

Getting Ready to Collaborate: A Tool

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Getting Ready to Collaborate – A Tool

This tool is designed to meet you where you are. You can read it straight through or jump to the section most relevant to your situation. Here are some suggested entry points:

- **If you're new to collaboration:** Start with [Why Collaborate?](#) and the [Continuum of Collaboration](#) to build a shared understanding with your partners.
- **If you're ready to assess readiness:** Go directly to the [Exploring Collaborations – Readiness Checklist](#). Use the Simple checklist for lower-intensity partnerships, or the Complex checklist for longer-term, higher-stakes work.
- **If you're drafting an agreement:** Jump to [Appendix A](#) (Simple Collaboration Agreement) or [Appendix B](#) (Complex Collaboration Agreement) for templates and sample language.
- **If you're working on equity and power-sharing:** Read [Our Shared Commitments](#) before using any of the checklists or agreement templates. These values should inform every section of the tool.

Throughout this tool, you will find questions to discuss with your partners, not just boxes to check. The goal is genuine alignment — especially on values, power, and shared accountability — before you commit to a collaboration.

Introduction

The Ontario Advisory Committee on HIV/AIDS (OACHA) HIV Action Plan to 2030 describes the importance of partnerships if the HIV sector wants to meet the UNAIDS targets to reduce infections and ensure people with HIV are diagnosed and treated.¹

But what does ‘partnership’ mean? Are joint projects, joint ventures, coalitions, alliances, cooperations, coordination, and collaboration all similar things? These words are often used interchangeably but are they different in practice in the HIV sector?

This resource has been informed by the Tamarack Institute’s Collaboration Tool² and has been adapted with a focus on the HIV sector. It will help your AIDS Service Organization (ASO) explore:

- Why “working together” is important to fulfilling your mission;
- Where your efforts of “working together” might fit on a continuum;
- How to assess your readiness for collaboration.

¹ <https://www.ontario.ca/files/2023-12/moh-oacha-hiv-action-plan-en-2023-12-01.pdf>

² Tamarack Institute & Ignite NPS. (2025, June 18). *The Collaboration Toolkit*. <https://www.tamarackcommunity.ca/interactive-tools/the-collaborative-non-profit>

Why Collaborate?

Collaboration, as defined by Tamarack Institute, is “two or more organizations, groups or networks who partner to achieve mutually agreed-upon outcomes that can’t be achieved by working alone. **Today, [collaboration] is a strategic imperative to advance the organization’s purpose and long-term sustainability.**”³

ASOs have always collaborated in various ways to meet needs. Collaborations can be informal or formal and can be short-term or longer-term. They allow the ASO to broaden its reach, serve marginalized communities that have often been excluded from services and tackle challenging issues. Collaborations can lead to increased impact.

Reasons to collaborate include:

- Reaching new and different service populations that cannot be reached alone (e.g., marginalized communities that need your services, but you do not have a relationship with, such as certain ethno-specific communities or People Who Use Drugs);
- Meeting increased demand, while experiencing limited or declining resources;
- Increasing chances of getting new resources (financial, technical and human);
- Meeting expectations from funders and government to work together;
- Exploring innovation in service delivery;
- Decreasing duplication of services;
- Enhancing potential for cost savings, from small to significant, through operational efficiencies or integrating functions;
- Enhancing opportunity to advocate for system changes and to influence public policy^{4,5}


Continuum of Collaboration

Collaboration happens on a continuum. Moving along the continuum goes from loose, informal communication to full structural integration. It’s important to assess what level of collaboration is needed to achieve the shared goals your ASO and other organizations have identified. Additionally, you need to assess whether your group of organizations have the capacity, resources and trust to enter into the collaboration.

³ Tamarack Institute & Ignite NPS. (2025, June 18). *The Collaboration Toolkit. Collaboration: The Case, The Context and The Impact.* <https://www.tamarackcommunity.ca/interactive-tools/the-collaborative-non-profit>

⁴ Tamarack Institute & Ignite NPS. (2025, June 18). *The Collaboration Toolkit. Collaboration: The Case, The Context and The Impact.* <https://www.tamarackcommunity.ca/interactive-tools/the-collaborative-non-profit>

⁵ Nayar Consulting. (2010). *Collaboration Toolkit.* North Etobicoke Local Immigration Partnership. P.1 <https://p2pcanada.ca/search/?q=north+etobicoke#:~:text=p2pcanada.ca%20%E2%80%BA%20files%20%E2%80%BA%202012/11%20%E2%80%BA%20North%2DEtobicoke%2DLIP%2DCollabora>

| Collaboration Continuum ⁶ | | | | |
|--|--|--|--|--|
| Simple | | Complicated | | Complex |
| Communicate | Cooperate | Coordinate | Collaborate | Integrate |
| Inter-agency information sharing (e.g. networking) | As needed, often information interaction, on discrete activities of projects | ASOs systematically adjust and align work with each other for greater outcomes | Longer term interaction based on shared mission, goals, shared decision making and resources | Fully integrated programs, planning, funding |
| <i>Lower trust needed</i> |  | | | <i>Higher trust needed</i> |
| <i>Lower intensity</i> | | | | <i>Higher intensity</i> |
| <i>Lower risk</i> | | | | <i>Higher risk</i> |
| <i>Less values alignment needed</i> | | | | <i>More values alignment needed (including shared commitment to anti-racism/anti-oppression)</i> |
| <i>Lower commitment</i> | | | | <i>Higher commitment</i> |
| <i>Little shared decision making</i> | | | | <i>More shared decision making</i> |
| <i>Loose agreements</i> | | | | <i>More structured agreements</i> |
| <i>Lower exchange of resources</i> | | | | <i>Higher exchange of resources</i> |
| Examples | | | | |
| <ul style="list-style-type: none"> Share information with other ASOs about new programs being developed | <ul style="list-style-type: none"> Two local organizations jointly research changing demographics in the neighbourhood Two ASOs jointly provide training | <ul style="list-style-type: none"> Group of agencies a local community agree to jointly develop a handbook aimed at an immigrant group that is new to the community | <ul style="list-style-type: none"> A group of organizations serving the African diaspora discuss creating a 'one-stop shop' for all services to these communities An ASO and a CHC jointly deliver | <ul style="list-style-type: none"> An ASO and a Community Health Centre decide to merge as they have significant client overlap |

⁶ Tamarack Institute & Ignite NPS. (2025, June 18). *The Collaboration Toolkit. The Collaboration Spectrum.*
<https://www.tamarackcommunity.ca/interactive-tools/the-collaborative-non-profit>

What Contributes to a Successful Collaboration

Regardless of where on the collaboration continuum you are working, the starting question needs to be ‘how will this advance our mission?’ Keeping your ASO’s mission central and then considering how the collaboration fits with the vision and values of your ASO will help guide your plans to collaborate.

It is important to deeply understand what you need from the potential collaboration and also what you bring to it. This is so you can understand what kind of collaboration you should be exploring and what questions you need to ask yourself and others.

Factors that will contribute to the success of your collaboration include:

- The culture of collaboration within each partner organization;
- Which interest-holders have a vested interest in the collaboration;
- The ability to develop trusting relationships between the partners;
- Shared responsibility and power in decision making;
- A shared vision and clearly stated activities for the collaboration;
- Clear processes to communicate make decision and resolve conflicts;
- Means to implement and sustain the collaborative effort;
- Shared accountability for outcomes.⁷

Perhaps most importantly, and interlaced through all of the factors listed above, it is important that organizations have shared values and shared values and commitment to Anti-Racism & Anti-Oppression, Anti-Black Racism, GIPA/MEPA and PHA Engagement⁸, and Reconciliation with Indigenous Communities.

Our Shared Commitments

Before using any section of this tool, we invite you and your partners to reflect on the values that will guide you in working together. Authentic collaboration in the HIV sector requires more than shared goals; it requires shared accountability to the communities most affected and active commitment to dismantling the systems of oppression that shape their lives.

⁷ Nayar Consulting. (2010). *Collaboration Toolkit*. North Etobicoke Local Immigration Partnership. P.1
<https://p2pcanada.ca/search/?q=north+etobicoke#:~:text=p2pcanada.ca%20%E2%80%BA%20files%20%E2%80%BA%202012/11%20%E2%80%BA%20North%2DEtobicoke%2DLIP%2DCollabora>

⁸ In the HIV/AIDS sector, GIPA refers to Greater Involvement of People Living with HIV/AIDS; MEPA refers to Meaningful Engagement of People Living with HIV/AIDS; and PHA Engagement refers to People Living with HIV/AIDS being involved in planning, design and implementation of policies, programs and services that affect them.

Anti-Racism, Anti-Black Racism & Anti-Oppression

Partners commit to naming and challenging racism, anti-Black racism, and other forms of oppression, not only in the communities they serve, but within their own organizations and in how they collaborate. This includes examining how power operates at the collaboration table and taking action when harm occurs.

GIPA/MEPA and PHA Engagement

Greater Involvement and Meaningful Engagement of People Living with HIV/AIDS (GIPA/MEPA) is a foundational principle of the HIV sector. Collaborations should actively involve people with lived experience in design, decision-making, and evaluation, not just as service recipients but as leaders and full partners.

Reconciliation with Indigenous Communities

In the spirit of the Truth and Reconciliation Commission's Calls to Action, and consistent with UNDRIP Articles 18 and 19, collaborations should be guided by a genuine commitment to Reconciliation. This means centering Indigenous self-determination, building relationships with Indigenous communities as true partners, and ensuring that Indigenous peoples are not just consulted but are empowered to lead.

Cultural Safety

Cultural safety goes beyond cultural awareness or sensitivity. It means creating conditions where people from equity-deserving communities, including Indigenous peoples, Black communities, racialized communities, people with disabilities, 2SLGBTQ+ people, and others, can participate fully without fear of discrimination, judgment, or harm. Partners should actively examine how their own practices may cause or perpetuate harm.

Shared Power and Decolonial Practice

Many collaborations reproduce existing power imbalances, with larger organizations dominating decisions and smaller community-based groups carrying the relational labour without authority or recognition. Genuine collaboration requires naming these dynamics and actively redistributing power. This may mean restructuring governance, sharing financial control, building community accountability mechanisms, and creating conditions in which the most marginalized voices carry the most weight, not the least.

Exploring Collaborations – Readiness Checklist

It is important to assess the readiness of your ASO and your partner(s) to collaborate. This checklist focuses on the questions you and your partner(s) need to discuss to ensure you are aligned, know each other expectations, and have thought about ways to work through challenges before you get too far in your collaboration journey.

Simple Collaborations

As noted in the [Continuum of Collaboration](#) section, some collaborations are simpler, focusing on initiatives of increased ‘communication’ or ‘cooperation’ between partners to achieve the outcomes desired. Even some initiatives that require ‘coordination’ between partners can be considered simple collaborations (although depending on the nature some may be considered more complicated). Simple collaborations require a less formal assessment of your readiness to collaborate with a partner(s) as they are often informal, one-time or short-term initiatives.

When embarking on a ‘simple’ collaboration, ASOs should consider whether these elements are present with their collaboration partners:

- We have a shared understanding of the issue/need;
- We have a shared understanding of what success looks like;
- We have enough of a shared value base, especially around anti-racism/anti- oppression, anti-Black racism and decolonized approaches to working;
- We can simply describe the ways in which this will benefit our service users;
- We can commit the resources (e.g. human, physical) expected;
- We have agreed on how any costs will be shared and can commit the financial resources;
- There is clarity in roles and tasks of each partner organization;
- We have a shared understanding of how decisions will be made;
- We have ways to deal with disagreements or unforeseen events if they arise;
- There is a defined period of time for this initiative;
- We are confident that this collaboration will have a positive (or neutral) impact on our reputation.
- A template for an agreement

A template for an agreement in a simple collaboration is available in [Appendix A](#).

Complex Collaborations

Shifting towards more complex collaborations requires a deeper assessment, given the longer-term, higher risk, higher intensity, and greater commitment components of the collaboration. This checklist focuses on collaborations that would be considered complex.

The Complex Collaboration Checklist below has been adapted from the Tamarack Institute's Collaboration Tool.⁹

The Complex Collaboration Checklist outlines elements that, if present, will set the stage for a successful collaboration. If some of the elements aren't present, you may still decide to proceed, but the checklist will help you identify things that should be addressed before you get too far into the collaboration. As you go through the table, **after reading each statement, ask yourself 'Is this present in our potential collaboration?'**

⁹ Tamarack Institute & Ignite NPS. (2025, June 18). *The Collaboration Toolkit. Assess Your Collaborations: Explore, Commit, Continue or Exit.* <https://www.tamarackcommunity.ca/interactive-tools/the-collaborative-non-profit>

| Complex Collaborations Checklist | | Yes | No | Unsure | Describe |
|---|---|--------------------------|--------------------------|--------------------------|-----------------|
| <i>Strategic Goals and Alignment</i> | | | | | |
| 1. | We have a shared understanding among the partners about the intended goals of the collaboration | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 2. | We have a shared understanding among the partners about the intended goals of the collaboration. We feel the collaboration will clearly advance our mission and organizational priorities | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 3. | We understand the difference in culture and value among partners | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 4. | We are confident that any significant differences in cultures and values, including commitment to anti-racism/anti-Black racism, anti-oppression, among partners can be bridged | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 5. | We are confident that any significant differences in our approach to Reconciliation with Indigenous communities among partners can be bridged | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 6. | We don't have concerns about the reputation, ethics or practices of the collaboration partners | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 7. | We are clear about what the collaboration's success (e.g. impact, scale, efficiency, reach) looks like. We have thought deeply about success from the point of view of access and equity for current or future service users. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 8. | We share an understanding of the systemic barriers that our current or future service users face, and we have alignment on how our collaboration can challenge those systemic barriers (among other goals we have) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| <i>Capacity and Resources</i> | | | | | |
| 9. | We believe our organizational circumstances (e.g. stage in our life cycle, organizational health, funding) are conducive to participating in the collaboration | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 10. | We have a clear sense of the investment of time and resources required by our organization (e.g., the staff or volunteer time; infrastructure; funds) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

| Complex Collaborations Checklist | | Yes | No | Unsure | Describe |
|---|---|--------------------------|--------------------------|--------------------------|-----------------|
| 11. | We have a clear understanding about the resources (e.g., the staff or volunteer time; infrastructure; funds) our partners are providing | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 12. | We have a considered which staff will be involved in the collaboration to centre diverse voices. The staff who are participating in the collaboration are supported and empowered to make decisions and work towards collective goals at the collaboration table | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Structure | | | | | |
| 13. | We have developed and agreed to a road map with our partners for achieving the collaboration's aspirations, goals and outcomes, and are open about the potential changes that may be required | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 14. | We have thought about and established how the collaboration will be organized, make decisions, deal with conflict, share power, and how partners accountable | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 15. | We are building and nurturing trust among the partners by being clear on the ways that key participants will engage (e.g., transparency and respect; ways to address conflicts; addressing racism or other oppressions that occur; opportunities for authentic dialogue; safe spaces for failure and unintended outcomes) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 16. | We have thought about and clearly outlined how we will communicate between partners and their organizations (e.g., timing, transparency, scope) and are open about the potential changes that may be required | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 17. | We have established processed to measure and evaluate progress toward our goals that, at this stage, seem sound, and include multiple viewpoints | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 18. | We have considered any significant risks to our organization and believe, at this time, that they can be mitigated | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 19. | We have discussed a formal agreement between collaborative partners, and it will clearly outline expectations (e.g., roles, responsibilities, obligations, risks | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

| Complex Collaborations Checklist | | Yes | No | Unsure | Describe |
|----------------------------------|---|--------------------------|--------------------------|--------------------------|----------|
| | and accountability measures, and exit strategies | | | | |
| 20. | We have considered how people with lived experience of HIV (PHAs) will be meaningfully involved in the design, decision-making, and evaluation of this collaboration, not only as service recipients but also as leaders and partners (GIPA/MEPA) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 21. | We have assessed whether our collaboration is culturally safe for the communities we serve and the staff involved, including Indigenous peoples, Black and racialized communities, 2SLGBTQ+ people, and others who face systemic barriers | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 22. | We have discussed and named power differences between our partner organizations (e.g., size, resources, institutional privilege) and have agreed on concrete steps to ensure all partners have equitable voice and shared decision-making authority | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

While it is ideal to have a majority of these elements present in your collaboration initiative, answering ‘no’ or ‘unsure’ to some of these statements doesn’t necessarily mean you should put off your collaboration. It does mean that you need to be aware of the elements that aren’t present, make sure they don’t create barriers in your process, and create a plan to address them.

Now reflecting on your responses above and the number of times your answer was ‘yes’, does this seem like a collaboration your ASO feels comfortable to go forward with?

Developing a Collaboration Agreement

This toolkit outlines two types of collaboration agreements and provides a template for each, depending on the type of collaboration you are exploring – a simple collaboration, or a more complicated/complex collaboration.

In general, short-term, less resource intensive collaborations that involve less administration will fit better with the ‘Simple Collaboration’ template, whereas longer-term, more resource intensive collaborations that involve designated staffing resources and need monitoring will require an ‘Complex Collaboration Agreement’ template to be completed.

Simple Collaboration Agreement

- Shorter and simpler, these agreements are typically drawn up for one-time events or for short-term more focused projects. They are sometimes referred to as Letters of Understanding, or even Memoranda or Agreement of Understanding like the longer agreements. They focus on the arrangements to support the event or activities and may not require face-to-face negotiations.
- For example, a Simple Collaboration Agreement might be drawn up between an ASO and the local public health department to jointly staff a booth and provide HIV-related information at an annual community fair. The letter would detail who would do what, who would bring materials, who is responsible for booth production, set-up, take down, etc.
- In general, a Simple Collaboration Agreement can be in the form of a letter from one partner to the other(s), and requires both parties to sign-off, indicating agreement.
- [Appendix A](#) provides a template for a [Simple Collaboration Agreement](#).

Complex Collaboration Agreement

- In complex or complicated collaborations, organizations might share resources to create a new service/program or better coordinate existing services in ways that share ongoing administration, financial and other supports to achieve common operational goals. A decision-making framework may be required as well. The Complex Collaboration Agreement (often called a Memoranda of Agreement or Understanding) is longer and more detailed than the Simple Collaboration Agreement and should document all the elements required to support the collaboration.
- For example, this type of agreement would typically be drawn up if an ASO negotiates with the local HIV clinic to have HIV clinic staff perform testing and treatment at the ASO, and/or to have ASO staff provide counselling or to run support groups at the clinic.
- [Appendix B](#) provides a template for a Complex Collaboration Agreement.

Appendix A: Simple Collaboration Agreement Template

- Use this template for simple, short-term, or one-time events and projects. Write the letter from your organization to the other partner(s), setting out the terms you’ve agreed on—or proposing terms if you haven’t yet finalized them in conversation.
- If there are more than two partners, you may need one letter addressed to all parties, or separate letters for each.
- Expect to go through a few drafts before everyone agrees and signs.

| Section | Considerations |
|---|---|
| Date, name, address and subject line | Addressed as a regular business letter. Have a subject line that summarizes the collaboration (similar to what could be used as the title of an agreement). |
| Summary of the collaboration | Refer to the prior conversations/negotiations. Briefly summarize what the two or more organizations will be doing together. |
| Tasks and responsibilities of the partners | Organize tasks by organization and staff. |
| Key dates | Determine start and end-date, including milestones for the work to be done. |

| Section | Considerations |
|---|--|
| How we will communicate and make decisions | Agree on how you will stay in touch (e.g. email, phone, meetings) and how often. Decide who is the main point of contact at each organization. Clarify what kinds of decisions can be made by staff day-to-day, and which ones need sign-off from both partners. Write down what you agree to so there is no confusion later. |
| Process for addressing conflicts, unforeseen circumstances, differences in values and/or discrimination or oppression | Agree in advance on how you will handle disagreements, unexpected changes, or situations where values differ. Name a contact person at each organization who will step in if something cannot be resolved informally. If a concern involves discrimination or oppression, agree that it will be addressed promptly and with care, following each organization's equity policies. |
| What material/equipment or other non-staffing resources you'll provide (if not already specified) – and who will provide these, pay for them, etc. | If not already specified in the activities section, it should be stated what equipment, material or other non-staffing resources each organization will be paying for or providing. Specify if any organization will bill the other for costs. |
| Signature | Ask for acknowledgement and sign. |

Example of a Simple Collaboration Agreement for Illustration Only

March 30th, 2026

Ms. Sue Jattery
Executive Director, Trillium Community Health Centre
125 Riverside Drive
Smallcity, Ontario

Re: Mutual Referral Agreement: HIV & HepC testing, treatment, counselling and adherence support.

Dear Ms. Jattery,

Thanks for our conversation of September 15th. We're really pleased that we're setting up a formalized referral system between our two organizations. This letter of understanding describes the general arrangements we've agreed to.

As per our conversation and the details worked out between our managers:

1. Referrals from AIDS Committee of Smallcity to Trillium CHC for anonymous HIV testing services:
 - a. If a client or prospective client could benefit from anonymous HIV & HepC testing or treatment services, we will inform them of TCHC's services, explain the service in full, and offer to make a referral and accompany them to your clinic.
 - b. Our staff will ask for consent to refer to Trillium CHC before contacting your clinic.
 - c. We will complete the form jointly developed between our organizations (attached) and have the person sign – and then email it to TCHC.
 - d. We will accompany the client to testing appointments, including the follow-up when results are given.
 - e. We will accompany the client to their first treatment appointment.
 - f. You will track annual statistics of referred clients to indicate the number of positive and negative test results.
 - g. If a client informs us that they have tested positive, we will ensure that they are aware of and supported in following their HIV treatment regimen.

2. Referrals from Trillium CHC to Smallcity for HIV & Hep C support services:
 - a. Trillium CHC will refer all patients who test positive for HIV and/or HIV/HepC co-infection to the AIDS Committee of Smallcity, with their consent.
 - b. You will send all referrals via email to referrals@smallcityHIVHepC.org.
 - c. You will use the form we jointly developed between our organizations (attached).

- d. We will provide HIV & HIV/HepC co-infection supportive counselling and will offer: a) participation in our treatment adherence support group, and b) other treatment adherence services.*
- e. With the client's consent, we will contact your staff to ensure a joint approach to treatment adherence.*
- f. You will designate a contact for each client at time of referral.*
- g. Using the form we jointly developed and with client consent, we will develop a tracking system to monitor adherence of clients participating in this joint referral system.*

We have agreed that this program will start November 1st, 2026, and be reviewed after six months, again on October 31st and thereafter, annually.

We have agreed that my manager, Jeffrey Chin, and your manager, Aishwarya Patel (or their successors if they should leave their positions) will work together to iron out any problems in the implementation of this new program and that if necessary, we will intervene to assist with problem solving.

We've agreed that we will jointly share the cost of a brochure, bearing our two logos that will outline our collaboration. We will produce the brochure with your sign off and bill you for half of the cost.

I'd be grateful if you could acknowledge receipt of this letter and your agreement to the terms we've outlined. I look forward to our collaboration.

Best wishes,

XXXXX

Executive Director



Appendix B: Complex Collaboration Agreement Template

- The following template outlines the sections that should be contained in a Complex Collaboration Agreement with explanations and/or considerations as well as sample text for each section.
- For more complex arrangements, it is best to be detailed. When developing your collaboration agreement, discuss potential scenarios and anticipate the types of challenges that could arise. Put provisions in place to build trust and support open communication. Keep processes simple and manageable so they support the work rather than slow it down.
- It is recommended that all partners have their collaboration agreement reviewed by their respective legal counsel or risk management teams before signing to ensure it meets specific local laws and funding requirements.

| | Section | Considerations | Sample Text for Illustrative Purposes |
|----|-------------------|---|---|
| 1. | Cover Page | <ul style="list-style-type: none"> • Choose an abbreviation to refer to each Partner. • Choose a short title to describe the collaboration. • If the collaboration involves an unincorporated entity such as Gay Men’s Sexual Health Alliance, then name the sponsor for the sake of accountability. | <p><i>This Collaboration Agreement is made between the following parties:</i></p> <ol style="list-style-type: none"> 1. Agency A 2. Agency B (acting on behalf of the unincorporated Entity C) 3. Clinic D <p><i>(Collectively referred to as "the Partners")</i></p> <p><i>For: HIV Testing, Treatment & Adherence Support Services for Women</i> <i>This agreement outlines how we will share resources, data, and responsibilities to achieve our collaborative goals.</i></p> |

| | Section | Considerations | Sample Text for Illustrative Purposes |
|----|---------------------------------------|--|--|
| 2. | Definitions | <ul style="list-style-type: none"> Clarify anything open to different interpretations, and that isn't clarified in another section. | <p>Financial contribution: means funds contributed by either Agency A, Agency B for Entity C, or Clinic D to pay for services or goods required for this Collaboration that are not paid for in either organization's regular budget.</p> <p>In-Kind Contribution: means a contribution of a good or service funded or purchased in either organization's regular budget.</p> |
| 3. | Term of the agreement | <ul style="list-style-type: none"> State the start date and end date of the agreement. If there is no end date, say when it will be reviewed for renewal. | <p><i>Effective Date: April 1, 2026</i> <i>End Date: March 31, 2028</i> <i>Review Date: January 2028 (for renewal consideration)</i></p> |
| 4. | Shared Values & Principles | <ul style="list-style-type: none"> Before signing, partners should discuss and document the specific values, frameworks, and commitments that will guide the collaboration. This includes: <ul style="list-style-type: none"> Anti-Racism & Anti-Oppression (ARAO); Anti-Black Racism; GIPA/MEPA & PHA Engagement; Reconciliation with Indigenous Communities; 2SLGBTQ+ inclusion; and Cultural Safety. | <p><i>All Partners commit to the following values as the foundation of our work. Breaching these commitments will be addressed through the Dispute Resolution process (Section 14).</i></p> <ul style="list-style-type: none"> Anti-Racism & Anti-Oppression: We commit to [Agency A's Policy] and [Agency B's Policy]. We will name and address racism and oppression immediately when they occur within our collaboration. Anti-Black Racism: We acknowledge the specific harms of anti-Black racism and commit to actively countering it in our services, staffing, and governance. Meaningful Engagement (GIPA/MEPA): We commit to the meaningful involvement of people living with HIV (PHAs) in all aspects of this collaboration. |

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| | | <ul style="list-style-type: none"> Agree on how these commitments will be upheld in practice, and what accountability looks like if they are not. | <ul style="list-style-type: none"> Reconciliation with Indigenous Communities: We commit to the principles of Reconciliation, including TRC Call to Action 92 and UNDRIP Articles 18 and 19, in our work with Indigenous peoples. [Insert specific Nation(s) or commitments here]. 2SLGBTQ+ Inclusion: We affirm our commitment to 2SLGBTQ+ inclusion and affirming care practices in all services and operations. |
| 5. | Description of Activities and Services that are part of the Collaboration | <ul style="list-style-type: none"> Clearly describe what services are being offered, where and when they happen, and who provides them. Organize your staff and resources so services run smoothly and effectively. Plan ahead to prevent problems. Use headings throughout to help organize the document | <p><i>The Partners will deliver the following services:</i></p> <p>Counselling & Testing:</p> <ul style="list-style-type: none"> <i>Agency A and Entity C will promote HIV testing in campaigns targeting women, in collaboration with Clinic D.</i> <i>Clinic D will promote these services on its website.</i> <i>On-site Testing: Clinic D will provide testing on-site at Agency A every Tuesday.</i> <p>On-Site Treatment:</p> <ul style="list-style-type: none"> <i>Clinic D will provide treatment on-site at:</i> <ul style="list-style-type: none"> <i>Agency A: Mondays and Tuesdays</i> <i>Agency B: Thursdays</i> <p>Adherence Support:</p> <ul style="list-style-type: none"> <i>Agency A, Agency B, and Clinic D staff will jointly offer adherence support sessions and support groups on the following days: [Insert Schedule].</i> |

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| 5. | Description of Activities and Services that are part of the Collaboration | <ul style="list-style-type: none"> Clearly describe what services are being offered, where and when they happen, and who provides them. Organize your staff and resources so services run smoothly and effectively. Plan ahead to prevent problems. Use headings throughout to help organize the document | <p><i>The Partners will deliver the following services:</i></p> <p>Counselling & Testing:</p> <ul style="list-style-type: none"> <i>Agency A and Entity C will promote HIV testing in campaigns targeting women, in collaboration with Clinic D.</i> <i>Clinic D will promote these services on its website.</i> <i>On-site Testing: Clinic D will provide testing on-site at Agency A every Tuesday.</i> <p>On-Site Treatment:</p> <ul style="list-style-type: none"> <i>Clinic D will provide treatment on-site at: <ul style="list-style-type: none"> Agency A: Mondays and Tuesdays Agency B: Thursdays </i> <p>Adherence Support:</p> <ul style="list-style-type: none"> <i>Agency A, Agency B, and Clinic D staff will jointly offer adherence support sessions and support groups on the following days: [Insert Schedule].</i> |
| 6. | Data Collection, Privacy, and Confidentiality | <ul style="list-style-type: none"> Clearly describe what client information and other details will be shared between the staff in the partner organizations. Explain how referrals between the organizations will work. Explain how clients will be told about the information sharing and make sure they give clear, explicit consent. Create consent forms if needed. | <p>Client Consent:</p> <ul style="list-style-type: none"> <i>Clients will be informed immediately that this is a collaborative project.</i> <i>Clients must sign a consent form explaining how their data will be collected, stored, and shared. This form will be kept in their file.</i> <p>Data Access and Storage:</p> <ul style="list-style-type: none"> Single Record: <i>There will be one main client record. Different staff may add notes, but all data must be stored centrally.</i> |

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| | | <ul style="list-style-type: none"> State how long confidentiality rules will apply (e.g. only during the agreement or indefinitely). Ownership of data: It is suggested that one main file for each client, as is common in team-based or multi-service settings. Different staff members can collect information, but it should all be stored in one central place. One organization should be responsible for keeping the data safe and up to date. Staff should have access to the information only as needed and be properly authorized. | <ul style="list-style-type: none"> Primary Custodian: Clinic D is responsible for keeping the main client health records safe and up to date. Access: Staff from Agency A or Agency B will only access client health information as strictly needed for treatment. Private Notes: Staff may keep private case notes, but a separate protocol will define how and when these can be shared with the team. <p>Reporting:</p> <ul style="list-style-type: none"> Aggregate Data: De-identified service statistics will be shared with all partners for reporting to funders. Financial Data: Agency B. will keep project financial data Roll-up: Clinic D will provide aggregate data to Agency B for consolidation. Agency B will include this in quarterly reports to project managers. |
| 7. | Financial contributions | <ul style="list-style-type: none"> State the financial contribution from each partner. Develop a payment schedule for when contributions be made. Decide who will be responsible for bookkeeping and financial reporting for the initiative. Explain what will happen if a partner is late in paying or does not follow through on their contribution. | <p>Contributions:</p> <ul style="list-style-type: none"> Agency A: \$25,000 per year. Agency B: \$40,000 per year. <p>Payment Schedule:</p> <ul style="list-style-type: none"> Agency A will pay Agency B quarterly, within 15 days of the start of each quarter. Agency B is responsible for bookkeeping and will provide detailed quarterly financial reports to Agency A. Records will be available for review upon request. <p>Late Payments:</p> |

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| | | | <ul style="list-style-type: none"> • <i>If a payment is missed, Agency B will send a reminder within one week.</i> • <i>If payment is not received within two months of the quarter start, Agency B may initiate termination of this agreement.</i> |
| 8. | In-Kind Contributions | <ul style="list-style-type: none"> • State what non-monetary contributions each partner will make. • Agree on when and how these contributions will be made. • Remember to include things like space, training opportunities for staff, equipment, software access, or any other in-kind support. | <p><i>Partners agree to provide the following non-monetary support:</i></p> <ul style="list-style-type: none"> • Agency B: <i>Use of computers at 15 Main Street (except Thursdays) and access to donated transit tokens.</i> • Agency A: <i>Use of the boardroom at 25 Shady Pines Lane on Wednesday evenings for support groups.</i> • Training: <i>Agency A staff may attend monthly in-service trainings provided by Agency B.</i> |
| 9. | Communications Protocol | <ul style="list-style-type: none"> • Create a clear process to support open and transparent communication. • Considerations: <ul style="list-style-type: none"> ○ Make sure communication is clear from the start to prevent problems later, especially if one organization is much larger than the other. The smaller partner should feel heard and properly consulted. ○ Set guidelines for email use, including what kinds of issues should be handled | <p>Primary Contacts: <i>Communication regarding daily management will mostly be between the Program Director (Agency A) and the Director of Services (Agency B).</i></p> <p>Response Time: <i>Messages must be returned by the end of the business day.</i></p> <p>Meetings: <i>Meetings will be scheduled mutually. If a partner cannot attend, a substitute with decision-making authority must be sent.</i></p> |

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| | | <p>by email (e.g., day-to-day operational matters).</p> <ul style="list-style-type: none"> ○ Set a regular meeting schedule. Agree on how they will run (such as having agendas, taking minutes, choosing a chairperson, and following basic procedures). ○ If needed, agree on meeting expectations, such as starting and ending on time and respectful participation. | <p>Documentation: <i>Decisions and action items (who, what, by when) will be emailed to all partners within two business days of the meeting. Formal minutes are not required, but a record of decisions is.</i></p> |
| 10. | Human Resources | <ul style="list-style-type: none"> ● If new staff are hired as part of the collaboration, one organization must be named as the official (legal) employer. This organization is responsible for following all employment laws, including employment standards, human rights, health and safety, and handling any related complaints or investigations. ● If existing staff are assigned to the project, they remain employees of their current employer. ● The hiring organization is responsible for payroll, taxes, and government remittances, hiring and onboarding to performance management and, if needed, ending employment. ● If a consultant or contractor is hired instead of an employee, one organization must be | <p>Employer Responsibility:</p> <ul style="list-style-type: none"> ● <i>Agency B is the legal employer of the project staff. Agency B is responsible for hiring, payroll, taxes, performance management, and termination, in compliance with the Employment Standards Act, Human Rights Code, and Occupational Health & Safety Act.</i> ● <i>Consultation: While Agency B makes the final hiring/firing decisions, it will consult with other partners where appropriate. However, Agency B is not required to share confidential employee details.</i> <p>Staff Conduct:</p> <ul style="list-style-type: none"> ● <i>Staff hired for this project have one clear supervisor (at Agency B). Feedback from other partners should be directed to the supervisor, not the staff member directly.</i> ● <i>If Agency B terminates an employee, it will notify other partners in writing beforehand.</i> |

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| | | <p>legally responsible for the contract. The partners must also decide who selects the consultant, negotiates the contract, and has the authority to end it.</p> <ul style="list-style-type: none"> • Staff hired through a collaboration must have one clear employer and one direct supervisor. If another partner wants to provide feedback on performance, it should be shared with the supervisor — not directly with the staff member. • The organization that does the hiring takes on extra responsibilities that the other partners do not share, and this should be clearly stated in the agreement. | |
| 11. | GIPA/MEPA & Community Accountability | <ul style="list-style-type: none"> • Describe concretely how people with lived experience of HIV (PHAs) will be meaningfully engaged in governance and decision-making (GIPA/MEPA). Address compensation or honoraria for PHA participation. Identify how the collaboration will be accountable to the communities most affected by its work, beyond funders and partner organizations. | <p><i>People living with HIV will be meaningfully involved in the governance and oversight of this collaboration. Specifically, [Agency A and Agency B] commit to the following:</i></p> <ul style="list-style-type: none"> • Governance: <i>At least [X] seats on the collaboration’s decision-making body will be held by people with lived experience of HIV, with full voting rights.</i> • Compensation: <i>PHA participants will receive honoraria of \$[Amount] per meeting.</i> • Annual Review: <i>The collaboration will hold an annual review inviting feedback from service users and PHAs to ensure equity commitments are met. Findings will be shared with all partners.</i> |

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| 12. | Cultural Safety Protocol | <ul style="list-style-type: none"> • Define what cultural safety means within this collaboration and how it will be upheld in practice. Considerations include: <ul style="list-style-type: none"> ○ Describe how services and internal collaboration processes will be conducted in a way that is culturally safe for Indigenous peoples, Black communities, people who use drugs, and others most affected by HIV. ○ Agree on how incidents of racism, discrimination, or cultural harm will be identified, reported, and addressed — including within the collaboration team itself. ○ Identify staff training or capacity-building required to support cultural safety across all partner organizations. ○ If a cultural safety concern is raised, agree that it will be treated with the same urgency as a human rights complaint and addressed using each partner's equity and anti-oppression policies, in addition to any processes outlined in this Agreement. | <ul style="list-style-type: none"> • Commitment: <i>Services and meetings will be conducted so that Indigenous, Black, racialized, and equity-seeking community members do not need to assimilate to participate safely.</i> • Training: <i>All staff must complete [Specific Training] within [X] months of the agreement start date, with refreshers every [X] years.</i> • Incidents: <i>Any incident of racism, discrimination, or cultural harm must be reported to the designated contact at each partner within [X] business days. These will be addressed according to each partner's anti-discrimination/harassment/violence policies.</i> • <i>Cultural safety concerns raised by service users, community members, or staff will be reviewed at the [quarterly/annual] community accountability review described in the GIPA/MEPA & Community Accountability section of this Agreement.</i> |

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| 13. | Project Decision-making | <ul style="list-style-type: none"> • Clearly state how decisions will be made (e.g. by consensus or majority vote). If using consensus, explain exactly what consensus means. • Make sure the decision-making process is timely and streamlined so the collaboration can move forward without unnecessary delays. • Determine alternate people as decision-makers in case a partner cannot attend a meeting. • If a partner has limited staff capacity, agree on a decision-making approach that is realistic and workable for them. • Plan ahead for situations where someone is absent and develop guiding principles that explain: <ul style="list-style-type: none"> ○ Which types of decisions can move ahead without everyone present. ○ Which important decisions must wait until the absent partner has been consulted. | <p>Major Decisions: <i>Changes to the project direction, amendments to this agreement require a vote by all partners (consensus or majority, as agreed). Decisions to amend or terminate this Agreement may only be made by the Executive Directors of each partner.</i></p> <p>Day-to-Day Decisions: <i>Staff on duty may make routine operational decisions without consulting all partners, provided they follow this agreement and workplace laws.</i></p> <p>Absences: <i>If a partner cannot attend a meeting, they must send a substitute with decision-making power. Urgent decisions can be made via phone if all partners are reachable.</i></p> |

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| 14. | Dispute Resolution | <ul style="list-style-type: none"> Agree on and include in the written agreement a clear process for handling disputes regarding the management of the collaboration. | <p><i>If a dispute arises, the Partners agree to the following steps:</i></p> <ol style="list-style-type: none"> Informal Discussion: <i>The concerned partner contacts the others directly (phone or email) to resolve the issue.</i> Meeting: <i>If unresolved, an in-person meeting is held with relevant partners.</i> Executive Meeting: <i>If still unresolved, the Executive Directors of the organizations meet.</i> Mediation: <i>If the Directors cannot agree, a neutral mediator (mutually agreed upon) will be hired. Costs are shared equally.</i> Termination: <i>If mediation fails, the agreement may be amended or terminated.</i> <p>Exceptions: <i>Staffing disputes involving confidentiality or human rights issues will be handled according to employment law and each agency's specific policies.</i></p> |
| 15. | Ownership of property | <ul style="list-style-type: none"> Decide and clearly state who will own any materials, equipment, property purchased, or intellectual property created during the agreement once it ends. | <ul style="list-style-type: none"> <i>Computers purchased by the project belong to Agency A after the project ends.</i> <i>Office furniture belongs to Agency B after the project ends.</i> |

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| 16. | Insurance | <ul style="list-style-type: none"> Confirm with your Agency's insurance broker what types of insurance each partner must have and how much coverage is required. | <p>Insurance: Each partner must maintain Comprehensive General Liability insurance of at least \$5,000,000. Proof of insurance must be exchanged before work begins.</p> <p>Liability: Partners agree to protect each other from losses arising from the project. No partner is liable for losses caused by the services provided under this agreement, provided they acted in good faith.</p> <p>In addition, Agency A, at its own expense, will be responsible for insuring the [insert any equipment not contained in regular insurance clause] against loss or damage while such equipment is in its possession.</p> |
| 17. | Protection against liability | <ul style="list-style-type: none"> Include a clause that will protect all partners. Keep this clause clear and straightforward. It should protect everyone without being overly technical. | <p>All partners agree to protect each other from any losses, claims, or damages that may arise.</p> <p>No partner will be held responsible for losses or damages that arise from the services provided under this agreement.</p> |
| 18. | Reporting | <ul style="list-style-type: none"> Clearly outline what government or other funders require for reporting. Decide who is responsible to collect data, prepare required reports. Confirm what reporting your Boards of Directors expect to receive. | <p>The reporting of project data to funders will happen quarterly, as per the requirements of each funder.</p> |

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| 19. | Monitoring & Evaluation | <ul style="list-style-type: none"> Decide whether the project will have a formal evaluation by a third party. Clearly define the role of each partner in evaluation and monitoring. | <ul style="list-style-type: none"> <i>An external evaluation will be conducted by a consulting firm contracted by Agency B and agreed to by Agency A.</i> Timeline: <i>Interim report due to manager of the contract June 2027; Final report due June 2029.</i> Cooperation: <i>All partners will facilitate this evaluation.</i> |
| 20. | Continuity | <ul style="list-style-type: none"> Include a statement that indicates the agreement remains in effect, even if the people who sign it leave their jobs. | <i>This agreement remains in effect even if staff or leadership change at any partner organization.</i> |
| 21. | Conflict of interest | <ul style="list-style-type: none"> Define what a conflict of interest among the partners is, how partners must declare it, and how it will be handled. | <i>A conflict of interest exists if a partner gains a personal or institutional benefit beyond the mutual benefit of this agreement. Such benefits must be declared, and the representative should recuse themselves from the discussion.</i> |

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| 22. | Amendments | <ul style="list-style-type: none"> Clearly explain how and when changes (amendments) to the agreement can be made, e.g. that all partners must agree in writing. | <p><i>Amendments to this Agreement may be made at any time but must be made with agreement by all partners. If fewer than all partners make an amendment, that would be a separate Agreement. Amendments to this Agreement signed by all partners will supersede this Agreement.</i></p> |
| 23. | Ending the Collaboration | <ul style="list-style-type: none"> Outline the steps required if any partner wants to withdraw from the agreement. Describe what actions by any partner would be considered a breach of the agreement. Suggest requiring 60 calendar days' written notice (by regular mail) if a partner wishes to end the agreement. Suggest pro-rating any remaining financial contributions if the agreement ends early. Suggest certain responsibilities will continue even after the agreement ends, as required by funding agreements. | <ul style="list-style-type: none"> Voluntary Exit: Any partner may end the collaboration by giving 60 days' written notice (via regular mail). Immediate Termination: The agreement ends immediately if: <ul style="list-style-type: none"> A partner fails to make a financial contribution. A partner breaches the dispute resolution protocol. A partner breaches HR management agreements. A partner breaches confidentiality or privacy. A partner fails to negotiate in good faith regarding amendments. Financial Settlement: If the agreement ends early, remaining financial contributions will be pro-rated based on the time remaining. Post-Termination: Even after the agreement ends, partners remain responsible for data protection, property ownership, and confidentiality. |

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| 24. | Signature page | <ul style="list-style-type: none"> Executive Directors/CEOs should sign the agreement. If a partner isn't a registered organization, the Executive Director of the sponsor organization should sign to confirm they understand and accept any risks this collaboration may bring to their organization. | <p><i>We, the undersigned, accept and agree to adhere to the above agreement:</i></p> <p><i>Printed Name:</i></p> <p><i>Signature:</i></p> <p><i>Title</i></p> <p><i>Date:</i></p> |

References

Nayar Consulting. (2010). *Collaboration Toolkit*. North Etobicoke Local Immigration Partnership.

<https://p2pcanada.ca/search/?q=north+etobicoke#:~:text=p2pcanada.ca%20%E2%80%BA%20files%20%E2%80%BA%202012/11%20%E2%80%BA%20North%2DEtobicoke%2DLIP%2DCollabora>

Ontario Advisory Committee on HIV/AIDS. (2023, December). HIV Action Plan to 2030: Closing the Gaps in the HIV Care Cascade in Ontario. <https://www.ontario.ca/files/2023-12/moh-oacha-hiv-action-plan-en-2023-12-01.pdf>

Tamarack Institute & Ignite NPS. (2025, June 18). *The Collaboration Toolkit*. <https://www.tamarackcommunity.ca/interactive-tools/the-collaborative-non-profit>