

*Finding  
common ground.*



*Finding common ground:*  
A MULTI-FUNDER  
COLLABORATIVE



*a multi-funder  
collaborative*



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### *Founding Members*



## EXECUTIVE SUMMARY



In the fall of 2006, four funding organizations in Columbus, Ohio (Osteopathic Heritage Foundations, The Columbus Foundation, United Way of Central Ohio and Columbus Medical Association Foundation) convened to explore the development of a funders' collaborative to support issues related to health and general wellness. This interest was the result of their previous participation in supporting a community project known as *Healthy & Fit*, an initiative to reduce the prevalence of obesity.

During the ensuing months, the funders developed a common vision and general operating procedures for the Community Health Funders' Collaborative (the Collaborative). The Collaborative expects its efforts to lead to demonstrated impact on community health and

wellness issues that surpass those possible through individual efforts. The Collaborative also expects the costs for identifying, exploring and prioritizing issues to be lower when conducted as a group rather than independently. A guiding principal of the Collaborative is to serve as a complement to each organization's individual funding efforts.

The Collaborative's core members have agreed to share equally in costs for administrative support of the effort. Additionally, the Collaborative will encourage other funders to join as "*Project Partners*," investing in specific projects identified by the Collaborative. The Collaborative has retained a Project Director to manage the work of the Collaborative and the United Way of Central Ohio has agreed to serve as the fiscal agent.

### PRIMARY LESSONS LEARNED THROUGH THE COLLABORATIVE PROCESS INCLUDE:

1. Collaboration results from persistent and continuous effort.
2. All 501(c)(3) funding organizations are not the same.
3. The size of the individual funder's assets does not matter as much as one might think.
4. It is important to identify at the beginning when critical decisions need to be made that will require approval by the respective boards and to determine what information each entity will require and by when.
5. The use of an effective, group-selected external facilitator is important.
6. Recognize that using contemporary "technology" may be a challenge for certain members of the group.
7. Recognize that unanticipated events may occur requiring flexibility in the planning process and a commitment by all members to work through them as a group.

The Collaborative will begin its first grant-making initiative in 2008. This initial effort will invest in projects related to improving healthy eating and physical activity through modifications to the environment. The

process will allow for the development of a cooperative approach with selected grantees and a phased proposal submission process intended to lead to the development of innovative, evidence-based projects.

## I. INTRODUCTION

In fall 2006, the Osteopathic Heritage Foundation (OHF) issued a Request For Proposals (RFP) to “facilitate the development and work of a Funders Collaborative in the identification of specific Initiative priorities....” The RFP resulted from three years of work undertaken by OHF that led to the identification of the prevalence of obesity (Healthy & Fit) as a funding priority and the development of a comprehensive community plan to address the issue ([http://www.osteopathicheritage.org/pdfs/Exe\\_summary.pdf](http://www.osteopathicheritage.org/pdfs/Exe_summary.pdf)).

Accomplishments of the initial planning phase included:

- Engaged more than 200 community participants across broad community sectors;
- Secured over \$2.7 million to support initial plan implementation;
- Developed specific proposals for the work of direct service providers; and
- Developed communication resources including a preliminary website and newsletters.

In 2006, the departure of the Project Manager provided an opportunity for the four principal funding partners (Osteopathic Heritage Foundation, The Columbus Foundation, United Way of Central Ohio and Columbus Medical Association Foundation) to reconsider the initiative’s implementation process. The leaders of these organizations decided to explore the development of a Funders’ Collaborative and engaged Judy Czarnecki of Centripetal Strategies to facilitate the process.

## II. PROCESS

The work was completed in three phases:

### PHASE I:

*Establishing the Structure (December 2006 – February 2007) included:*

- Gathering information from the principal funders;
- Interviewing people who had previously been involved in the Healthy & Fit Community Plan (“stakeholders”);
- Conducting a national search for evidence-based models of collaboration;

- Analyzing models used in other communities to combat obesity;
- Identifying similarities and differences among the funders and determining how to work collectively to build upon the strengths each presented;
- Determining that the funders wanted to work together in a formal way while retaining independence and avoiding the development of a separate nonprofit organization;
- Establishing the six-month work schedule; and
- Clarifying the objectives to be achieved.

The members of the Collaborative agreed to meet every three weeks for two hours during the six month period to develop the plan.

### MAJOR GOALS OF PHASE I:

- Develop an understanding of the point of view, funding priorities, and constraints faced by each funder;
- Obtain agreement about how the Collaborative would function during this phase;
- Clarify definitions of terms to be used during the process;
- Strengthen individual commitment to the Collaborative process;

### MAJOR ACCOMPLISHMENTS OF PHASE I:

- Identified areas of funding interest beyond the “Healthy & Fit” project;
- Determined the continuing need to work on issues impacting community health and wellness (of which obesity was only one component);
- Developed guiding principles for the collaborative work;
- Developed a better understanding of the respective organizations; and
- Analyzed best practice models regarding obesity programs as well as local and national collaborative efforts.

**PHASE II:**

*Working with Funders and  
Developing the Long-Term Structure  
(February – June 2007)*

**MAJOR GOALS OF PHASE II:**

- Create a longer-term vision for how the Collaborative would work;
- Establish the structure needed for the Collaborative to plan, fund, oversee and evaluate the implementation of selected community health and wellness projects;
- Determine the membership structure and basic method of operation;
- Determine a name and logo for the Collaborative;
- Determine the type of communications needed to inform and engage the broader community in the work of the Collaborative;
- Develop budgets for the first year of the Collaborative's work;
- Prepare to issue the Collaborative's first Request For Proposals (preferably, within six months of establishing the Collaborative).

**MAJOR ACCOMPLISHMENTS OF PHASE II:**

- Evaluated various models of collaboration;
- Developed and agreed upon a structure to support the work of the Collaborative (see Structure & Definitions Appendix I);
- Developed structural and organizational strategies for "administrative" work (whether or not any projects are funded) and "project" work (specific to supporting the grant making process);
- Developed the responsibilities and time requirements for a Project Director to manage the work of the Collaborative;
- Obtained agreement and financial support from all members;

- Established a name for the Collaborative (Community Health Funders' Collaborative);
- Designated a fiscal agent;
- Developed a list of "lessons learned" that may be useful to others (see Appendix II)

**PHASE III:**

*Writing the Report  
(mid June – October 2007)*

**MAJOR GOALS OF PHASE III:**

- Create final reports and documents describing the process utilized in developing the Collaborative;
- Celebrate the work of the Collaborative with stakeholders.

**MAJOR ACCOMPLISHMENTS OF PHASE III:**

- Stakeholder celebration held;
- Reports completed and distributed to all members.



### III. RESULT:

#### *The Collaborative Model*

**VISION STATEMENT:** Franklin County, Ohio is a leading community reflecting a high quality of life and health status for its residents.

**MEMBERS:** the members of the Collaborative are those philanthropic organizations that decide to work together on community health and wellness related issues. The current members decided to work through at least one funding cycle before seeking additional members. This provides opportunities to further develop policies and procedures and begin to document and analyze the benefits of working together. The members will equally share the cost of the administrative support for the Collaborative.

**PROJECT PARTNERS:** There may be additional community partners interested in a particular issue being addressed by the Collaborative and who may not want to be a member, may not be ready to be a member, or who may not qualify as a member (such as a service provider.) The Collaborative will work to identify and recruit Project Partners on a project-by-project basis. Project partners may or may not provide funding for the project and may or may not provide subject mat-

ter experts to assist in analyzing issues and proposals. Project Partners may be for-profit, nonprofit or governmental organizations, however may not apply for or receive funding from the Collaborative during the time they are serving as a Project Partner.

**ADMINISTRATIVE ENTITY:** It is important to identify a person or an organization to manage the operations of the Collaborative and its projects:

- Handling meeting logistics (scheduling, obtaining rooms, developing agendas, taking minutes, etc.);
- Working with the members to identify community issues the Collaborative may wish to address;
- Identifying, recruiting and working with subject matter experts to develop “white papers” on the issues selected for analysis;
- Managing the financial affairs of the projects (assuring invoices are paid, that the Collaborative stays within its budget etc.);
- Assuring adequate communications among members, assuring the work of the Collaborative proceeds on schedule;
- Serving as the public point of contact for the Collaborative.

*(continued on page 5)*

#### MISSION STATEMENT:

To assure meaningful and sustainable community improvements in Franklin County through collaborative planning and philanthropic investments.

The Collaborative explored a number of options before identifying a structure to carry out its mission. The agreed upon structure (Appendix I) provides flexibility to accommodate future growth, changes in members and/or representatives of members, and changes in the development of funding priorities, all of which were considered essential to future success.

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**OPERATIONS RELATED TO PROJECTS INCLUDE:**

- Developing letters of intent and requests for proposals;
- Disseminating communications about the funding process;
- Conducting briefing meetings for those interested in applying for funding;
- Receiving and reviewing proposals for technical compliance, preparing proposals for review by members;
- Notifying successful and unsuccessful applicants;
- Working with grantees to assure adherence to the specifications of the grant;
- Collecting and reviewing grantee reports;
- Assuring an evaluation process is conducted on funding effectiveness;
- Writing reports documenting project progress;
- Managing the financial affairs of the projects (assuring grant payments are made and project budgets are in compliance);
- Developing promotional materials and communicating the work of the Collaborative;
- Serving as liaison between the members and the grantees.

The Administrative Entity is positioned as “support” for the Collaborative and not as the “decision-maker” regarding the proposals to be funded.

**FOUNDING MEMBERS**



THE FOUNDING MEMBERS OF THE COMMUNITY HEALTH FUNDERS' COLLABORATIVE INVITE YOU TO CONSIDER HOW A FUNDERS' COLLABORATIVE MAY HELP FURTHER YOUR WORK. WE HAVE FOUND THIS EFFORT TO BE A CONTINUALLY EVOLVING PROCESS AND WOULD BE PLEASED TO SHARE OUR ADDITIONAL EXPERIENCES WITH YOU. PLEASE FEEL FREE TO CONTACT OUR PROJECT DIRECTOR FOR ADDITIONAL INFORMATION (SEE PAGE 8 FOR CONTACT INFORMATION.)

#### IV. DISCUSSION OF PROCESS

The consultant conducted numerous interviews with various stakeholders and with the Collaborative members themselves. These interviews were helpful in understanding the various viewpoints about the work that had resulted in the *Healthy & Fit* community plan and in understanding the various stakeholder's wishes for the future. The interviews also provided the consultant with information about the various members' organizational processes, time availability, relationships, and commitment to the process.

The schedule for the six month planning period was finalized at the first meeting and required only minor adjustments.

In the first meeting, the group members became better acquainted and agreed on a work process (which came to be known as "the rules"). The rules covered such things as attendance, meeting preparation, and the number of members needed for decisions to be valid and binding on all.

The group decided to separate the costs of "Collaborative support" and "project support." It is expected that separating the work into these components will facilitate tracking expenses and allow the Collaborative to more accurately analyze costs and conduct cost-benefit analysis. Members are expected to equally share the expenses of supporting the Collaborative and to contribute equal amounts of time and other resources to the efforts. The effort required to support the Collaborative itself will remain fairly constant once the start-up period is completed. As the number of members increases, the cost per member is likely to decrease.

The cost and time demands for projects are expected to vary depending on the issue being addressed, the desired outcomes, the number of funding partners, and the number of grantees. The funders may not share the same level of commitment nor be able to contribute the same amount of funds to any particular project. The separation of costs into the aforementioned compo-

nents therefore provides the opportunity for equally shared leadership while accommodating varying levels of financial support for projects. This will allow the participation of small funders and provide an opportunity for all participants to leverage their funding to create more significant community impact than any could achieve alone. Expenses will be estimated for each project and the 'support' costs divided among the project partners on a pro-rated basis. "Pro-rated" means that a flat percentage of each partner's contribution will be used for support of the project rather than a fixed dollar amount (which is used to cover administrative costs of the CHFC.) Project partners will have an opportunity to serve on the project review panel.

Once the Collaborative's goals and structure were finalized, the members addressed developing a name for the group, obtaining a fiscal agent, securing approvals and allocation of funding, communicating with stakeholders, and establishing goals and priorities for the first project.

Members agreed the United Way of Central Ohio was the best choice to handle fiscal responsibilities.

Each organization has its own process for funding approvals. Through discussion, the group identified what each would need to approve funds for Collaborative support. The support required for the first year was an amount at a level that could be approved through most organizations' discretionary funds. Members decided to first address the issue of financial commitment to support the Collaborative and board authorization for project funds once there was more specificity regarding how grant funds would be used.

Decisions on funding priorities were determined to require the attendance of all four members. Due to unexpected circumstances, the Collaborative members were unable to meet for several weeks and the development of funding priorities was delayed.

*Early in the process the group clarified its goals and the initial work concentrated on the development of a shared vision, mission, values and structure to accomplish the Collaborative's work.*

## V. CONCLUSIONS AND RECOMMENDATIONS FOR OTHERS

### 1. Collaboration results from persistent and continuous effort.

A high level of trust and comfort in working together (including working with the facilitator) must be established early in the process. Even when the members are acquainted, introductory exercises and the development of the expectations for how the group will work together can help form the group into a team with shared understanding and expectations. Once the Collaborative structure is in place, the work does not stop. It continues to be important to work on the process as well as the content of working together.

### 2. All 501(c)(3) funding organizations are not the same.

It is important to identify and understand the differences among the various funders and how that impacts priority-setting and funding decisions. All the entities in this project are 501(c)(3) nonprofit organizations, however no two share the same National Taxonomy of Exempt Entities (NTEE) code. These differences help define the culture of the organizations and serve as a basis for how they determine priorities and make decisions.

### 3. The size of the individual funder's assets does not matter as much as one might think.

The funders participating in this project range in total assets from about \$46 million to about \$1 billion, making the largest funder more than twenty times the size of the smallest. Investments in the prior year in "health-related" projects also varied from about \$2.4 million to about \$13.5 million.

Despite these rather significant differences in assets and investments, the organizations were successful in working together. This was aided by early conversations in which all agreed to a shared process and that decisions would be made as a group for the good of the community, not based on who provides the most dollars. It was agreed, however, the administrative costs of supporting the Collaborative would be equally shared among the members.

### 4. It is important to identify at the beginning when critical decisions need to be made that will require approval by the respective boards and to determine what information each entity will require and by when.

Although the Collaborative (and the facilitator) was aware there were differences in the internal decision-making processes of each organization, the differences were initially underestimated. It would have been better if the final key decision dates had been identified much earlier in the process. It is important to determine how often the boards meet and how far in advance each board needs information. If the process is expected to reach a critical point in the summer or during a significant holiday period, it is also important to know each board's summer/holiday meeting schedule.

### 5. The use of an effective, group-selected external facilitator is important.

The facilitator in this project provided a combination of facilitation and project management. In some instances, these tasks may need to be assigned to different people. The Collaborative identified it was important for a facilitator to be objective, to provide feedback to the group on the decisions to be made, to help explore potential consequences of each decision, and to help keep the group on schedule. (For a complete list of attributes of the facilitator considered important, see Appendix II, item #5.)

It was important for the facilitator to record and process accurate and timely notes from the meetings, conduct searches for models of collaboration, interview stakeholders, and prepare documents to serve as the structural base for the Collaborative. The Consultant kept the group on task from meeting to meeting regarding assignments and for the next meeting.

### 6. Recognize that using contemporary "technology" may be a challenge for some group members.

The Consultant on this project suggested the use of an intranet to provide the group a centralized document

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repository where any member could find all the documents created by the group. A second reason for the intranet was to serve as a document repository for any new members for review of all the documents and resources developed prior to their membership.

The intranet was not a productive use of resources as the members did not access the site during the project. None of the members had previously used intranet and, although all agreed it “made sense” and “seemed very logical,” it worked better to email the materials to them. It is important to verify members receive all documents and alternate email addresses or delivery methods may need to be used. The group did not add any new members during this period; therefore there was no need for new members to have a document repository.

A recommendation for those developing a group-work environment is to determine if the members have prior experience using an intranet. If not, determine if the group feels comfortable and has the time to learn to use intranet. Otherwise, the group can save some time and resources by continuing to use conventional technology.

7. *Recognize that unanticipated events may occur requiring flexibility in the planning process and a commitment by all members to work through them as a group.*

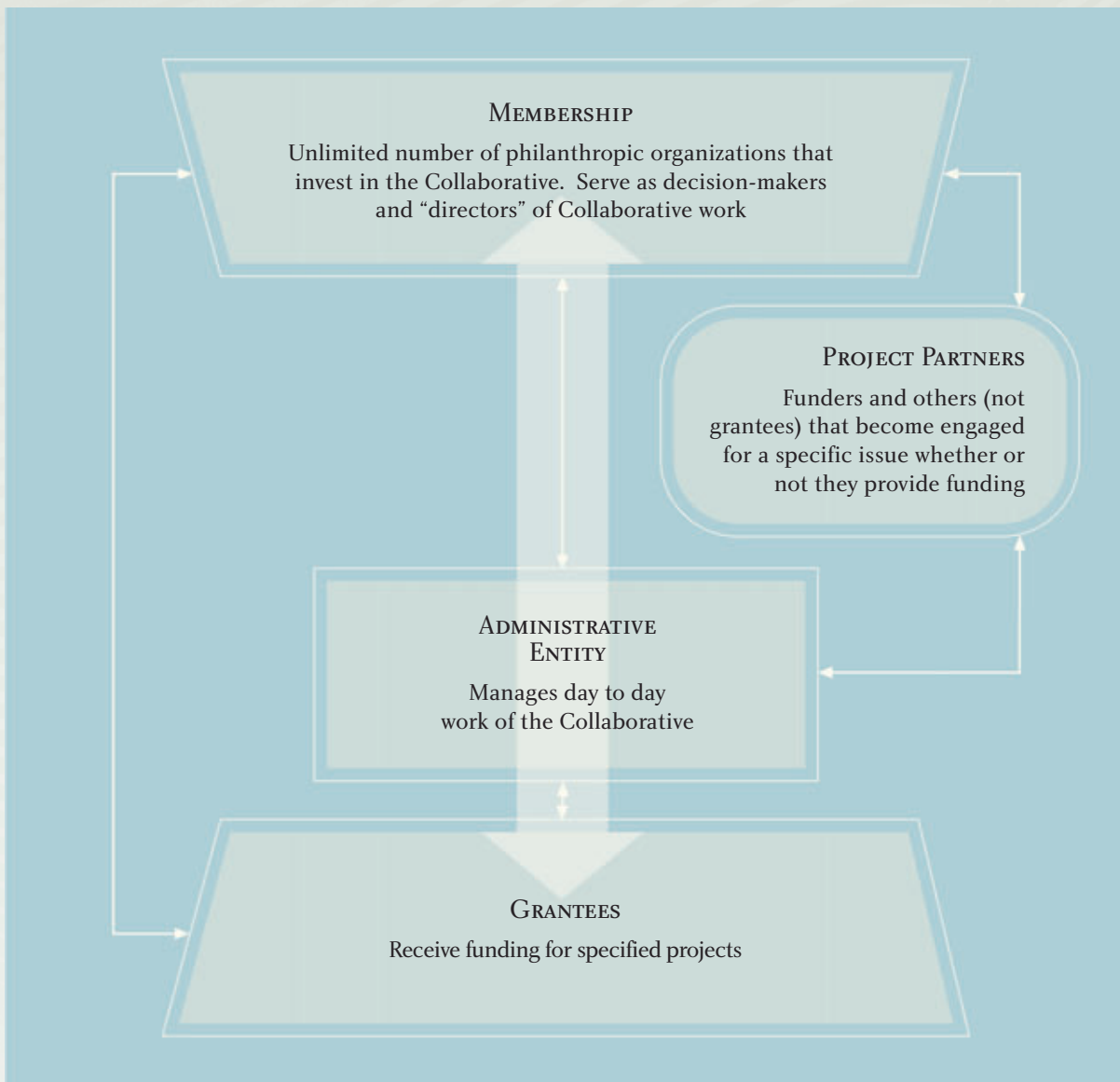
All members of this group were dedicated to the work of the Collaborative and, once a schedule of meetings was agreed upon, each guarded those times on their schedules and attended the meetings as expected. This was a significant help to the project as the group decisions did not have to be revisited because a different grouping of members reviewed them at subsequent meetings. During the six months of active meetings, the members experienced unanticipated personal and organizational events that impacted the group's ability to meet in person during some critical decision-making periods. While it is hoped such incidents are rare, it is important for the group to have cohesion and flexibility and be able to work around such issues. In this case, the group was able to use conference calling, to add an additional meeting, and to delay some decision-making until all members could be present. Further, vacation and holiday schedules should be considered before a final schedule of meetings is distributed.

## VI. CONTACT INFORMATION

The Community Health Funders' Collaborative would be pleased to hold discussions and share additional information with other groups wishing to develop collaborative funding efforts. For more information please contact:

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*Project Director*  
 Community Health Funders' Collaborative  
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 Columbus, Ohio 43215  
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# COMMUNITY HEALTH FUNDERS' COLLABORATIVE STRUCTURE & DEFINITIONS



#### DEFINITION:

The Community Health Funders Collaborative is a philanthropic partnership created to sustain community improvement through focused initiatives and leveraged funding. It is composed of private, community and corporate funders whose focus includes improving health and quality of life in Franklin County.

#### WHO IS ELIGIBLE TO BE A MEMBER OF THE COLLABORATIVE?

Private, corporate and community philanthropic organizations

#### DUTIES AND OBLIGATIONS OF MEMBERSHIP

- Make annual contributions to support the administrative work of the Collaborative;
- Make contributions to project funds, when developed;
- Identify at least one staff member to serve on the Collaborative and attend its meetings;
- Assure the identified staff member has authority to make decisions at the level needed by the Collaborative;
- Establish the goals and objectives of the Collaborative;
- Assure the Collaborative has adequate administrative support for its on-going business;
- Serve as the decision-making body that determines which Issues will be adopted and which projects will be funded by the Collaborative;
- Raise funds to support projects of the Collaborative;
- Recruit partners to participate in projects;
- Monitor and evaluate project outcomes, individual grantee performance, and the Collaborative itself;
- Assure there is sufficient funding for projects.

#### TASKS OF MEMBERSHIP:

- Work closely with the Administrative Entity;
- Oversee the performance of the Administrative Entity;
- Assure appropriate accountability for funds;
- Commission the development of issue reports/briefs/white papers;
- Study issue reports/briefs/white papers;
- Review results of evaluation reports;
- Review and approve recommendations of potential grantee organizations;
- Review evaluations of grantee performance; take action when needed;
- Review proposed policy initiatives.

### WHAT IS A PROJECT PARTNER?

A “project partner” is a private, corporate or community philanthropic organization, government agency or other community group that is not a Member of the Collaborative but joins with the Collaborative to address one or more Issues. Project Partners may provide services, (but may not receive grants for projects for which they are providing services), may help influence or change policy, may serve as Subject Matter Experts or may contribute to the fund set aside for projects impacting the identified issue(s). Project Partners may, but are not required, to commit funds to the Collaborative or to Collaborative funded projects.

### WHO IS ELIGIBLE TO PARTNER WITH THE COLLABORATIVE ON VARIOUS ISSUES/PROJECTS?

Private, corporate or community philanthropic organizations or government agencies, public and private institutions of higher learning, research entities, nonprofit and other community organizations, independent philanthropists, corporations and other businesses, neighborhood/community groups and individuals.

### DUTIES OF PARTNERS:

- Provide volunteers to serve as Subject Matter Experts and/or provide other personnel resources to the Collaborative as needed;
- Attend Partner meetings, as scheduled;
- Provide input and feedback to the Membership regarding the work of the Collaborative;
- Assist, if possible, in obtaining resources for project implementation;
- Serve on committees as needed and desired;
- Review project evaluations and provide input regarding same;
- Attend meetings of the Membership as invited and provide input related to the subject issue(s).

### WHAT IS AN ADMINISTRATIVE ENTITY?

An Administrative Entity is a person or group retained by the Collaborative to provide project management and administrative support. The Administrative Entity may not apply for funding to implement projects and does not have a vote regarding proposals to receive funding. The Administrative Entity may employ sub-contractors with approval of the Collaborative.

### DUTIES OF ADMINISTRATIVE ENTITY (AS DIRECTED BY THE MEMBERSHIP) :

- Provide ongoing support for the Collaborative's work (develop and circulate agendas, record and retain meeting minutes, send meeting notices, produce documents for meetings, etc.);
- Assure appropriate research and issue briefings are developed to inform the Collaborative's work;
- Help identify and bring together additional organizations, people and resources to carry out the Collaborative's work;
- Serve as the "first point of contact" for all matters concerning the Collaborative.

### WHAT IS A GRANTEE?

A "grantee" is a nonprofit 501(c)(3) or recognized government entity that receives funding from the Collaborative to implement one or more projects. "Grantees" may be recommended by a proposal review committee and finalized by the Membership. Grantees may not serve as Members or Partners of the Collaborative during the time they are receiving funds from the Collaborative and may not serve as the Administrative Entity for the Collaborative.

### DUTIES OF GRANTEES:

- Respond to inquiries from the Collaborative regarding their proposals;
- If funded, implement projects as agreed-upon with the Collaborative and submit all necessary reports;
- Participate in the evaluation process for the project for which funding has been received;
- Maintain contact with the Administrative Entity during the project implementation phase;
- Attend meetings of the Collaborative as requested;
- If a project's success demonstrates continued existence is appropriate, work to develop a method of sustainability beyond the Collaborative's funding period;
- Grantees may be invited to attend Membership meetings and provide comment.

## COMMUNITY HEALTH FUNDERS' COLLABORATIVE Collaborative Planning Process

### *List of "Lessons Learned"*



The identified "lessons learned" were generated by the participants and have been organized into 3 content areas: Funder Intent, Process & Facilitation and Future Operations

#### **OBSERVATIONS REGARDING INTENT OF FUNDERS TO WORK TOGETHER:**

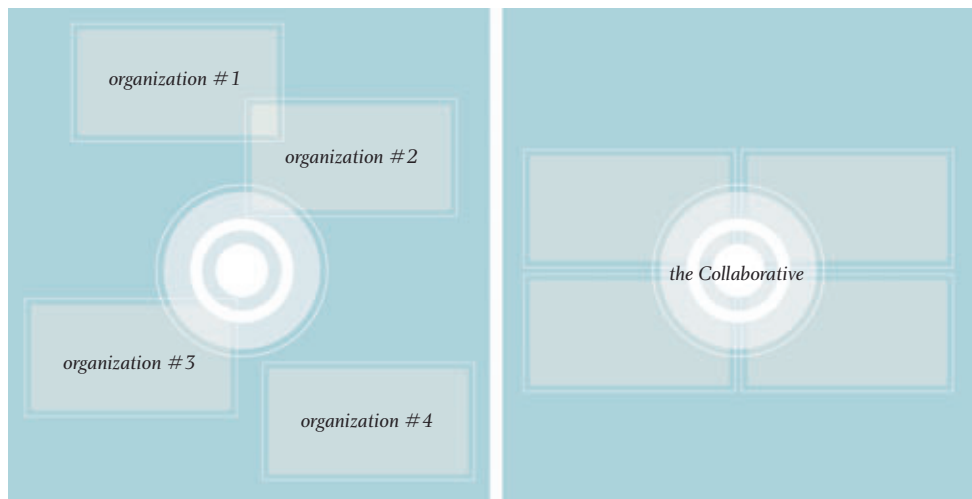
1. It is important to have a clear intention of and interest in working together.
2. It is important to have a defined purpose for working together.
3. It is important to have a level of trust among the participants (both inter-organizational and inter-personal.)
4. It is good to first agree to work together; then determine how to do it.

#### **OBSERVATIONS REGARDING PROCESS AND FACILITATION:**

5. It is important to have a facilitator to advance the process and keep participants on task. The core competencies of the facilitator should include:

- Demonstrated facilitation experience.
  - The ability to recognize discrepancies in what individuals are saying and/or what the group has previously said, bringing these to the attention of the group;
  - The ability to accurately reiterate to the group what has been said;
  - Experience in driving such processes, pushing the group more than they might have thought possible or desirable;
  - Having a clear understanding of how to help a group form and move forward collectively.
  - Understanding how to help a group create organizational structure.
  - Objectivity in regard to the issues being addressed.
  - Experience with different/creative/unusual facilitation methods to move the conversation along in a timely fashion.
6. It is important to agree to the "principles of working together" at the beginning, establishing the "ground rules" or "rules of engagement."
  7. It is important to develop a team environment and have everyone consistently present for the work.
  8. It is important for the facilitator and each member to be willing to address difficult issues.

9. It would be best to have the potential collaborative members share the cost of the planning phase. If one member pays the cost of the facilitation process, the “role” of that member needs to be discussed and agreed upon at the beginning.
10. If any of the members have previously been viewed as the “lead” organization, this needs to be discussed early in the process and decisions reached about how to “level” the field for all participants.
11. It is good to investigate and evaluate successful models of collaboration and use that information to help create the group’s own model.
12. It is important to recognize any preconceived notions about which groups may or may not work well together and avoid having these impact the group.
13. The individuals and organizations involved in the process need to be willing to keep an open mind regarding what the end product may be so the group can collectively identify the best possible desired end product for itself.
14. It is important to have one representative from each organization commit to attending every meeting; it is important for each representative to have a similar level of authority to speak for their respective organizations and to clarify the decision-making processes of each organization.
15. It is important to take time at the beginning of the process to plan how the organizations will work together instead of starting immediately to work on funding decisions.
16. It is important to take sufficient time to plan and not rush the process, although the process should be completed in a timely fashion.
17. It is important to clarify the outcomes for working together. The different members and their respective organizations may have different opinions about what the outcome(s) should be and the group needs to agree on the outcome(s) everyone can support:



*Before: Divergence of Opinions Regarding Outcomes*

*After: Organizations Have Adopted Common Vision*

**OBSERVATIONS REGARDING FUTURE OPERATIONS:**

18. Before proceeding with implementation of any collaborative projects, it is important to have a set of agreed-upon organizing documents that define the basic structure and purpose of the collaborative.
19. It is important to have flexibility in the model that is adopted and that it is adaptive to change. Recognize working together is a “process” not a “product” and things will likely change over time.




THE COMMUNITY HEALTH FUNDERS'  
COLLABORATIVE ENCOURAGES CREATIVITY AND  
PARTNERSHIPS TO CREATE SUSTAINABLE  
IMPROVEMENTS IN QUALITY OF LIFE AND  
HEALTH STATUS FOR ALL.





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**COMMUNITY HEALTH FUNDERS' COLLABORATIVE**  


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