Grant-Funded CBOs and the Mission Drift Problem

When community organizations assume government contracts, they face tensions in balancing service provision with advocacy and in sustaining funding while preserving organizational autonomy.

The Capacity Question

Community-based organizations serving low-income populations already operate at capacity limits before work requirements arrive. Organizations providing housing assistance, food programs, job training, and family support services now face requests to help people navigate Medicaid compliance obligations. The executive director juggling grant deadlines, donor cultivation, and staff management adds work requirements to an already overwhelming agenda. The case manager seeing six clients daily now fields questions about verification documentation and exemption categories.

Unlike faith-based organizations that can tap volunteer networks through existing congregation engagement, CBOs

typically operate through paid staff funded by grants and contracts. Adding services requires funding. Funding comes with requirements. Requirements shape priorities. The mission drift cycle begins before the first contract is signed.

Traditional CBO funding comes through multiple sources. Federal grants through agencies like HHS, HUD, and DOL provide substantial resources but impose strict service specifications and reporting requirements. State contracts fund specific services with defined eligibility criteria and performance metrics. Foundation grants enable programmatic innovation but demand demonstrated outcomes and sustainability plans. Individual donations provide flexibility but remain unpredictable. Earned revenue through fee-for-service creates independence but limits whom organizations can serve.

Each funding stream shapes organizational priorities. Federal grants require standardized service delivery and data collection that may not align with community needs. State contracts specify eligible populations and qualifying activities that may exclude people needing help. Foundation grants demand innovative approaches when communities need reliable basic services. Individual donations fluctuate with economic conditions beyond organizational control. Fee-for-service models systematically exclude people who cannot pay.

When states offer contracts for work requirement navigation services, resource-constrained CBOs face difficult decisions. Accepting contracts brings needed funding and enables service expansion. Refusing contracts maintains autonomy but leaves community members without support. The choice isn't neutral. It shapes what the organization becomes.

The Mission Drift Trajectory

Mission drift follows predictable patterns across organizations that begin with community-defined missions and gradually become government contractors implementing state policy priorities.

The first phase involves accepting initial contracts to fund positions helping community members with work requirements. The organization maintains that navigation support aligns with existing mission of serving vulnerable populations. Staff hired through contract funds work alongside existing case managers. Work requirements become one more barrier the organization helps people overcome.

Syam Adusumilli, Chief Evangelist, *syam.a@groundgame.health*

The second phase arrives when contract reporting requirements begin reshaping organizational operations. States want data: how many people served, verification submission rates, exemption approval percentages, coverage retention outcomes. The organization builds tracking systems meeting state specifications. Staff time shifts from relationship-building to documentation. Performance metrics emphasize compliance rather than holistic support.

The third phase emerges when contract renewal depends on demonstrated outcomes. Organizations that maintain high compliance rates and low coverage loss receive expanded contracts. Organizations serving more complex populations with lower compliance rates see reduced funding. Staff performance evaluations incorporate state-defined metrics. Hiring priorities favor candidates with experience in government program administration rather than community organizing or advocacy.

The fourth phase crystallizes when state funding dominates organizational budgets. What began as supplemental revenue becomes majority funding. Board discussions focus on contract performance rather than community needs. Strategic planning aligns with state priorities to maintain contracts. The executive director spends more time managing government relationships than community partnerships. The organization has become work requirements implementation infrastructure.

The final phase completes when organizational identity shifts from community institution that assists with work requirements to work requirements navigator that happens to be community-based. New staff join the organization to implement contracts, not to serve community-defined needs. Board members are recruited for grant-writing expertise and government relations skills rather than community connections. Mission statements reference supporting self-sufficiency through employment rather than addressing systemic barriers facing low-income communities.

Not every organization follows this trajectory completely. Some resist by maintaining diversified funding preventing state contract dependence. Some accept mission evolution as legitimate institutional adaptation. Some experience internal conflict between staff committed to original mission and leadership focused on financial sustainability. But the pattern repeats often enough to be recognized as structural rather than individual failing.

The Capacity Constraint

Even CBOs wanting to provide navigation support face capacity limitations that state funding cannot fully address.

Professional staff require living wages, benefits, training, supervision, and professional development. The organizational infrastructure supporting them requires office space, technology, administrative support, liability insurance, and compliance systems. Quality services demand manageable caseloads allowing time for relationship-building and complex problem-solving rather than transaction processing.

States calculating contract rates based on projected service volumes typically underestimate actual costs. A rate of $200 per member per year assumes navigators can serve hundreds of members. But intensive support for people facing multiple barriers requires hours per member monthly. Multiply-burdened populations from Article 3C need care coordination, documentation facilitation, crisis intervention, and ongoing relationship. Simple verification support differs fundamentally from comprehensive navigation.

The math doesn't work for comprehensive services at scale. Serving 18.5 million people with professional navigators at 50:1 ratios requires 370,000 FTE positions. At $50,000 per FTE including wages, benefits, supervision, and overhead, the cost reaches $18.5 billion annually. No combination of state, federal, and philanthropic funding approaches this level. Medicaid administrative matching partially covers costs but insufficient for full professional model at scale.

Syam Adusumilli, Chief Evangelist, *syam.a@groundgame.health*

CBOs accepting contracts knowing rates don't cover actual costs face difficult choices. Increase caseloads beyond sustainable levels, reducing service quality. Subsidize contracts through unrestricted funds intended for other purposes. Limit services to transaction processing rather than holistic support. Serve only easy-to-help populations while referring complex cases elsewhere. Each choice compromises either financial sustainability or service quality.

Geographic distribution creates additional capacity challenges. Well-resourced communities with established organizational infrastructure can compete for state contracts. Under-resourced communities already lacking CBO capacity cannot suddenly create it. Rural areas with limited population density cannot support organizations through local funding alone. The result is predictable: geographic variation in navigation access regardless of identical state policies across populations.

The Collaboration Versus Resistance Question

Organizations opposing work requirements philosophically face particularly acute tensions when states offer navigation funding.

The case for collaboration rests on immediate human need. People lose coverage whether organizations provide support or not. Refusing to help because of policy disagreement harms individuals without changing policy. Organizations have missions to serve vulnerable populations requiring them to provide navigation support regardless of philosophical views. Working within the system enables better outcomes than refusing to engage.

The case for resistance emphasizes systemic impacts. Helping people comply makes the system function better, extending its life and legitimizing harmful policy. Organizations become implementation partners rather than advocacy voices. Focusing energy on individual compliance distracts from organizing for policy change. Documentation of implementation failures, legal challenges, and political mobilization represent more effective strategies than facilitating compliance.

Many organizations attempt both, providing individual navigation while simultaneously advocating for policy elimination or substantial modification. This approach requires careful internal communication so staff understand the organization's position. The case manager helping someone submit verification hears complaints about surveillance and documentation burden. Repeating "I agree this policy is problematic but let's get you compliant to maintain coverage" strains staff facing cognitive dissonance daily.

Burnout becomes real concern when staff feel complicit in systems they view as harmful. Organizations attempting both service provision and advocacy must provide substantial support. Regular processing sessions where staff discuss ethical tensions. Clear protocols for escalating systemic problems beyond individual cases. Permission to engage in advocacy work within job responsibilities. Recognition that maintaining both positions is emotionally taxing.

Some organizations resolve tension by explicitly separating service and advocacy functions. One arm of the organization implements state contracts providing navigation. Another arm advocates for policy change through legal challenges, legislative testimony, and community organizing. Different staff, different funding, different reporting relationships. This separation enables both functions without forcing individuals to occupy contradictory positions simultaneously.

Other organizations decline state contracts entirely, choosing advocacy over service provision. They document implementation failures, support litigation, mobilize affected individuals, and pressure policymakers. They may provide limited navigation through volunteer efforts or refer people to organizations accepting contracts. This approach preserves organizational autonomy and advocacy credibility but leaves service gaps.

Syam Adusumilli, Chief Evangelist, *syam.a@groundgame.health*

Trust and Credibility

Organizations with established community trust can leverage existing relationships for navigation support. Organizations without existing community ties struggle regardless of resources or technical capacity. A well-funded navigation program run by an organization the community doesn't know will be less effective than resource-constrained services provided by trusted institutions.

Trust operates at multiple levels. Individual trust develops through consistent support across multiple needs over time. Someone who received housing assistance, job training, or food support from an organization trusts that organization to help with Medicaid navigation. Organizational trust builds through demonstrated commitment to community interests even when those interests conflict with funder priorities. Community trust extends to organizations known for advocacy and resistance to harmful policies even when they provide government-funded services.

This creates concerning patterns. Well-resourced communities with strong CBO infrastructure develop navigation capacity. Under-resourced communities already lacking organizational support fail to develop work requirement navigation. Geographic inequity in navigation access follows existing patterns of resource distribution. State policies become equally applied across populations but unequally accessible due to infrastructure variation.

State responses to these patterns vary. Some invest in building CBO capacity in under-resourced communities through technical assistance, startup funding, and multi-year contracts providing sustainability. This approach requires lead time that fourteen-month implementation timelines don't permit. The organizations providing navigation in December 2026 are organizations that already exist with existing capacity and community relationships.

Other states accept geographic variation as inevitable, focusing state-employed navigators in areas without CBO presence. This prevents complete access deserts but cannot replicate community trust and cultural competency that established organizations provide. Government-employed navigators working statewide may cover rural areas but lack community connections enabling effective support.

The Diversified Funding Model

Organizations avoiding complete dependence on state contracts typically maintain diversified funding portfolios protecting autonomy while enabling sustainability.

State contracts fund core navigation capacity providing reliable revenue stream and enabling staff hiring. These contracts specify service delivery requirements and performance metrics but provide necessary infrastructure for basic operations.

Foundation grants support advocacy work, capacity building, and innovation that state contracts cannot fund. Foundations interested in systems change or equity often explicitly fund work challenging government policies. These grants enable organizations to simultaneously serve individuals and advocate for systemic improvements.

Earned revenue through fee-for-service provides flexibility and independence. Organizations with capacity to charge fees for consulting, training, or specialized services generate revenue without funder restrictions. This income subsidizes services to populations unable to pay and supports advocacy work beyond contract specifications.

Individual donations from community members and supporters provide flexible funding enabling rapid response to emerging needs. Small donor bases create constituent accountability beyond funder requirements. Community members donating $25 monthly have voice in organizational priorities that government contracts don't provide.

Partnerships with other organizations enable resource sharing and specialization. One organization focuses on documentation support while another provides exemption advocacy. Organizations share technology platforms, training resources, and back-office functions. Collaboration reduces duplication and enables complementary strengths.

This diversified model requires sophisticated financial management, multiple reporting systems, and careful attention to funding restrictions. Executive directors need skills in government contracting, foundation relations, earned revenue generation, donor cultivation, and partnership development simultaneously. The administrative burden is substantial but necessary for maintaining autonomy while achieving scale.

Organizations without capacity for diversified funding face stark choices between financial sustainability through state contracts or organizational autonomy through limited scale. Small organizations with limited administrative capacity typically choose either complete contract dependence or complete independence. The organizations successfully navigating this tension tend to be larger, more established institutions with sophisticated operations.

Technical Capacity and Infrastructure

State verification systems and documentation requirements assume technical sophistication that many CBOs lack.

API integration connecting CBO case management systems to state verification portals requires technical expertise that small organizations don't possess. Even organizations with case management software typically use systems not designed for government program integration. Building custom connections exceeds both technical capacity and budget constraints.

Data security and privacy compliance meeting HIPAA and state confidentiality requirements demand infrastructure investment. Secure servers, encrypted communication, staff training, compliance monitoring, and audit capacity exceed what small organizations can sustain. Organizations serving fewer than 100 members facing work requirements cannot justify enterprise-level data security systems.

Staff training on verification procedures, exemption categories, documentation standards, and system navigation takes time organizations don't have. Case managers already juggling multiple responsibilities cannot master complex technical systems requiring hours of training. High staff turnover in organizations offering limited wages requires repeated training as experienced navigators leave for better-paying positions.

Quality assurance systems monitoring verification success rates, exemption approval outcomes, and coverage retention patterns require capacity beyond direct service delivery. Organizations need staff analyzing data, identifying problems, implementing improvements, and demonstrating outcomes to funders. Small organizations lack dedicated quality improvement positions.

The sustainable technical model provides shared infrastructure serving multiple organizations. A statewide or regional platform offers case management functionality, state system integration, secure data storage, and reporting capabilities. Individual CBOs use the platform without building custom systems. The shared approach achieves sophistication through scale while accommodating organizations with limited technical capacity.

Foundations, state agencies, or national CBO networks typically fund shared infrastructure. No individual CBO can build these systems alone. Investment in common platforms benefits entire ecosystems. States choosing this approach accelerate implementation and enable broader participation than expecting each CBO to build independent technical infrastructure.

Organizations without access to shared platforms face exclusion from formal verification networks. They may provide navigation support through paper-based processes but cannot submit verification directly to

state systems. They refer members to other organizations or state offices for actual submission. This intermediary role provides value but limits organizational capacity to demonstrate outcomes and justify funding.

Geographic Patterns and Equity Concerns

Resource-constrained communities already lacking institutional infrastructure cannot suddenly develop it for work requirements. Organizations serving these communities operate on minimal budgets with volunteer leadership and donated space. Adding sophisticated navigation services exceeds existing capacity regardless of state contract availability.

Urban areas with established CBO ecosystems develop robust navigation infrastructure. Multiple organizations compete for state contracts. Specialization emerges with some organizations focusing on specific populations or particular challenges. Coordination mechanisms enable referrals and resource sharing. Navigation becomes accessible through multiple pathways in multiple languages with cultural competency across diverse populations.

Rural areas with limited organizational presence struggle developing sufficient navigation capacity. Organizations serving multi-county regions cannot provide intensive support to dispersed populations. Travel distances create barriers for staff and members. Limited population density makes specialized services unsustainable. Single organizations must serve everyone rather than specializing by population needs.

The equity implications are straightforward. People facing identical work requirements have vastly different access to navigation support based on where they live. Someone in well-resourced urban community with multiple CBO options receives intensive support in their language with cultural understanding. Someone in rural area or under-resourced urban neighborhood navigates alone or travels hours to distant assistance.

State approaches to these equity concerns vary. Some deploy state-employed navigators to areas without CBO capacity, attempting uniform access regardless of community infrastructure. Others accept geographic variation while investing in long-term capacity building in under-resourced communities. Still others ignore the problem, implementing identical policies across populations with vastly different support access.

The organizations providing navigation in December 2026 are organizations with existing capacity, established community relationships, technical sophistication, and financial stability. Building new organizational infrastructure in under-resourced communities requires years, not months. States with fourteen months until implementation work with existing organizational ecosystems or face systematic access disparities.

Staff Meeting Their Own Work Requirements

Many CBO staff members providing navigation services are themselves subject to work requirements. Case managers, peer navigators, community health workers, and outreach coordinators earning modest wages through part-time positions need their own employment hours verified. The organization employing them becomes their verification source while they simultaneously help clients navigate the same compliance obligations.

This creates natural alignment between personal experience and professional competency. Someone working twenty-five hours weekly as CBO navigator understands verification systems intimately because they submit their own documentation monthly. They recognize common barriers because they face them personally. They know which exemption categories apply because they researched their own eligibility. Their lived experience as someone managing work requirements while providing navigation support creates credibility that purely professional credentials cannot replicate.

Organizations should formalize this pathway ensuring staff receive proper verification documentation for their employment. Payroll systems automatically generate hour reports. Supervisors provide employment verification letters when staff need backup documentation. Human resources departments understand their role supporting staff compliance alongside organizational operations. This infrastructure benefits staff while improving organizational capacity to help clients with similar verification needs.

The reciprocal learning flows both directions. Staff managing their own compliance discover system problems that clients also face. When the verification portal rejects properly formatted documentation, staff experience the frustration firsthand and develop workarounds to share with clients. When exemption applications take weeks longer than policy specifies, staff document delays they're personally experiencing and escalate systemic problems. This insider perspective on system dysfunction improves advocacy and service quality.

Professional development pathways emerge when staff successfully managing their own requirements want to expand expertise. Someone working part-time as peer navigator completes Community Health Worker certification while employed, using their navigation work as practical training experience. They transition from meeting requirements through CBO employment to exceeding requirements while building professional credentials. The organization benefits from increasingly skilled staff while individuals achieve economic mobility.

State policies should explicitly recognize that CBO staff subject to work requirements can count their navigation employment toward compliance obligations. This seems obvious but requires clear regulatory language preventing confusion. When someone earns income helping others navigate work requirements, those employment hours count toward their own requirements regardless of whether clients they serve face the same obligations. The work qualifies because it constitutes paid employment, not because of who receives services.

The Layered Support Model: CHWs as Specialists

Grant-funded CBOs employing professional Community Health Workers create the specialist layer handling complex cases requiring clinical knowledge, intensive coordination, and sustained engagement. Faith-based organizations and CISE providers constitute the primary high-volume layer managing medium to low complexity situations through peer support and community relationships.

This layered model recognizes that different navigation challenges require different support intensity and expertise. Someone needing basic verification help benefits from peer navigator with lived experience and community connection. Someone managing serious mental illness while facing exemption documentation requirements needs CHW with clinical training and healthcare system navigation expertise. Someone experiencing housing crisis alongside work requirement compliance needs professional case manager coordinating across multiple systems.

Community Health Workers bring clinical competency that peer navigators lack. They understand medical terminology, read clinical documentation, communicate with providers using healthcare language, coordinate complex medication regimens, and recognize when symptoms indicate need for professional intervention. They complete formal training programs covering anatomy, physiology, chronic disease management, behavioral health, and health system navigation. Many states require certification establishing minimum competency standards.

The CHW role in work requirements involves several specialized functions beyond peer navigator scope. They facilitate medical exemption documentation by translating clinical information between providers and members, explaining functional assessment requirements to physicians, compiling comprehensive medical histories supporting exemption applications, and coordinating specialists when multiple conditions interact. They manage care transitions ensuring someone discharged from psychiatric hospitalization has exemption

coverage during recovery. They provide intensive support for people with intellectual and developmental disabilities requiring supported decision-making.

Professional boundaries distinguish CHW specialist functions from peer navigator support. Peer navigators with lived experience help someone understand exemption categories and connect with providers. CHWs coordinate the clinical documentation process itself. Peer navigators provide encouragement and share personal strategies. CHWs assess whether barriers require clinical intervention or social service coordination. Peer navigators offer community-based support between crises. CHWs provide intensive engagement during acute situations.

The volume distribution follows predictable patterns. Perhaps seventy percent of people facing work requirements need only basic verification support, exemption information, and occasional problem-solving. Faith-based volunteers and CISE peer navigators serve this majority through community relationships at modest cost. Twenty percent need moderate support involving documentation coordination, barrier resolution, and regular check-ins. CHWs provide this through standard caseloads of fifty to seventy-five members. Ten percent require intensive services combining clinical care coordination, behavioral health support, housing stability, and crisis intervention. CHWs carrying smaller intensive caseloads of twenty to thirty members serve this population.

This distribution enables financial sustainability. CBOs cannot employ enough CHWs to provide intensive support for everyone. States cannot fund professional services for 18.5 million people. But organizations can employ CHW specialists handling complex cases while community networks provide high-volume basic support. The layered approach matches support intensity to member need rather than providing identical services regardless of complexity.

Referral pathways enable movement between layers as needs change. Faith-based peer navigators identify someone whose depression prevents consistent work attendance and refer to CBO CHW for intensive support. The CHW facilitates psychiatric evaluation, coordinates exemption documentation, and provides weekly engagement until the member stabilizes. When stable, the member returns to maintenance support from community peer navigator. This flow enables intensive services when necessary without maintaining ongoing intensive support after crisis resolves.

Technology infrastructure should facilitate this layering rather than creating artificial separations. Shared case management systems allow peer navigators to refer seamlessly to CHWs when complexity exceeds their scope. CHWs access documentation peer navigators already compiled rather than starting from scratch. Status tracking shows which members receive peer support, CHW services, or both. Communication tools enable coordination across layers without requiring everyone to use identical systems.

Quality assurance recognizes different competency expectations across layers. Peer navigators should demonstrate community connection, lived experience credibility, and basic procedural knowledge. CHWs must show clinical competency, care coordination capability, and capacity for complex problem-solving. Evaluation criteria match role expectations rather than holding peer navigators to CHW standards or vice versa.

The sustainable funding model stacks resources matching the layering. Community peer support through faith organizations and CISEs happens through volunteer hours counting toward requirements, modest fees, and small grants. Basic peer navigation receives moderate per-member payments covering coordination but not intensive services. CHW specialist support receives substantially higher rates reflecting professional credentials and complex caseload demands. This tiered payment structure enables comprehensive coverage without requiring professional rates for basic support.

Geographic distribution benefits from layering. Rural areas with limited professional capacity can still provide basic peer support through faith communities and CISE providers. Regional CHWs based at CBOs

serve multiple communities for complex cases. Telehealth enables CHW consultation supporting local peer navigators when in-person specialist presence isn't feasible. This distributed model provides some support everywhere rather than comprehensive services only in well-resourced communities.

Professional Boundaries and Scope of Practice

CBOs providing navigation support must navigate professional boundaries distinguishing peer support and case management from activities requiring professional credentials.

Legal advice about exemption appeals or documentation requirements exceeds most navigator scope. Organizations providing advice about legal rights and administrative procedures without attorney supervision risk unauthorized practice of law. The line between explaining rules and providing legal guidance blurs in complex cases requiring interpretation of eligibility criteria or procedural requirements.

Medical advice about whether conditions qualify for exemptions cannot come from peer navigators. Determining whether someone's depression prevents consistent work attendance requires clinical judgment that case managers don't possess. Navigation appropriately involves helping people access medical evaluations and connect with providers who can document exemptions, not making medical determinations.

Financial counseling about employment decisions involves sophisticated understanding of benefit cliffs, tax implications, and long-term consequences that exceeds typical navigator expertise. Someone deciding whether accepting additional work hours risks Medicaid loss needs analysis that peer support cannot provide. Navigators can identify the question and connect to financial counseling resources but should not provide specific advice.

Mental health support during crisis moments requires training that most navigators lack. Someone experiencing suicidal ideation, psychotic symptoms, or severe anxiety needs professional intervention that peer navigators cannot provide. Navigators must recognize signs requiring professional support and facilitate rapid connection to mental health services.

The challenge is that populations needing intensive navigation support face multiple complex needs simultaneously. Someone losing Medicaid coverage may also face housing instability, domestic violence, substance use struggles, and mental health challenges. Segmenting support into neat professional categories fails when problems intersect. The navigator helping with work requirements cannot ignore housing crisis or mental health emergency even if those fall outside formal scope.

Organizations addressing this tension provide clear protocols for when issues exceed navigator capacity, strong referral networks enabling rapid connection to specialized services, regular supervision helping navigators identify situations requiring escalation, and backup from professional staff when cases become complex. The model recognizes that peer navigators handle substantial complexity while knowing when professional expertise becomes necessary.

Liability protection requires clear documentation of navigator roles and limitations, informed consent processes explaining what navigators can and cannot do, professional liability insurance covering organizational activities, and defined policies about scope of practice. Organizations without these protections face legal exposure when navigators exceed appropriate boundaries even with good intentions.

The Path Forward

Grant-funded CBOs provide essential navigation infrastructure for populations without strong faith community connections or access to other support systems. Their effectiveness depends on maintaining community trust while managing funder relationships, building technical capacity within budget constraints, serving complex populations with limited resources, and preserving mission alignment despite financial pressures.

Syam Adusumilli, Chief Evangelist, *syam.a@groundgame.health*

Organizations successfully navigating these tensions typically maintain diversified funding preventing contract dependence, invest in staff development and supervision supporting quality services, build partnerships enabling resource sharing and specialization, protect time for advocacy work beyond service provision, and maintain explicit attention to mission alignment as priorities evolve.

States enabling CBO success provide adequate contract rates reflecting actual service costs, invest in shared technical infrastructure serving multiple organizations, support capacity building in under-resourced communities, allow flexibility in service models accommodating different organizational strengths, and recognize geographic variation in organizational capacity requiring differentiated approaches.

The next article examines Community Inclusive Social Enterprises transforming compliance burden into community capacity building through peer-driven, compensation-generating models that bridge traditional employment and volunteer support.

Next in series: Article 8C, "Community Inclusive Social Enterprises as Reciprocal Infrastructure"

Previous in series: Article 8A, "Faith-Based Organizations as Trusted Intermediaries"

References

1. Smith, Steven Rathgeb, and Michael Lipsky. "Nonprofits for Hire: The Welfare State in the Age of Contracting." Harvard University Press, 1993.
2. Alexander, Jennifer, and Renée Nank. "Public-Nonprofit Partnership: Realizing the New Public Service." Administration & Society, vol. 41, no. 3, 2009, pp. 364-386.
3. Saidel, Judith R., and Sharon L. Harlan. "Contracting and Patterns of Nonprofit Governance." Nonprofit Management and Leadership, vol. 8, no. 3, 1998, pp. 243-259.
4. Frumkin, Peter. "On Being Nonprofit: A Conceptual and Policy Primer." Harvard University Press, 2002.
5. Guo, Chao, and Muhittin Acar. "Understanding Collaboration Among Nonprofit Organizations: Combining Resource Dependency, Institutional, and Network Perspectives." Nonprofit and Voluntary Sector Quarterly, vol. 34, no. 3, 2005, pp. 340-361.
6. Salamon, Lester M. "Partners in Public Service: Government-Nonprofit Relations in the Modern Welfare State." Johns Hopkins University Press, 1995.
7. Gronbjerg, Kirsten A. "Understanding Nonprofit Funding: Managing Revenues in Social Services and Community Development Organizations." Jossey-Bass, 1993.
8. Stone, Melissa M., and Susan Cutcher-Gershenfeld. "Challenges of Measuring Performance in Nonprofit Organizations." Nonprofits & Voluntary Sector Quarterly, vol. 31, no. 4, 2002, pp. 532-554.
9. Boris, Elizabeth T., and C. Eugene Steuerle. "Scope and Dimensions of the Nonprofit Sector." The Nonprofit Sector: A Research Handbook, 2nd ed., edited by Walter W. Powell and Richard Steinberg, Yale University Press, 2006.
10. National Council of Nonprofits. "Understanding Nonprofit and Tax-Exempt Status." CouncilofNonprofits.org, 2024.

Syam Adusumilli, Chief Evangelist, *syam.a@groundgame.health*