



Community Investment Tax Credit

Program Evaluation

December 2016

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Section I

INTRODUCTION AND OVERVIEW OF THE EVALUATION PROCESS

INTRODUCTION

The Community Investment Tax Credit (CITC) was signed into law on August 6, 2012 with the objective of supporting high-impact, resident-led community economic development initiatives through a strategic, market-based approach that leverages private contributions and builds strong, local partnerships. CITC was designed to expand funding resources and enable local residents and stakeholders to partner with community development corporations to improve economic opportunities for low to moderate income households and communities across Massachusetts. The program started with 36 certified Community Development Corporations (CDCs) and two Community Support Organizations (CSOs) in 2014 and grew to include 49 CDCs in 2015.

CITC offers individuals, corporations, and nonprofit institutions the opportunity to obtain a 50% refundable Massachusetts state tax credit while investing in the development of the communities that need help most. The program is open to both Massachusetts-based donors and those from out of state; donors can also claim a federal tax deduction if they are eligible.

The passage of the Community Investment Tax Credit into law in 2012 was the result of many years of planning and advocacy led by the Massachusetts Association of Community Development Corporations, (MACDC), Local Initiatives Support Corporation (LISC) Boston, the United Way of Massachusetts Bay and multiple community development stakeholders.

In 2002, the longstanding Community Economic Enterprise Development Program (CEED), a state program that provided flexible funding for community development organizations, was eliminated, and CDCs lost an important source of flexible funding. Around the same time, as explained by Joe Kriesberg, President of MACDC, there was growing awareness that CDCs were addressing a broad range of community needs, but that funding silos impeded efforts to take a comprehensive, resident-led approach to community development. In 2008, MACDC and LISC Boston organized the Community Development Innovation Forum to identify strategies to respond to these challenges.

One outcome of that process was the establishment in 2009 of the Mel King Institute for Community Building as a platform to provide rigorous training to community development professionals and volunteer leaders. A second outcome was the enactment of new legislation to formalize certification criteria for CDCs that reflected emerging best practices rather than the rigid rules established in the prior 1970s-era statute. The new CDC certification law embraced urban, rural and suburban CDCs, placed an emphasis on community engagement and constituency representation, and provided flexibility for organizational structure and size. Today, there are 60 certified CDCs in the Commonwealth.

The group also developed the concept for the Community Investment Tax Credit program (CITC), which is based on similar tax credit programs in other states. The CITC legislation was filed in 2011 with a goal of leveraging state dollars to bring private investment to the sector as a sustainable source of flexible funding. The group, along with key supporters such as United Way

of Massachusetts Bay, made the case that the tax credit would generate more than one new dollar of investment for communities for every lost dollar of tax revenue.

The CITC program launched in January 2014 for a period of 6 years; the Commonwealth made available \$3 million in tax credits in the first year, increasing to \$6 million in each subsequent year.

The reason the tax credit program is effective is that it fosters a market tension that creates value. The CDC needs to gain the support of the local community, state government and private donors in order to generate revenue, and this promotes creative and durable solutions with broad support.

– Joe Kriesberg, President, MACDC

Program Evaluation Process

The Massachusetts Department of Housing and Community Development (DHCD), Massachusetts Association of Community Development Corporations (MACDC), and the Local Initiatives Support Corporation (LISC) Boston engaged Next Street Financial and Ann Donner Consulting to conduct an independent evaluation of CITC's first two years. The evaluation is designed to:

1. Analyze the overall impact of the program on the magnitude and sources of fundraising for CDCs and Community Support Organizations (CSOs);
2. Understand the nature and magnitude of impact for community development projects, programs and in internal capacity across CDCs;
3. Evaluate how the program has influenced/motivated new and existing donors and identify successful fundraising practices for maximizing the benefit of the CITC program;
4. Assess the execution of the program administration and the effectiveness of key partners;
5. Make recommendations for program improvement.

Data was collected through several sources, including:

- **Data on credit allocation, fundraising amounts and sources, and uses of funds** were collected from multiple sources and program stakeholders, including:
 - DHCD – CITC Donor Master List (2014-16); CITC Allocations (2014-16); CIP Scoring (2014-16)
 - United Way – Distribution Reports (2014-15)
 - MACDC – CDC GOALS Reports (2014-16); CDC profiles
- **Interviews** with key participants from DHCD, MACDC, LISC Boston and the United Way of Massachusetts Bay (UWMB) reflecting their respective roles as defined in the enabling legislation.
- **One-on-one interviews with 10 CDCs** representing different geographic regions and organization size, and a **focus group with another 13 CDCs**.

- **Interviews with 10 donors** representing multiple donor types, including first time and repeat donors, individual, business, and philanthropic organizations, a donor advisor.

Section II PROGRAM ADMINISTRATION

Program Roles and Responsibilities

The CITC's enabling legislation defines several program roles, each with specific responsibilities for executing and administering aspects of the program.

The Commonwealth's **Department of Housing and Community Development (DHCD)** is charged with administering the CITC program. DHCD certifies CDCs, solicits applications through an annual, competitive process, reviews and scores each application, and makes determination of credit allocations to qualified Community Partners. DHCD monitors all Community Partner recipients to ensure that credits are being issued to taxpayers for qualified donations in compliance with all credit utilization requirements. DHCD is further charged with certifying qualified taxpayer donations and issuing credit certificates. DHCD coordinates with the Department of Revenue (DOR) to provide taxpayer credit data, as well as solicits, selects and monitors the Community Partner Fund administrator. In addition, DHCD provides technical assistance, as needed, to Community Partners and taxpayers on issues related to the issuance of community investment tax credits.

The Commonwealth's **Department of Revenue (DOR)** is charged with processing and issuing the credit on an individual's or business's tax return.

Community Partners are defined as a community development corporation (CDC) or a community support organization (CSO) selected through a competitive process and are eligible to receive up to \$150,000 in tax credits each year.

A **Community Support Organization (CSO)** is a nonprofit organization that has a track record of providing capacity building services to CDCs.¹ According to the enabling legislation, two organizations can be designated as CSOs and are qualified to receive up to \$150,000 in tax credits each year. DHCD selected MACDC and LISC Boston as the two CSOs. Key activities in the first two years of the program have included organizational capacity building, technical assistance with Community Investment Plans (CIPs), data collection, peer learning, tax credit fundraising strategy, CITC program marketing, community development workshops, and placement of AmeriCorps members with CDCs.

The **Community Partnership Fund** is administered by a nonprofit selected by DHCD to receive qualified donations from taxpayers and to distribute those donations to Community Partners. Participating CDCs have the option to transfer their credits to the Partnership Fund and have the fund administrator seek donations on the Community Partner's behalf. DHCD

¹ Massachusetts Department of Revenue: 830 CMR 62.6M.1: Community Investment Tax Credit

selected the United Way of Massachusetts Bay (UWMB) to administer the Fund. Donations to the Partnership Fund through the UWMB may be designated to specific Community Partners or to the general Fund. The UWMB distributes donations back to Community Partners participating in the Fund. UWMB assesses the Community Partner a 7% processing fee to cover development and administrative costs.

Collectively, DHCD, MACDC, LISC Boston, and UWMB meet several times a year to share program updates, discuss the status of available tax credits, and address program administration issues as they arise.

Tax Credit Allocation

Distribution of Community Investment Tax Credits requires CDC recipients to pass through a two-step certification and application process.

For a nonprofit organization to qualify for CITC it must be a Community Development Corporation (CDC) as defined in M.G.L. c. 40H 2 and certified as a community development corporation by DHCD. This includes the following qualifications:

1. Focuses a substantial majority of the corporation's efforts on service to one or more specific neighborhoods of the Commonwealth or a constituency that is economically disadvantaged.
2. Has as the corporation's purpose to engage local residents and businesses to work together to undertake community development programs in sustainable ways that create and expand economic opportunities for low and moderate income people.
3. Demonstrates to DHCD that the corporation's constituency is meaningfully represented on the board of directors of the corporation.

Due to the broad definition of 'Community Development Corporation,' community-based nonprofit organizations not historically categorized as CDCs could apply and qualify for certification. The program saw several organizations that had not previously identified as CDCs apply for and receive certification, including South Middlesex Opportunity Council (SMOC) in Framingham, Community Teamwork, Inc. (CTI) in Lowell, and the Waterfront Historic Area League (WHALE) in New Bedford. At the same time, a few organizations have not applied to become certified under Chapter 40H even though they have historically considered themselves to be CDCs. In short, the composition of the "CDC sector" has evolved over time with many long time effective non-profits recognizing that they share many of the same attributes as longstanding CDCs.

Tax credit allocations to participating CDCs are based on the scoring of each organization's Community Investment Plan (CIP), a comprehensive, multi-year business plan for community improvement and economic development. Two DHCD evaluators score and rank each CIP on a 100-point scale based on its effectiveness in meeting local and state-wide goals for community economic development, defined by the quality of response to the following plan elements:

1. Description of the service area and constituency

2. Description of how community residents and stakeholders were engaged in the development of the plan and their role in monitoring and implementing the plan
3. Goals sought to be achieved during the time period of the plan, including how LMI households or LMI communities will benefit and how the entire community will benefit
4. Activities to be pursued to achieve those goals
5. How success will be measured and evaluated
6. Description of the collaborative efforts that support implementation of the plan
7. Description of how the different activities within the plan fit together
8. Present financial strategy to support these activities
9. Provide other information regarding the history and track record of the organization as determined by DHCD²

Based on the evaluators' assessment of these elements, CIPs were eligible for awards of \$50-\$150,000 in credits for the first year of the program. In 2015, returning Community Partners seeking allocations were evaluated based on a combination of the previous year's utilization rate (defined as the proportion of credits used relative to the total awarded), their CIP score, and whether they were current on their program reports. Newly participating CDCs in each year are evaluated based on a CIP review similar to CDCs already in the program.

LISC Boston and MACDC, as the two CSOs, are also allocated tax credits based upon a comprehensive work plan submitted to and reviewed by DHCD.

In both years, CDCs and CSOs were allowed to allocate up to 50% of their tax credits to the UWMB in order to leverage the United Way's broader CITC campaign to raise funds on their behalf.

Donor Eligibility

To receive a tax credit, a donor must make a minimum contribution of \$1,000 in a calendar year and is eligible for credits up to a maximum of \$1 million in a year (for \$2 million in donations). For a credit to be claimed, DHCD must certify that the taxpayer made a qualified cash investment directly to a Community Partner (either a CDC or a CSO) or the UWMB (Community Partnership Fund), and issue a credit certificate to the taxpayer.

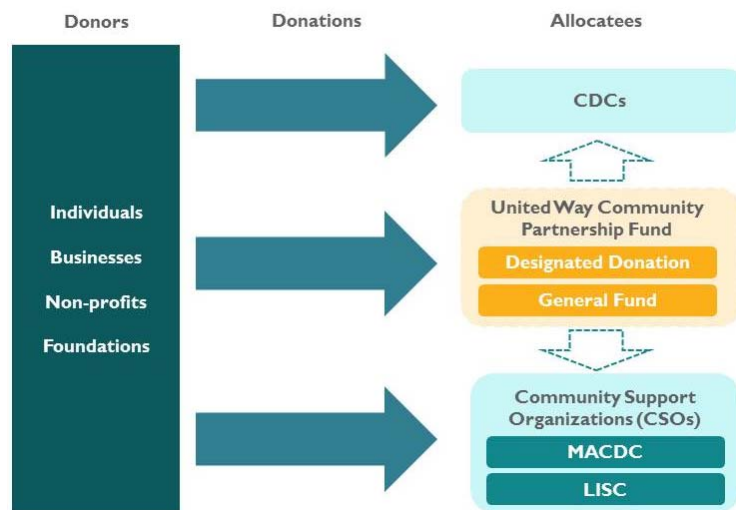


² Kriesberg, J (2015). The MA Community Investment Tax Credit [PowerPoint slides]; website: macdc.org

Donation Pathways

There are four pathways for donors to make contributions through the CITC program: (1) direct to a CDC, (2) direct to a CSO, (3) as a general donation to the Community Partnership Fund via the UWMB, to be distributed to CDCs and CSOs across the state by formula, (4) as a designated gift to a CDC or CSO through the UWMB. The UWMB forwards designated donations to the named CDCs directly, and is also responsible for distributing general donations across all the CDCs that allocate credits to the UWMB.

Donation Pathways



Section III PROGRAM OUTCOMES

Tax Credit Allocations

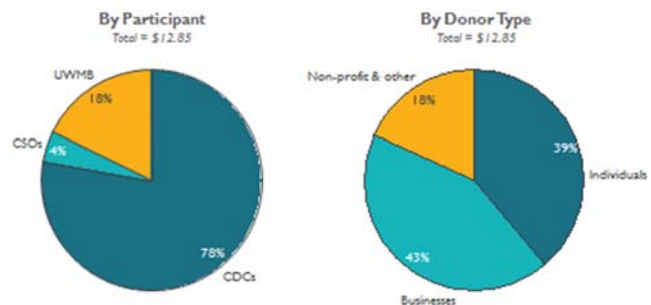
Of the \$9 million tax credits available in the first two years of the program, participating CDCs received \$8.54 million. The two CSOs received \$460,000 in tax credits in 2014-15. In 2014-15, CDCs and CSOs chose to allocate a total of \$2.39 million in credits to the UWMB at the beginning of each year and kept \$6.61 million for their own fundraising activity.

These credits made possible a total of \$18M in fundraising, including \$13.23 million retained by the CDCs and CSOs, with \$4.77 million fundraising potential allocated to the UWMB.

Fundraising Impact

Overall, CITC has achieved meaningful fundraising success in its first two years. In 2014-15, a total of \$12.85 million was raised³ out of a potential \$18M. The program demonstrated significant growth between its first and

Funds Raised by Participant & Donor Type
2014-2015, \$ Millions



³ This and all other data in this report, unless otherwise noted, reflects total fundraising in the calendar year, which was the primary method of tracking donations used by DHCD; additional funds may have been received in each subsequent calendar year that were applied to prior year credits, as noted below.

second years: In 2014, CITC raised \$4.71 million from 1,013 individual donations; in 2015, it raised \$8.14 million from 1,523 donations. CDCs and donors participated from across all regions of the Commonwealth.

As expected, CDCs did the majority of fundraising in both years, directly raising \$9.99 million in 2014-15, with CSOs raising another \$560,000, a combined 80% of potential relative to the credits they retained. The UWMB raised the most of any single entity – \$2.47 million (52% based on allocated credits)⁴ in calendar years 2014-15.

CDCs raised significantly more in 2015 than in 2014. Overall, CDC fundraising grew from \$3.52 million in 2014 to \$6.48 million in 2015. The original 36 CDCs alone increased their fundraising from \$3.52 million to \$5.49 million (56% growth), with 13 newly participating CDCs raising an additional \$1 million.

CSO fundraising grew three-fold over the two-year period, from \$111,000 in 2014 to \$449,000 in 2015.

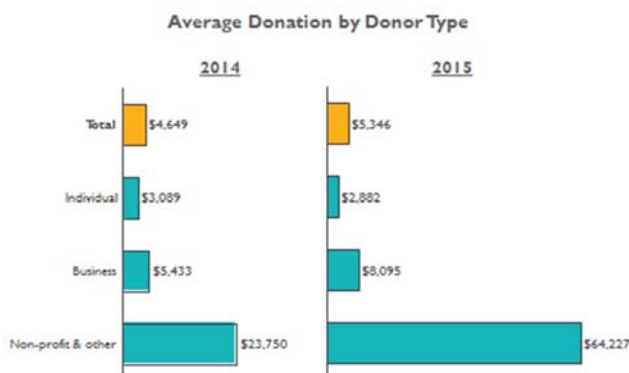
Based on its audited data UWMB fundraising increased by 18% in 2014-15, from \$1.14 million to \$1.34 million. In addition, while the majority of UWMB funds raised (\$676,000, or 59% of total) were designated to a particular CDC or CSO in 2014, the mix shifted toward general donations in 2015 (\$860,000, or 64% of total), which is related to a decrease in a single designated donation from \$500,000 in 2014 to \$300,000 in 2015, as well as the impact of expanded fundraising efforts.

Fundraising Composition

The mix of donors, donations, and timing through the first two years of the program can be analyzed to see key trends and dynamics.

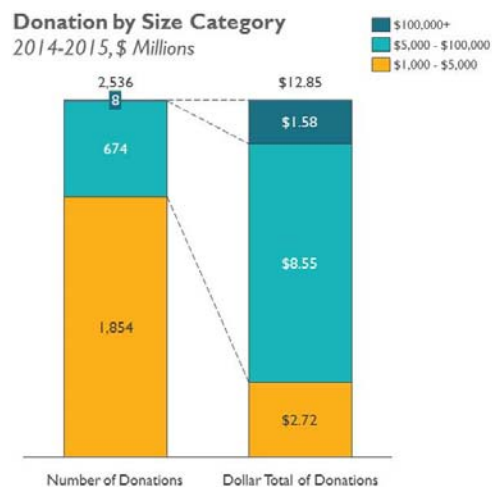
Donor Type. Donors fell into a variety of categories: individuals who have a personal or professional relationship with a CDC, businesses who are active partners with the CDC (e.g., developer, architect, contractor, community bank), donors who direct their donations through donor-advised funds, private foundations, financial service companies and banks, and donors who are introduced to the work of a CDC through a donor advisor.

Overall, businesses donated the most through CITC, representing \$5.48 million of the \$12.85 million total in 2014-15. Individuals donated nearly as much, \$5.01 million. Other donors, including foundations and non-profits, contributed the remaining \$2.36 million.



⁴ Per UWMB reporting. As of Nov. 15, 2016, UWMB had raised a total of \$2.87 million for allocation year 2014-15 credits, including \$1.38M for 2014 and \$1.49M for 2015, of which they distributed \$2.67M to CDCs and CSOs.

Not surprisingly, business donors gave more on average, and both individual and business donors increased their average donation amount between years 1 and 2 of the program.



Size of Donations. Over 70% of donations in both years were \$5,000 or less, providing over \$2.7 million of the \$12.85 million raised. Donations between \$5,000-100,000 were critical for the program’s success, contributing two-thirds (over \$8.5 million) of fundraising. There were also eight donations over \$100,000 in 2014-15, yielding \$1.58 million (12% of total fundraising), as well as several additional donors who gave over \$100,000 in aggregate to one or more recipients. UWMB secured the largest donation to date – a corporate donor who gave \$800,000 over two years. Donations of all sizes increased over the first two years of the program.

Repeat Donors. Based on self-reported data, approximately 40% of 2014 donors were repeat donors to the receiving entity. Nearly 3/4 of these returning donors kept the so-called “CITC Promise”⁵ and doubled (or more) their donations in 2014 relative to the prior year. With program growth and increased retention of donors in 2015, the number of repeat donors more than doubled (over 800 repeat donors in 2015 vs. 400 in 2014) over the first two years.



New Donors. Based on self-reported data, 1,316 new donors made donations to one or more receiving entity through the CITC program in 2014-15. This includes 1,002 who gave to CDCs (nearly half of all CDC donors) and 278 who gave through the UWMB (more than 2/3 of UWMB donors).

Timing of Donations. In both 2014 and 2015, donors made contributions to the program throughout the year, but the vast majority of donations came in October-December, including the largest donations (>\$250K) reflecting year-end giving. Donations also corresponded to increased program marketing including direct appeals by CDCs and news articles in the *Boston Globe*, the *Boston Business Journal* and regional newspapers.

Geography. Most donations came from within Massachusetts, but nearly \$650,000 came from out of state, including both business and individual donors and a number of second-homeowners (according to the CDCs). Both the CSOs and UWMB received statewide

⁵ The “CITC Promise” was designed to ensure that repeat donors would increase their donation by at least the amount of the tax credit, and not simply take the tax credit to offset the original donation amount. This was communicated by MACDC, the receiving entities, and other program advocates to donors through various channels.

donations, though these were more heavily concentrated in Eastern MA, and a few major gifts were limited to distribution in that geography.

Multi-Year Trends

CDCs. By isolating the experience of the 36 CDCs (2014 cohort) participating in the CITC program in both 2014-15, we can see the evolution of the program as CDCs built awareness, infrastructure, and incorporated lessons learned into their development and administrative activities.

Overall, these 36 CDCs grew their fundraising from \$3.52 million in 2014 to \$5.49 million in 2015, an increase of over 50%. This resulted from both an increase in their number of donors (25% growth from 848 to 1,061) and growth in the average donation (from just over \$4,000 to just over \$5,000).

While donor mix was largely consistent in both years, the CDCs were able to attract more donors at higher levels – shifting more business donors into the \$5,000-100,000 level and securing several individual gifts over \$100,000. Based on interviews, we know that a number of CDCs initially focused on business donors with whom they had pre-existing relationships, and then turned their attention in 2015 to cultivating individual donors more proactively. Others initially cultivated their historic individual supporter networks and subsequently expanded their focus on businesses. As a result, the donor mix at the individual CDC level varies considerably in each year.

In general, CDCs with dedicated fundraising/marketing development staff raised more money overall. Organization budget and staff size of these CDCs ranges widely, suggesting that smaller organizations are no less effective in overall fundraising capacity if they have a clear strategy, e.g., targeting specific donors or donor segments.

Credit Utilization

Combined, the program utilized approximately 71% of available credits in 2014-15. In all, CDCs and CSOs utilized 80% of the credits they retained, and UWMB utilized 52% during the respective calendar years.

As of November 2016, UWMB had returned approximately \$438,000 of 2014 credits and \$419,000 of 2015 credits to the respective CDCs, and continues to hold \$150,000 of 2014-15 credits still to be used.

Community Investment Plan (CIP)

CDCs reported that the Community Investment Plan was a useful mechanism to enhance both community and board engagement with the work of the CDC and provided an important guiding document for program development and growth. There was clear variation in the range of breadth and depth of the CIPs submitted by the 2014 cohort, with an apparent correlation between ongoing, pre-existing planning processes and the comprehensiveness of CIP. This was especially true around the description of stakeholder involvement in CIP development,

programmatic initiatives to be undertaken, but also more broadly and around the financial strategy. Several segments of CDCs stood out:

- *CDCs with a long history and track record in their community:* these organizations have a comprehensive vision, strategy, fundraising plan and strong brand awareness.
- *Organizations not historically categorized as CDCs* were not as comprehensive addressing a strategy, vision or fundraising.
- *Singularly focused organizations, i.e., historic preservation, business district development:* these organizations tend to have small staff and operating capacity, thus limiting their ability to take on additional fundraising outreach activities.

Impact on CDCs' Capacity & Programs

In the first two years of the CITC program, participating CDCs have begun to achieve many of the program's goals.

CITC has had a tremendous impact by helping us to grow our donor base.
– Executive Director, CDC

In 2014 DHCD collaborated with MACDC to adapt their longstanding CDC GOALS survey to collect CITC-specific data from the participating CDCs. This survey is now being used on an annual basis to collect information from CITC participants. Of the participating CDCs, 64% reported an expansion of their organization's goals and 89% reported deepening their community engagement through increased Board involvement, increased volunteerism and higher attendance at community events. 81% of the CDCs reported an expansion in organizational activities with the greatest growth in real estate development, housing services, community organizing/leadership development, housing services and financial stability services. Although none of the larger fundraisers added new programs in these areas, the percentage of 'expanded' programs was higher.⁶

In addition, 83% of the CDCs reported that they were able to increase their internal organizational capacity, which included 61% reporting an increase in program staffing.

CITC also supported new, expanded and diversified programming beyond affordable housing development, including improved allocation of staff time, summer jobs and arts programming, increased board engagement, financial education/asset building, adult education and ESOL, farmers' market, small business assistance, transportation and health initiative, solidified lines of business, and helped to add to and stabilize community organizing.

CITC has allowed our organization to maintain the staffing necessary to achieve the goals and objectives of our CIP. – Executive Director, CDC

⁶ MACDC, 2014 CITC CDC Goals Survey

The program's flexible funding also supported CDCs in a number of ways, allowing them to:

- **Sustain, stabilize and expand ongoing efforts** through additional staff capacity.
- **Allocate resources to community organizing.** Several CDCs reported that prior to having a CITC income stream they were not able to consistently allocate staff resources to community organizing activities.
- **Develop new** partnerships with nonprofits and businesses such as Chambers of Commerce, community business associations, as well as with higher education, arts and culture, and health care organizations.
- **Reframe the role of CDCs in communities** by more proactively and effectively communicating that CDCs do more than affordable housing development.
- **Build organizational capacity.** Several CDCs reported having the ability to make new hires for new program development, maintaining and strengthening existing programs and enhancing community organizing capacity. Examples include hiring resident service coordinators, supporting local Main Streets initiatives, and developing new community partnerships.
- **Drive development** through hiring of project management staff, and one CDC reported exploring use of CITC funds to create an "acquisition pool" to purchase property.
- **Develop new programming and initiatives.** Several executive directors interviewed reported that prior to CITC they were in a financial "maintenance mode" and CITC has allowed them to move beyond "keeping the doors open" to developing and executing new areas of programming such as health initiatives, adult education, and mobility/transportation projects.
- **Improve marketing and communications.** CDCs upgraded their websites, started communications campaigns, and were proactive about working with the local media regarding the CITC program.
- **Diversify and grow donor base through expanded fundraising efforts** including neighborhood walking tours, house parties, business luncheons and breakfasts, financial planner/CPA workshops, membership campaigns, and the addition of professional fundraising staff.

We didn't do any fundraising outside of grants prior to CITC.

– Executive Director, CDC

The tax credits were a big part of contributing to two years in the black.

– Executive Director, CDC

Without this funding, we could never have committed to hire a resident service coordinator, which is so critical.

– Executive Director, CDC

In addition, CDCs strengthened their fundraising capacity through strategies such as:

- Investing in infrastructure such as donor databases, new development staff, consultants, and establishment of CITC-focused board

We are better able to tell our story, and constantly think of better ways of communicating what we do.

– CDC staff member

CITC is a great way for donors to understand the work of CDCs in their communities. CDCs have a terrific story to tell about affordable housing, youth programs, financial literacy and comprehensive programming.

– CITC corporate donor

committees, and intensified focus on donor relationship management

- Launching employer fundraising initiatives such as Allston Brighton CDC's partnership with New Balance and development of institutional partnerships, e.g., Hilltown CDC partnership with Cooley Dickinson Hospital and Hilltown Chataqua of Western MA, and Main South CDC with Clark University
- Expanding communications and engagement through newsletters, events, social media
- Enhancing donor technical support

For CDCs that did not have fundraising capacity, were too grant dependent, or were recovering from previous public funding cutbacks, CITC was integral to stabilizing and improving their financials.

As a result of the CITC program, CDCs have improved messaging and marketing regarding their role in supporting the regional economy. CDCs reported improvements to their websites, use of social media, and refining their messages to reach new audiences about their work. Fundraising activities provide an impetus to refine and tailor communications to specific types of donors and have landed on a best practice cadence of outreach and donor events.

Several CDCs reported that CITC allocation has provided a "seal of approval" and has provided legitimacy to the work of CDCs in the eyes of their donors.

At the same time, CITC fundraising requires significant staff effort, particularly on the part of the Executive Director. For some CDCs, due to a variety of factors including the demographics of their donor community, small staff and time demands associated with donor cultivation, CITC fundraising can be particularly challenging.

Marketing credits is incredibly time consuming.
- Executive Director, CDC

Section IV OBSERVATIONS OF IMPLEMENTATION

Implementation of the program has evolved and improved significantly since launch. Early challenges with administration have subsided, and the CDCs and CSOs have become more effective in their strategic and day-to-day deployment of the program.

Program Administration: DHCD

DHCD has effectively navigated the launch of a complicated program in a relatively short time-frame, with limited staff and no additional budget for implementation and management.

DHCD has fostered a positive interagency relationship with DOR; enhanced public-private relationships with organizations such as the United Way; created in-house online form submission, processing and tracking systems; and expanded agency relations and visibility with CDCs. CDCs reported that DHCD staff have been responsive in fielding technical issues.

As with any new program, there were some challenges.

- The initial program launch in January of 2014 was challenged by some logistical factors that included:
 - Forms: Credit application forms were developed in-house as hard-copy documents, adding to processing time and inhibiting consistent data capture. CDCs, CSOs, and UWMB had to spend significant time helping their donors through the process – time taken away from fundraising and other activities.
 - Data collection: The methods of data capture and collection varied from 2014-2015, with a lack of resources to standardize or compile information; data fields changed during the first two years of the program, particularly relating to donor type and making it difficult to analyze donor trends.
 - Regulations were not finalized until 5 months after the program launch due in part to DOR's request to the legislature regarding technical changes that took several months to enact.
 - Year-end bottleneck resulted in credit certification processing delays; nevertheless, all certificates were issued prior to April 15.

These initial challenges are not surprising given the relative complexity of the CITC program to administer. Subsequently, many of these issues have been resolved or are in the process of being addressed, contributing to more efficient taxpayer credit processing, improved donor experience and enhanced data collection.

Nobody had anticipated that the bulk of the work would happen in a 6-week time period, and DHCD has had to figure out how to staff the 'wave.' This is a brand new program and there was no model to follow, so we didn't understand what staff capacity would be needed initially to manage it.
– DHCD official

Community Support Organizations: MACDC & LISC Boston

MACDC and LISC Boston have actively supported the CDC partners through a variety of targeted activities, most notably fundraising technical assistance, peer learning activities, program marketing, and CIP development. Given their broad mandate in the legislation, each of the CSOs took a different approach to capacity building based upon their core strengths and history. The evaluation examined each organization's contribution.

MACDC's role has been central to the program and has been particularly visible in several areas:

Education, Outreach and Promotion. MACDC has played a key role in promoting the program to the media (*Boston Globe, Boston Business Journal*) on the MACDC website; publishing articles on CITC; hosting and participating in CDC donor events; identifying opportunities to maximize the program's impact including outreach to donor advisors and financial institutions; communicating with the legislature regarding the program's accomplishments; and organizing a range of other CITC publicity and informational events.

Best practice development and sharing. MACDC has provided technical assistance and tools to individual CDCs, including fact sheets, materials, videos and other collateral materials. They have also organized a series of peer-to-peer convenings where CDCs share and discuss their fundraising strategies with fellow CIRC participants.

MACDC has been great, the trainings are helpful, and they are always available to answer questions. Their advocacy has been a game changer for CDCs.

– Executive Director, CDC

Program tracking and assessment. MACDC collects and aggregates fundraising data from DHCD and has conducted CIRC impact surveys of participating CDCs that has been shared on the MACDC website.

Additionally, CDCs interviewed for this evaluation cite the support and efforts of MACDC as critical for their own ability to “ramp up” new development activities and build awareness and interest among donors of all kinds.

LISC Boston has played a more targeted role with the CIRC program, with a focus on building organizational and staff capacity; community based-planning, engagement and implementation; real estate development and asset management; community safety; and family income/ asset development. However, due their focus with a subset of Community Partners, some CDCs were unaware of their role as a CSO.

LISC Boston’s CIRC-specific activities centered on support for CIP development. In 2015, LISC Boston distributed \$120,000 in technical assistance/capacity building grants to eight CDCs throughout the state to support the development of their CIPs in collaboration with the Mel King Institute for Community Building. For CDCs receiving technical assistance, LISC Boston’s support enabled them to supplement staff capacity (particularly important for smaller CDCs) and to participate in the program.

In addition, LISC Boston’s ongoing sector programming benefited CDC Community Partners in other ways:

- *Additional Grant Support.* Provided over \$1.1 million in grants to 22 CIRC recipient organizations between 2014-2016.
- *Loans, training, and AmeriCorps.* Provided additional training and technical assistance to 33 CDCs that received CIRC allocations and connected them with AmeriCorps members contributing to enhanced staff capacity.

Although CSOs are in competition with partner CDCs for credits, they have a close working relationship with the CDCs on fundraising efforts on a local level.

Community Partnership Fund: United Way of Massachusetts Bay

The UWMB has over 50,000 donors and is perceived as a “trusted brand” in the Commonwealth. UWMB has the capacity to identify donors who are a good fit for the program and tailor the program message specifically to them. CIRC was a natural fit for many

core UWMB donors who see CITC as a “win-win.” UWMB donors interviewed for this evaluation echoed this sentiment and have increased their CITC donations year-over-year.

29 out of 36 CDCs allocated a portion of their credits to the UWMB in 2014, as did 31 out of 49 in calendar year 2015. During that time, UWMB reports that it raised \$2.47 million for CITC, with an increase of 17% between 2014 (\$1.38 million) and 2015 (\$1.49 million). Within each initial calendar year, UWMB used approximately half of the credits they were allocated by CDCs and CSOs. As additional donations were made in subsequent months against prior year credits, the proportion of 2014-15 credits utilized increased to 60%.

UWMB achieved growth in total fundraising in 2014-15 despite the need to offset a large, one-time donation in 2014, and at the same time was able to shift the mix toward general funds that benefit all CDCs and away from designated donations.

UWMB cultivated the largest donation to date: \$800,000 over two years from State Street Bank, which was designated for CDCs in Boston and Quincy. As part of this effort, UWMB has been able to attract hundreds of new donors who had not previously contributed to the sector.

Many folks don't really know what a CDC is and the important work that they do. However, they are familiar with the United Way as a trusted brand so they can give to the United Way, receive the tax credit and support communities across the Commonwealth.

– Mike Durkin, CEO & President, United Way of Massachusetts Bay

For CDCs that lack the capacity to fundraise completely on their own, UWMB has played an important role enabling them to participate in the program. UWMB has also provided leverage and reach to CDCs, allowing them to maximize their credit allocations, focus their fundraising efforts on core prospects, and secure general donations from across the state. UWMB has also played a leading role, in partnership with CSOs and CDC partners, to promote the program through a range of events and marketing efforts and to cultivate both new and repeat donors over time.

There have also been several challenges to date. The design of the program required that CDCs and CSOs determine in advance the volume of credits to allocate to the UWMB – but without experience in the program it was difficult to determine in advance how many CITC credits a CDC should allocate and what was a reasonable fundraising goal for UWMB. Many CDCs allocated the maximum 50% of their credits to UWMB and anticipated that UWMB would be successful in utilizing almost all of the credits in both years. This expectation turned out to be unrealistic.

Because UWMB initially raised half of the funds for which it had received credits, many CDCs did not receive the distributions they expected. But because many of the donations were designated for specific CDCs or regions, some CDCs actually received most or all of the funds they expected while others received substantially less. This contributed to some initial frustration among CDCs that received lower amounts. At the same time, some CDCs exceeded their own fundraising expectations and requested their credit allocations back from UWMB. UWMB was flexible in allowing CDCs to reclaim credits through the end of

December as the CDCs secured additional donors. While this resulted in a range of communication and coordination challenges, it did help maximize fundraising results in the final days of 2014. In 2015, the UWMB and DHCD established a more formal process for reclaiming credits in October.

The reality that the UWMB cannot predict with accuracy how much money it will ultimately raise for each CDC creates challenges for both UWMB and the CDCs. The challenge is that many donations are designated for specific CDCs (or regions) and a high percentage of the donations arrive very late in the year. As a result, UWMB was not able to provide the CDCs with information on likely distributions. This in turn created challenges for the CDCs, which struggled with the decision whether and when to take back credits. In addition, there were differing perspectives on whether and when CDCs should communicate with donors who made designated donations – CDCs want to be able to connect with and thank donors who come to them through UWMB, but most Community Partners interviewed were not aware of or able to use the donor data portal established by UWMB.

Data capture was also a challenge, as key data fields were captured differently by UWMB and DHCD, with different time periods and update protocols, as well as varying donor characteristics. As a result, it is not currently possible to perform fully integrated analysis across DHCD and UWMB data.

Donor Communication and Education

CITC program participants have learned a number of lessons about the challenges and opportunities for engaging and educating donors, and for minimizing administrative barriers.

Program Complexity

Many donors and CDCs reported that donors of all kinds found the process at least somewhat confusing and were unsure of the timelines, and that they benefited from technical assistance in completing forms, as well as a follow-up email or phone call to ensure that they received the credit. Several CDCs also reported that donors who do not have computers, particularly elderly donors, are challenged to donate online and required additional support.

The program would benefit by trying to make it more straightforward for nonprofit, tax exempt organizations. It should be a no-brainer to donate to a charity you care about.
– CFO, nonprofit organization

Segment-Specific Challenges

Although the program has attracted a diverse range of donors, there are segments that have been particularly challenging for both the CDCs and CSOs to work with. These include larger corporations, national banks, and nonprofit organizations. Key issues have included:

- *Corporate charitable foundations* must often coordinate the donation with their corporate tax departments. For these foundations, the tax credit is then extended to the corporation, and may not readily flow back to the charitable budget within the organization.
- *Tax-exempt organizations* are also eligible to claim a credit by filing a corporate excise or income tax return. However, communicating with tax-exempt organizations can be

challenging as they may not initially understand how they can benefit from a tax credit; the Community Partners have been able to explain this through the concept of a “rebate” – donors receive a check rather than some other form of credit.

- *Nonprofit organizations and community foundations* interviewed for this evaluation reported challenges receiving their refunds within their fiscal years.

Fundraising Strategy

Overall, the CDCs viewed CITC as a valuable “hook” – providing an opportunity to access donors to discuss their work and as an effective “competitive advantage” relative to other charitable organizations that cannot offer the credit. Key observations include:

- *Staffing and roles.* Fundraising is time-consuming, and CDCs that were most active utilized a fundraising staff member to manage prospecting and day-to-day communications while deploying the Executive Director for targeted meetings and events. Several CDC executive directors shared the perspective that fundraising is a natural analogue of their core work: “community organizing in a different socio-economic segment” and felt that they were able to apply skills built to organize communities to this fundraising challenge (e.g., keeping track of individuals, following up, facilitating event turnout).
- *Under-leveraged segments.* Donor advised funds may have been under-leveraged as channels to date, as some donor advised fund administrators are not proactively offering CITC, even though a segment of donors have expressed interest in community development as part of their portfolios. In addition, second-home owners represent an important donor segment for the Cape and Islands and may present a fundraising opportunity in other parts of the state such as the Berkshires.
- *Donor mix.* CDC Executive Directors shared a range of perspectives on donor strategy. For example, a CDC with fewer, larger donations can focus donor cultivation efforts for a higher return on time invested. This can be particularly effective for CDCs with limited fundraising staff capacity. However, a CDC’s budget can be at risk if one or more of these donors is unable to sustain their donation (i.e. multi-year commitment comes to an end). Alternatively, developing a larger donor base with smaller donations offers a more sustainable, less vulnerable funding base over time, but may be more time-consuming to develop initially.
- *CIPs and messaging.* CIPs informed the fundraising message, but were not highly visible to or decisive for donors. CDCs reported having drawn heavily on the priorities and strategies described in the CIP as core to their cultivation of donors, but donors were generally neither aware of nor especially interested in the CIP document itself.

Partnerships

Several CDCs developed relationships with corporations and nonprofit institutions that allowed them to both build programmatic partnerships in their geographies and leverage that support for CITC as a result.

Partners	Description
Allston Brighton CDC and New Balance	New Balance offered a dollar for dollar match for individual donors up to \$5,000.
Hilltown CDC and Hilltown Chataqua of Western MA	Hilltown Chataqua is a “TED Talk” for the rural community that brings speakers, performing artists, and panel discussions to explore pressing issues over 2 days. Hilltown CDC partnered with Hilltown Chataqua to help market CITC credits to their audience.
Main South CDC and Clark University	Main South CDC has a long-standing and successful community revitalization partnership with Clark University. CITC provided a useful mechanism for Clark University to make a contribution to Main South CDC and reinvest their credit in the community.

Program Outreach and Messaging

CDCs, CSOs and UWMB have developed a variety of donor messaging themes, outreach strategies, and creative strategies to engage new donor audiences. These include:

- Organizing meetings with wealth managers, advisors and CPAs in their region. For example, UWMB, MACDC, and LISC co-hosted a successful event with the business community that featured Governor Baker.
- Hosting donor luncheons and evening events.
- Developing partnerships with other nonprofit organizations that are willing to introduce their donors to the CITC program.
- Offering community walking tours.
- Working with local business organizations and Chambers of Commerce to provide opportunities and forums to market CITC to target audiences.

The program participants have also begun to build a range of compelling messaging themes, including:

- Deploying messages such as: “double your impact,” “make your charitable giving go further by reinvesting what you get back,” “hit a triple by supporting UWMB, local community development corporations, and receiving a tax credit”.
- Using the word tax “rebate” rather than “credit” (confusing because of the form the credit takes) or “investment” (confusing because many thought it was like the Low Income Housing Tax Credit that yields a profit as opposed to a charitable donation).
- Customizing language and graphics on their websites and collateral to provide a simple explanation of the tax credit, and offering links to the MACDC website.
- Many program participants use a chart to show tax benefits.

Section V RECOMMENDATIONS AND PATH FORWARD

Data Capture and Management

Given the challenges of reconciling and manipulating the program data for this evaluation, there are several recommendations for future years, including:

- Use the new online form across CDCs, CSOs and UWMB to standardize data capture to increase data quality and consistency:
 - Standard naming for CDCs through a drop down list for donation recipient.
 - Standard coding for donor type.
 - Standard capture of other donor demographic information, including donor address.
 - Capture multiple credit claimants.
- Create new data tagging system to capture longitudinal trends and reconcile across sources:
 - Create unique donor identifier that will enable analysis of new vs. returning donors, and donors who give to multiple receiving entities.
 - Improve validation/capture of prior year non-CITC donations.
 - Standardize data capture between DHCD and United Way.
- Establish shared database of allocated and utilized credits
 - Upon allocation to receiving entity by DHCD.
 - Upon allocation to United Way by receiving entity (and return to entity, if applicable).
 - Relative to donations received by each entity and therefore “utilized.”
 - By calendar year and credit year.
- Incorporate multiple data sources into a single database that aggregates from previous and current years.
- Ensure appropriate technical skills and capacity within each of the designated agencies, including DHCD and MACDC through training and/or additional staff.
- DHCD should consider allocating additional resources to support program administration and technical assistance to CDCs and donors.

CIP Development and Execution

With the range of CIP approaches, depth, and strategies, CDCs would benefit from a more structured comparison of peer plans as a way to share best practices and build capacity –

overall and for the design of specific initiatives. Future training and roundtable discussions, potentially including feedback from DHCD evaluators, would provide CDC leaders with greater insight on areas of opportunity and narrative development. CSOs should also work to define and plan to track key community impact metrics from the CITC in each program area.

Once the CIP is developed, many CDCs would benefit from additional guidance on implementation of their priorities, including organizational and financial strategies linked to funding sources and fundraising levels over time. CDCs that have been using similar tools for many years often have an established cadence of planning and execution, along with assessment and tracking of results; CDCs that are new to CIPs will need to develop similar practices.

CSOs

As the program evolves from start-up to implementation, the CSOs should consider how to build out a robust program that provides more integrative guidance and support, along with a targeted set of “collective efforts” across CDCs.

Building on the recommendations in this evaluation, the CSOs should solicit additional feedback from CDCs on best practices and critical challenges, and then define and plan to deliver the highest-value technical assistance and capacity building activities. Several priority topics identified in interviews included CIP development training, donor relationship management systems and donor cultivation and stewardship strategies. As noted below, there are also a range of joint fundraising campaigns that could be organized and led by one or both CSOs.

Fundraising

Best Practices and Strategies. As a component of this assessment, the CDCs, CSOs (MACDC and LISC Boston) and UWMB should continue to mine the available fundraising data and qualitative feedback to optimize donor education and outreach strategies, donor cultivation and stewardship, and staff capacity. These strategies should include:

- Establishing *returning donor cultivation and engagement models*, and continuing to share successful fundraising strategies including successful donor “pitches,” cultivation events, annual appeals, and CITC marketing materials. It is equally important to share less successful strategies to learn from mistakes or lower-return efforts.
- Launching a survey to understand *reasons for both lost and returning donors* in subsequent years. For *CITC donors who did not return*, this provides an opportunity to understand why through a simple online survey. A survey can be equally useful to understand what factors contribute to a returning donor i.e. alignment with mission, special events, volunteering or staying engaged through marketing strategies.
- Data is also helpful to understand *target donor segments and strategies*. This includes both the types of resident and business segments within a region, as well as the choice and tradeoff to cultivate more, smaller donations vs. fewer larger gifts.
- Identifying key success factors, such as *assisting donors with the tax credit application* and following up to ensure they received their credit.

“Marquee” Fundraising Initiatives. CSOs should explore the development of a larger programmatic initiative common to all or a subset of CDCs that could be funded through a UWMB CITC campaign (or another funders’ group) as a way to enlist the support of donors who are looking to invest on a broader scale.

Other Donor Strategies. There are several other fundraising opportunities identified through the evaluation that merit consideration:

- Host a series of continuing education seminars for CPAs and wealth managers on CITC in partnership with the CPA trade association.
- Identify donor “experts” to help community partners address specific questions related tax-exempt organizations, e.g.,
 - Host a call with an audit firm or CFO
 - Create specific materials for tax-exempt organizations, e.g., FAQs.
- Conduct focus groups with banking community to understand and address obstacles to program participation.
- Explore opportunity to formalize a partnership with a donor intermediary, such as Massachusetts Housing Investment Corporation (MHIC), to leverage the power of the CITC for donors who would not otherwise make a direct CITC donation due to cash flow or administration complexity.
- Scale up an initiative to interest donor advised funds and philanthropists.
- Explore statewide strategies to engage colleges, universities, biotech and hospitals, tying their mission and vision of place-based development into the work of CDCs.
- Formalize and work to replicate with other institutions the giving approach taken by Eastern Bank, Boston Private and MHIC – setting a CITC budget, establishing a clear process for CDC applications, and then making multiple donations to individual CDCs.

Credit Allocations

Although this evaluation was not sufficient to recommend specific credit allocation levels and policies, DHCD should consider several modifications to the current rules:

- Evaluate statutory change to allow any future unallocated credit to be allocated to Community Partners that have already received and utilized the full \$150,000. For example, if late in the year there are still unallocated credits available for that year, the credit cap could be lifted for CDCs and CSOs who are most likely to use them.
- Changing the cap on the proportion of credits that may be allocated by Community Partners to the UWMB; there is potentially a rationale for two alternative and opposing changes, though not a focus of this evaluation, that could be considered:
 - *Lifting the cap:* As CDCs continue to learn the nature and size of the fundraising potential in their footprints, there will be clearer differences in the value and opportunity that the UWMB provides. In addition, CDCs will increasingly be able to understand and calibrate the tradeoffs between staff time and opportunity cost vs. the 7% fee for UWMB support. As a result, some CDCs may benefit from allocating greater than 50% to the UWMB. At the same time, this would

lower the expectation for CDCs to participate and invest in the program, and risk losing core capabilities and practices necessary to sustain local fundraising.

- *Reducing the cap:* With the inevitable uncertainty relating to late-year fundraising, it could be reasonable to limit the volume of credits that Community Partners can allocate to the UWMB as a way to increase the predictability of outcomes late in the year. However, this may disadvantage CDCs who could particularly benefit from UWMB resources.

United Way of Massachusetts Bay

UWMB should consider developing strategies to extend the reach of large donations beyond metro Boston to other parts of the state to increase the likelihood of regionally designated donations outside Eastern Massachusetts. More broadly, UWMB can continue to develop, expand, and innovate donor cultivation strategies and consider collaborating with MACDC and LISC Boston to identify and work to target strategic donor segments on behalf of all or a subset of the CDCs.

In addition to partnering with the CSOs on strategic fundraising initiatives, UWMB should work with MACDC and the CITC participants to address several practical aspects of credit allocation, reporting, and donor coordination, including:

- Developing experience-based guidance and timelines for when and how CDCs can determine the optimal credit allocation to UWMB to maximize the value and partnership, and reduce volatility late in the year.
- Considering several changes to the way credits are managed within and across program years:
 - Starting each year with a “clean slate,” rather than rolling over credits from the prior year.
 - Considering revising the formula for allocation of general funds to CDCs to ensure it is equitable and aligns incentives.
- Sharing progress regularly at the partner level on the development of both general and designated funds year, e.g., by providing quarterly reports in Q1-3, followed by monthly reporting through Q4.
- Designing appropriate protocols for sharing information on and access to donors who designate their donations to particular entities; ensuring that CDCs know how to access online donor reports and other information.

Looking Ahead

In just under three years, the CITC program has had a significant impact on the Massachusetts CDC sector by creating a growing flexible funding stream that has helped to strengthen a diverse range of CDCs and benefit the communities in which they work. As CITC moves from

start-up to its implementation phase there are opportunities develop key strategic metrics and enhanced data tracking to build on the successes to date in at least 4 areas.

For example:

Area	Key Metric	Inputs	Outcome	Timeframe
Program Administration	Enhanced data capture and analysis	<ul style="list-style-type: none"> - Use new online form to standardize data capture to increase data quality and consistency 	<ul style="list-style-type: none"> - Data informs fundraising strategies of Community Partners and UWMB improving fundraising and CIP outcomes 	Q1 2017
Fundraising	Year-over-year increase in credit utilization rate	<ul style="list-style-type: none"> - Data from DHCD to identify trends and adapt fundraising strategies - Donor feedback - Incorporate “best practices” from peers 	<ul style="list-style-type: none"> - New donors learn about and donors support the work of CDCs - Return donors increase their CITC donation year-over-year - CDCs develop organizational capacity to sustain and support new program development 	2017
Capacity Building	Comprehensive capacity building and technical assistance program provided to all CITC Community Partners	<ul style="list-style-type: none"> - Survey and/or focus group to identify CDC technical assistance needs (CIP, fundraising, program) - Evaluate impact of activities 	<ul style="list-style-type: none"> - Program and calendar of activities offered throughout the year informed by topics identified by CDCs and DHCD 	Q1 2017
CIP	Implementation of Plan Goals	<ul style="list-style-type: none"> - Compilation and analysis of CIP annual reports by DHCD and CSOs 	<ul style="list-style-type: none"> - Impact on target communities and progress toward organizational goals 	Annually 2014-2019

Tracking these metrics on a regular basis provides opportunities for continued program improvement, “course corrections” and both analytic and strategic guidance. It will also serve as a shared “dashboard” for the many program participants and partners as they work to maximize and sustain the many benefits of the CITC program in the coming years.

Section VI
APPENDIX

- I. *Data Sources*
- II. *Interview List*
- III. *Participating CDCs in 2014 and 2015*
- IV. *Consulting Team*

Data Sources

Title	Owner
CITC Donor Data Master List (2015-16)	DHCD
CITC Complete Donor Spreadsheet (2014)	DHCD / MACDC
CITC Allocation Sheets (2014-16)	DHCD
CITC Scoring (2014)	DHCD
CDC CIPs & Score Sheets (2014-15)	DHCD
Revenue and Distribution Reports (2014-15)	UWMB
CITC Tax Credit Award CDC Survey & Results Data	MACDC
CDC Operational Information	MACDC
MACDC GOALs Reports (2014-16)	MACDC
CITC Article by Federal Reserve Bank of Boston	N/A
CITC PowerPoint	MACDC
CITC NOFA 2014-16	DHCD
Certified CDCs: Expiration Dates & Recertification	MACDC

Interviewees

Program Administration

Chrystal Kornegay, Undersecretary
Department of Housing and Community Development

Jennifer Constable, Deputy Manager Community Development
Department of Housing and Community Development

Community Support Organizations

Joe Kriesberg, President
Massachusetts Association of Community Development Corporations

Robert Van Meter, Executive Director
Boston LISC

Community Partnership Fund

Michael K. Durkin, President and Chief Executive Officer
United Way of Massachusetts Bay

Community Partners (CDCs)

Jessica Andors, Executive Director
Lawrence CommunityWorks

Donna Brown, Executive Director
South Boston Neighborhood Development Corporation

Dave Christopolis, Executive Director
Hilltown Community Development Corporation

Marc Dohan, Executive Director
NewVue Communities

Daria Gere, Executive Director
Tania Lang Burger, Development Director
WATCH CDC

Philippe Jordi, Executive Director
Island Housing Trust

Jeanne Pinado, Chief Executive Officer
Brooke Woodson, Vice President of Programs
Madison Park Development Corporation

Carol Ridge Martinez, Executive Director
Allston Brighton Community Development Corporation

Mullen Sawyer, Executive Director
Oak Hill Community Development Corporation

Steve Teasdale, Executive Director
Main South Community Development Corporation

MACDC Board Focus Group – July 2016

Jessica Andors
Lawrence CommunityWorks

Dave Christopolis
Hilltown CDC

Vanessa Calderón-Rosado
Inquilinos Boricuas en Acción

Marc Dohan
NewVue Communities

Danny LeBlanc
Somerville Community Corporation

Mickey Northcutt
North Shore CDC

Frank Shea
Urban Edge

Steve Teasdale
Main South CDC

Phil Giffie
NOAH CDC

Ann Houston
The Neighborhood Developers

Gail Latimore
Codman Square CDC

Richard Thal
Jamaica Plain NDC

Marcia Thornhill
Nuestra CDC

Corinn Williams
CEDC of Southeastern MA

Community Development Finance Organization

Sara Barcan, Director of Housing Development
Community Economic Development Assistance Corporation

Community Foundations

Daniel Sherman, Director of Donor Services

Rebecca Koepnick, Director, Neighborhoods and Housing
The Boston Foundation

Bruce Hiltunen, Vice President of Finance & Operations
Community Foundation of Western Massachusetts

Corporate Donors

Gary Leach, Senior Vice President, Community Development and Lending
Eastern Bank

Gwen Robinson, Managing Director, Corporate Social Responsibility
Santander Bank, N.A.

Donor Advisor

Janet Atkins, CEO
Ridgeway Philanthropy

Individual and Business Donors

Tim Connelly, Chair, United Way of Massachusetts Bay Campaign Cabinet
Partner, Brown Brothers Harriman

Michael Mooney, Board Member, United Way of Massachusetts Bay
Chair, Nutter McLennan & Fish LLP

Gilbert Winn, Chief Executive Officer
WinnDevelopment

1 first-time and 2 repeat individual donors

Nonprofit Donor

Holli Roth, Vice President of Administration and Finance, Chief Financial Officer
Medical Academic Scientific Community Organization, Inc.

Participating Community Development Corporations

2014 Applicants

Allston Brighton CDC
Asian CDC
CDC of South Berkshire County
CEDC-SM
Coalition for a Better Acre
Codman Square NDC
Community Development Partnership
Community Teamwork, Inc.
Dorchester Bay EDC
Downtown Taunton Foundation
Fenway CDC
Franklin County CDC
Hilltown CDC
Housing Assistance Corporation
Housing Corporation of Arlington
Jamaica Plain NDC
Lawrence CommunityWorks Inc.
Madison Park CDC
Main South CDC
Neighborhood of Affordable Housing (NOAH)
NeighborWorks of Southern Mass
NewVue Communities
North Shore CDC
Nuestra Comunidad
Oak Hill CDC
Quaboag Valley CDC
Somerville Community Corporation
South Boston NDC
Southwest Boston CDC
Springfield Neighborhood Housing Services
The Neighborhood Developers
Urban Edge Housing Corporation
Valley CDC
Viet-AID
Waltham Alliance to Create Housing
Island Housing Trust

2015 Applicants

ACT Lawrence
Dudley Neighbors Inc.
Groundwork Lawrence
HAPHousing
Harborlight Community Partners
Inquilinos Boricuas en Acción
Just-A-Start
Metro West Collaborative Development
OneHolyoke CDC
Revitalize CDC
South Middlesex Opportunity Council, Inc.
Waterfront Historic Area League (WHALE)
Worcester Common Ground

Consulting Team

next street

Next Street equips clients with the same level of talent and expertise that premier advisory firms provide to Fortune 500 companies. We have a 10-year track record of driving economic development, working side by side with our clients' leadership to drive practical, actionable change through a strategic lens.

Our clients are successful businesses and nonprofits as well as the anchor institutions, social investors, foundations, and government agencies that foster economic development in our cities and underserved communities. Through our work we have a direct impact on wealth-creation and employment in America's cities.

With offices in Boston, New York City, and Chicago, Next Street provides a unique mix of integrated advisory services in strategy, finance, operations, and organizational effectiveness. We connect the dots at every level, and across multiple industries and geographies, to create a network that advances business growth and economic development.



Ann Donner Consulting (ADC) has provided strategic and programmatic guidance to over 40 local and national organizations to maximize their impact on the economic and social well-being of the constituencies they serve.

ADC provides project management, interim leadership, strategic planning, program design and implementation, evaluation and feasibility assessment to a diverse portfolio of business, government, civic, philanthropic, advocacy, health care, education, economic development and human service organizations.

ADC works with clients who have a passion for realizing great ideas and the ambition to take their projects and organizations to the next level.