Mergers and acquisitions are not sensible options for all nonprofits. This article explains what characteristics create the best possible scenario for the merger process to be successful. It gives two detailed case examples: *Arizona's Children Association and Strategic M&A* and *Hillside Family of Agencies.* The article emphasizes that it is important to have a strong leader to forge a successful merger.

Dewey & Kaye. (2007). "Nonprofit Mergers: An Assessment of Nonprofits' Experiences with the Merger Process." *2007 Tropman Reports***, 6, 11-19. Retrieved February 20, 2009, from http://www. forbesfunds.org/docs/Tropman2007/Tropman_Reports_2007.pdf.**
Many more nonprofits are looking at the idea of merger. The five research questions addressed by the article are:
• How do merger opportunities typically emerge?
• Why are merger opportunities undertaken?
• What are the roles of staff, board and outside technical assistance in the merger process?
• How long does the merger process typically last?
• What are typical results of the merger process?

Ferronato, S., & Perryman, G. (September 7, 2005). "Partnerships and Mergers." Retrieved February 20, 2009, from www3.telus.net/ gavinperryman/partnershipsandmergers.htm.
This article starts in the middle of the merger process. It skips over the beginning stages of the merger process and focuses on what organizations should do after they have decided to merge or create a partnership. It defines the different stages and processes that take place and gives case example to support its claims.

McNamara, D. (2005, September 1). "Merger Mania?" *The NonProfit Times.* **Retrieved February 20, 2009, from http://www.nptimes.com/ Sept05/npt1.html.**
Mergers seem to be taking place all over. This article discusses organizations that were in the beginning stages of the merger talks but in the end chose not to complete the process. It gives examples of mergers, including successful ones. The article breaks the process into simple steps in the appendix.

Nonprofit Partners Meeting Summary. **(2008, October 16).**
Retrieved February 20, 2009, from http://www.agmconnect.org/
npmeetingsummary08.aspx.
This article begins with a letter from the AGM President Ron Ancrum and
Vice President Miki C. Akimoto on the challenging environment nonprofits
face. The article answers the three questions asked at a Nonprofit Partners
meeting:
- What is worrying you?
- What is one thing you want funders to know?
- Where do you see hope in the times ahead?

Pope, T. (February 1, 2009). "The Urge to Merge." *The NonProfit*
Times. **Retrieved February 20, 2009, from http://www.nptimes.**
com/09Feb/npt-090201-2.html.
This article depicts what a merger can do to an organization. The article
offers an example of two merging nonprofits—America SCORES and
Citykicks—that work with different populations but share the same goal.

Community Development Corporations: Articles

Bratt, R.G., & William, R.M. (2003). "Failures, Downsizings, and Mergers Among Community Development Corporations." *Housing Policy Debate***, 14 (1&2), 1-46.**
The article gives an assessment and overview of the causes of CDC failures, downsizings, and mergers. It analyzes two cases of CDCs that experienced organizational failure and/or downsizing. The authors also give two examples of CDC mergers. The article concludes with the authors' recommendations for CDCs that face decisions about whether to downsize or merge with another organization.

Cramer, D., & Zdenek, R.O. (2006). "A Merger of Equals." *NHI Shelterforce Online***, (148), 1–15.**
The authors present an overview of the merger of two Cincinnati community development organizations. It reviews reasons for merger and lessons learned.

Chung, Amy. "Bridging Sectors: Partnerships Between Nonprofits and Private Developers," Joint Center of Housing Studies, Harvard University, September 2004. link: http://www.jchs.harvard.edu/ publications/communitydevelopment/w04-8_chung.pdf
In recent years, partnerships between nonprofits and private developers to develop affordable housing have become a topic of increasing interest. This paper concludes that there exists a broad range of negotiated partnership terms between nonprofits and private developers. Further, research reveals that while many drivers shape the decision to partner and subsequent partnership conditions, two determinants are key: development experience and knowledge, and financial factors.

Haque, S. S. (2005). "An Analysis of the Impact of Mergers Between Community Development Corporations." Massachusetts Institute Of Technology, June 2005, 1–116.
This article explores the occurrence of mergers between CDCs in the United States in the past five years. The research examines how mergers between CDCs affect their capacity to achieve their mission and serve their constituents. In addition, the author explores the drivers behind CDC mergers, the impacts of those mergers, and the factors that contribute to merger success.

Additional Resources

Austin, James E. *The Collaboration Challenge: How Nonprofits and Businesses Succeed through Strategic Alliances.* 2000. San Francisco: Jossey-Bass Publishers.

Boston Foundation, *Passion & Purpose: Raising the Fiscal Bar for Massachusetts Nonprofits,* Authors: Elizabeth Keating, Geeta Pradhan, Gregory Wassall, Douglas DeNatale. 2008. Boston: The Boston Foundation.

Chrislip, D. D., and C. E. Larson. *Collaborative Leadership: How Citizens and Civic Leaders Can Make a Difference.* 1994. San Francisco: Jossey-Bass.

Cohen, Rick, "Brave New World for Nonprofits," *ShelterForce*, Winter 2008.

Davis, John Emmeus, "Bridging the Organizational Divide: The Making of a Nonprofit Merger." 2002. Boston: Neighborhood Reinvestment Corp. Retrieved June 7, 2009, from www.nw.org/network/pubs/studies/documents/makingOfNonprofitMerger.pdf

Glickman, Norman J. and Lisa J. Servon, "More than Bricks and Sticks: Five Components of Community Development Corporation Capacity," *Housing Policy Debate,* 9(3): 497-539. 1998. Washington: Fannie Mae Foundation.

Gray, B. Collaborating: *Finding Common Ground for Multiparty Problems.* 1989. San Francisco: Jossey-Bass.

La Piana, David and Amelia Kohm. "In Search of Strategic Solutions: Funder Briefing on Nonprofit Restructuring," Grantmakers for Effective Organizations.

La Piana, David. *Beyond Collaboration: Strategic Restructuring of Nonprofit Organizations*

La Piana, David. *Nonprofit Mergers Workbook Part I: The Leader's Guide to Considering, Negotiating, and Executing a Merger,* Fieldstone Alliance.

LISC, *Joint Ventures with For-Profit Developers: A Guide for Community Development Corporations.*

Masaoka, Jan, "Too Many Nonprofits? No—There Aren't Enough Good Nonprofits," Retrieved June 6, 2009 from http://www.blueavocado.org/content/too-many-nonprofits-no-there-arent-enough-good-nonprofits.

McLaughlin, Thomas A., *Nonprofit Mergers and Alliances: A Strategic Planning Guide*. 1998. New York: John Wiley & Sons.

"Merger Talks: The Story of Three CDCs in Boston," The Hauser Center for Nonprofit Organizations, Kennedy School, Harvard University, 9/30/06.

Rich, M., Michael Giles, and Emily Stern. "Collaboration to Reduce Poverty: Views from City Halls and Community-Based Organizations," in *Urban Affairs Review,* 37(2): 184-204, 2001. Thousand Oaks, CA: Sage Publications, Inc.

Silver, Ira. *Unequal Partnerships: Beyond Rhetoric of Philantropic Collaboration*. 2006. New York: Routledge.

Vergara-Lobo, Alfredo, Jan Masaoka, and Sabrina Smith, *The M Word: A Board Member's Guide to Mergers.* 2005. San Francisco: CompassPoint Nonprofit Services. Downloaded June 5, 2009, from http://www.blueavocado.org/content/m-word

Summary Descriptions of Case Studies

1	**Belmont/Watertown/WATCH/ Lexington/others**	Explored and exploring again shared staff, resources for organizing and developing affordable housing in adjoining communities
2	**Community Business Network**	Provision of technical assistance to small businesses in Boston neighborhoods
3	**Collannino properties preservation**	Four CDCs seeking to purchase four at-risk federally-subsidized projects in different communities that were offered in a portfolio sale by a single owner (Colannino).
4	**Community Safety Initiative [Jamaica Plain]**	LISC-funded process to share information, joint training, develop programs, foster resident participation between JPNDC and Boston Police precinct serving NDC area
5	**Fairmount Collaborative**	Collaboration of four CDCs along the Fairmount MBTA Corridor to bring transit equity to the distressed neighborhoods along the line. Spearheading smart-growth, transit-oriented development agenda to create vital "urban villages" with new affordable housing, economic-development opportunities, open space, and needed services to benefit the low- and moderate-income residents living near the line.
6	**Regional Foreclosure Education Centers**	State-funded program created eleven Regional Foreclosure Education Centers, which are collaborations of different groups from the same region working to create a foreclosure prevention network.
7	**JPNDC/Back of the Hill Community Housing Initiative**	Joint venture to develop housing by the two CDCs
8	**JPNDC & New Atlantic: JV on Blessed Sacrament**	Joint venture between CDC and private developer to develop housing.
9	**BHA Infill Housing**	Funder-organized process (by LISC for CDCs) to negotiate acquisition, raise subsidy and develop design/scope of work for partially abandoned scattered-site houses in Boston.
10	**MIDAS Collaborative**	Organization to advocate, provide technical assistance and secure resources for organizations involved in individual/family asset development work
11	**SRO Special Needs Housing Collab.**	Joint work to raise funds, acquire sites and organize services for special needs populations served by two participating service providers in SRO housing developed by CDCs. 90 units developed in six projects.
12	**Health Care and Research Training Institute**	Program led by JPNDC and Fenway CDC to create entry-level job opportunities and career ladders Boston hospitals for low-income local residents
13	**WATCH/Brandeis Collaborations**	Student/faculty projects to provide tenant advocacy/tenant counseling and assistance in revving a public housing tenant association.
14	**WATCH collab > merger with Breaking Barriers**	WATCH collaborated with and ultimately absorbed an immigrant support/services group.
15	**Healthy Boston**	City of Boston project that supported comprehensive planning projects in 17 Boston neighborhoods and two communities of interest. Each place-based planning process involved a health center, a CDC, a school, and other neighborhood resources. Plans were thoughtfully completed and had modest influence on neighborhood development, but impact was limited because of limited implementation funding.

List of Participants in Collaboration Working Group

NAME	AFFILIATION
Emily Achtenberg	Consultant
Shirronda Almeida	Mass. Association of CDCs
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Mat Thall	Consultant—Interim Director at VietAID
Joan Tighe	Consultant of the Fairmount Collaborative
Bob Van Meter	Boston LISC
BobWadsworth	Consultant

Excerpt

From The Collaboration Challenge: How Nonprofit and Businesses
Succeed through Strategic Alliances, *by James E. Austin, foreword by Frances
Hesselbein and John C. Whitehead, Jossey-Bass Publishers, San Francisco, 2000
To build alliances, evaluate existing partnerships or think in how to make new
ones, this guideline designed by James E. Austin is a perfect quiz to help you out
in the making of good partnerships and collaborations.*

CONNECTION with purpose and people: To what extent are
individuals personally and emotionally connected to the social purpose
of the collaboration? To what extent do personal connections and
interactions occur at other levels across the partnering organizations?
How strong are interpersonal bonds?

CLARITY of purpose: What is the purpose of the collaboration?
What are the collaboration purpose statements? Has each partner
determined the different functions and relative importance of the
partnerships already existing in its collaboration portfolio?

CONGRUENCY of mission, strategy and values: How well does
each partner understand the other's business? What are the missions,
strategies and values of each partner? What are the areas of current and
potential overlap? How can each partner help the other accomplish its
mission? To what extent is the collaboration a strategic tool for each
partner? Have partners engaged in shared visioning about future fit?

CREATION of value: What resources of each partner are of value to
the other? What costs/risks are played in the benefit to be partners?
What new resources, capabilities, and benefits can be created by the
collaboration? Are resource and capability transfer two-way and well
balanced between the partners? When is it the time to end or continue
the collaboration?

COMMUNICATION between partners: What level of respect and
trust exists between partners? Is the communication open and critically
constructive? Does each partner have a partner relationship manager?
What are the vehicles and medium used to communicate internally
(within the collaboration) and externally (with outside actors)?
How does the external communication planned and strategically
programmed?

CONTINUAL learning: What has each partner learned from the collaboration about how to work with another organization? How is this learning being incorporated into the collaboration? Is there a process for routinely assessing learning from the collaboration?

COMMITMENT to the partnership: What is the level of organizational commitment to the partnership and how is this commitment demonstrated? What is the trend in investments (personal, financial, institutional) in the partnership? Are partner expectations and commitments commensurate with execution capabilities? Are the portfolios consistent with the partner's?