

Journal of Planning Education and Research

<http://jpe.sagepub.com>

By the Numbers: Measuring Community Development Corporations' Capacity

Norman J. Glickman and Lisa J. Servon

Journal of Planning Education and Research 2003; 22; 240

DOI: 10.1177/0739456X02250314

The online version of this article can be found at:
<http://jpe.sagepub.com/cgi/content/abstract/22/3/240>

Published by:



<http://www.sagepublications.com>

On behalf of:



[Association of Collegiate Schools of Planning](http://www.acsp.org)

Additional services and information for *Journal of Planning Education and Research* can be found at:

Email Alerts: <http://jpe.sagepub.com/cgi/alerts>

Subscriptions: <http://jpe.sagepub.com/subscriptions>

Reprints: <http://www.sagepub.com/journalsReprints.nav>

Permissions: <http://www.sagepub.com/journalsPermissions.nav>

Citations <http://jpe.sagepub.com/cgi/content/refs/22/3/240>

By the Numbers: Measuring Community Development Corporations' Capacity

Norman J. Glickman
Lisa J. Servon

Abstract

Community development corporations (CDCs) attempt to build capacity—that is, the ability to carry out their functions more effectively—in a variety of ways. In previous research, the authors defined five categories of capacity (resource, organizational, networking, programmatic, and political). In this article, they take on the difficult task of measuring the amorphous concept of capacity building. They look specifically at the relationship between community development partnerships, local intermediaries funded in part by the Ford Foundation to support community development, and CDCs' capacity-building efforts. Their survey of 219 CDCs allows them to provide a detailed estimation of capacity of CDCs in twenty cities.

Keywords: *community development corporations*

Norman J. Glickman is a professor in the Edward J. Bloustein Urban Planning and Policy Development Program at Rutgers University and director of the Center for Urban Policy Research.

Lisa J. Servon is an associate professor and the associate director of the Community Development Research Center of the Robert J. Milano School of Government and Urban Policy at New School University.

► What Is Capacity?

Defining Capacity Comprehensively

Community development corporations (CDCs) and other nonprofit organizations attempt to build capacity—that is, try to carry out their functions more effectively—in a variety of ways. There are, however, several views about what constitutes capacity. Most community development experts conceive and measure capacity primarily in production terms (i.e., number of housing units built), whereas others argue for broader definitions. In a previous article, we took the latter view, arguing that capacity is multidimensional, consisting of resource, organizational, networking, programmatic, and political components (Glickman and Servon 1999).¹ Other scholars have been involved in this debate as well.²

Resource capacity concerns the ability of firms to increase, manage, and sustain funding of their operations. CDCs spend considerable time writing proposals and courting funders in order to survive and grow. They need to manage their funds effectively. Community organizations also try to improve their internal operations and make themselves more efficient. These efforts contribute to organizational capacity. Increased organizational competence may come about through training programs for staff members, development of job ladders that increase employee retention, the installation of modern software and computers for better financial management, or other mechanisms. In addition, CDCs work with others in informal and formal networks. For instance, they may create relationships with training organizations (such as community colleges or private industry councils) to enhance the human capital of their employees (Harrison, Weiss, and Gant 1994). Sometimes, they share functions with other CDCs—for example, one may build affordable housing while another manages it. The extent to which community organizations work together effectively is another measure of capacity.

Programmatic capacity refers to the mix of activities in which CDCs engage. Community groups often initiate programs in response to the changing environment in

Journal of Planning Education and Research 22:240-256
DOI: 10.1177/0739456X02250314
© 2003 Association of Collegiate Schools of Planning

which they operate. Most CDCs begin as builders of housing, expanding later into other areas, such as economic development or social service provision. Finally, these organizations have political dimensions. They must develop good relations with neighborhood residents—families that live in housing they build, members of their boards of directors, and the like—and with political and corporate powers in the city and region. Not all CDCs concern themselves with each of these elements of capacity building. However, most have become increasingly aware of the importance of these varied facets of their organizations.

The definition and measurement of capacity is more than simply a matter of academic interest. Many supporters of community development activities—especially foundations and governments—base their funding decisions on the outcomes of CDCs' work. In other words, we believe that there is a strong relationship between the capacity a CDC has and the outcomes it produces. Those with greater amounts of capacity stand a better chance of funding than those with less. Importantly, the notion of capacity building is high on the agendas of other types of nonprofits.

Measuring Capacity Systematically

In this article, we build on our earlier efforts to define capacity (Glickman and Servon 1999) and take on the demanding task of measuring it. We look specifically at the relationship between community development partnerships' (CDPs') and CDCs' capacity-building efforts. The partnerships are local intermediaries that attract resources from a variety of sources (including foundations, governments, and corporations) and distribute these funds to CDCs in a strategic manner. The CDPs try to select the most effective CDCs and help them by providing operating support, technical assistance, and other services.

Our goal in this article is to examine the effectiveness of these nonprofit organizations in terms of their work in housing, economic development, community organizing, and the delivery of social services—whether or not they receive partnership support. This evaluation will help us measure how much internal capacity CDCs have. Our second task is to understand what differences partnership support makes to CDC capacity-building efforts. Do these local intermediaries add value in the area of capacity building to the work of the community organizations they finance?

To gain an understanding of the effectiveness of CDCs and the impact partnerships have on their relative strength, it is necessary to measure the various dimensions of capacity. We

approach this task with humility since it certainly is easier to identify what kinds of capacity exist in nonprofit organizations in theory than to measure them in practice. In addition, some of the elements of capacity are more difficult and fuzzy to measure and quantify than are others. For example, it is relatively easy to gauge programmatic capacity by counting the number of units the CDC produces or the additional jobs it creates. It is much more challenging, however, to measure political capacity since both the concept of what constitutes this type of capacity and how to measure it are quite complicated.

Many CDPs are connected with community foundations or the local offices of national intermediaries, such as the Local Initiatives Support Corporation, the Enterprise Foundation, or other institutions. CDCs receiving partnership support certainly are not average³—they have a leg up on other community organizations that do not have support from local intermediaries. The Ford Foundation financed many of the CDPs, usually in concert with other foundations. Since the early 1980s, Ford invested more than \$20 million (leveraging another \$30 million from other funders) in its Community Development Partnership Strategy. These funds helped sustain more than twenty CDPs (Ford Foundation 1996). The Center for Urban Policy Research carried out assessments of eighteen Ford-funded CDPs between 1996 and 1999. This article represents an important component of this overall effort.⁴

The measurement of capacity has long been a hot topic in the community development literature. The difficulty of measuring capacity arises in part from the mismatch between the characteristics of evaluation research and the kinds of goals that CDCs pursue. According to O'Connor (1995), the evaluation field "has been preoccupied with finite, measurable program goals, discernible program components, and generalizability across locality" (p. 23). CDCs

have increased their emphasis on the "intangibles" of community building such as strengthened social bonds, their conviction that the whole of the intervention is more than the sum of its parts, and their determination to become immersed in the needs and strengths unique to their communities. (P. 23)

Although housing constitutes the majority of CDCs' efforts, their programmatic mix is evolving. During the past decade, these groups have become more comprehensive, adding economic development, community organizing, and social service activities to their housing efforts. In doing so, CDCs have returned to the kind of comprehensive agenda and mission of their 1960s roots. The renewal of this broader approach to community development critically affects the way CDCs and CDPs approach the task of capacity building. According to Gittel, Newman, and Ortega (1995),



Figure 1. Location of surveyed community development corporations.

Narrowly defined goals, such as the production of housing units, without consideration for who benefits, what the needs of the community are or whether local residents are participants limit expectations for CDCs. Admittedly, the narrower the definition of goals, the simpler the measures of performance. The broader the purpose and the greater the expectations from the CDCs, the more difficult and complex the effort to determine their achievements. (P. 1)

The community development literature is rife with calls to evaluate CDCs appropriately. Rich (1995) maintains that

we need to engage in rigorous empirical studies in order to better understand the nature of community-based, collaborative, revitalization initiatives. . . . Do these initiatives make a difference in improving the living conditions of inner-city neighborhoods or do they simply represent the latest fad and buzzwords for repackaging old, but ineffective approaches to urban problem solving? (P. 13)

The literature also has produced some work on how capacity-building efforts should be assessed. OMG (1995), in a report for the National Congress for Community Economic Development, provided guidelines for funders to use in assessing the organizational capacity of CDCs they are considering supporting. According to this report, "it is becoming increasingly important to judge a community-based organization's competency to perform its given tasks" (p. 1). The National Commu-

nity Development Initiative,⁵ which pursued three broad goals, including "supporting CDC capacity building," attempted to document these efforts. The National Community Development Initiative's measures of increased CDC capacity included housing production, growth in organizational size, programmatic diversity, and management capability. This part of our research also parallels the surveys of the National Congress for Community Economic Development (1999), which present overviews of the work of community development organizations. The National Congress for Community Economic Development concentrated on measurable outcomes of CDC activity—primarily housing and economic development—and did not focus on capacity building to the extent that we do. In this article, we look at the activities that dominate CDCs' work and examine whether emphases changed during our study period. This report is our attempt to move the field forward by tackling capacity measurement comprehensively.

To measure the five components of capacity, we surveyed 218 CDCs across the country. To place the work of the Ford partnerships within the context of the overall CDC world, we identified three categories of CDCs. First, we surveyed partnership-funded CDCs in sixteen of the eighteen cities where Ford funded partnerships in 1996.⁶ Second, we posed a similar set of

questions to CDCs in the same cities that were not supported by the CDPs. We recognized that the partnerships probably chose those CDCs they considered the most effective to fund in the first place. Consequently, our results could be skewed in favor of the partnership groups. To remedy that potential problem, we surveyed community organizations in four control cities (Austin, Texas; Denver, Colorado; Indianapolis, Indiana; and St. Louis, Missouri) that had no partnerships but had reasonable histories of community development and represented different regions of the country. We map the locations of surveyed CDCs in Figure 1. Partnership-supported CDCs represented 132 of the 218 community organizations in our sample. Non-partnership-backed CDCs (fifty) and control CDCs (thirty-six) rounded out our sample.⁷ The survey contained ninety-three questions (often with follow-up or sub-questions) that took the respondents—usually CDC executive directors—approximately ninety minutes to answer. All but a few of the questions were closed ended. Local community development experts in each of the cities administered the survey.

We focused on the CDPs' impacts on the community organizations rather than the impacts of the CDCs on the neighborhoods.

► Measuring Capacity

Overview

Table 1 presents an overview of the capacity-building characteristics of CDCs in our sample.⁸ The three groups of CDCs are similar in the types of areas they serve—predominantly poor, inner-city, minority neighborhoods—and the length of time that they have been in existence (about thirteen years on average). They differ in their capacity characteristics, however.

Resource. The partnership-funded organizations (P-CDCs) had higher levels of core and operating support; for example,

Table 1.
How they stack up: A profile of
community development corporations' capacity.^a

	<i>Partnership</i>	<i>Nonpartnership</i>	<i>Control</i>
Resource capacity			
Core operating support (\$000/year)	325	232	207
Project support (\$000/year)	1,581	1,299	1,090
Average annual growth of core support (%)	6.6	7.1	3.5
Average annual growth of project support (%)	17.5	7.0	26.5
Organizational capacity			
Full-time staff (number)	13.5	8.6	9.5
Average annual growth of total staff, 1992-1997 (%)	19.0	4.6	11.2
Pension coverage for executive director (%)	46	35	22
Networking capacity			
Supports staff training with other CDCs (%)	32	34	25
Supports community organizing with other CDCs (%)	64	62	53
Works with for-profit developers (%)	65	57	75
Increased number of groups works with (%)	81	78	75
Programmatic capacity			
Average number of housing units completed per year, 1992-1998	24	15	22
Average annual growth of housing units completed, 1992-1997 (%)	26.4	9.1	11.6
Average number of housing units managed per year, 1992-1998	57	25	41
Political capacity			
Publishes a newsletter (%)	66	57	58
Has contacts with business community (%)	44	35	36
Holds public meetings (%)	89	72	78

Note: CDC = community development corporation.

a. All figures are 1992 to 1997 annual averages, with the exception of total housing units, which are for 1992 to 1998.

the P-CDCs had approximately 40 percent more core support than their nonpartnership equivalents (NP-CDCs) and 57 percent more than the control group (C-CDC). The P-CDCs had project support growing at 17.5 percent a year, compared to growth rates of 7.0 percent and 26.5 percent for the nonpartnership and control groups, respectively. The C-CDCs, it must be noted, were growing from a smaller base than the P-CDCs.

Organizational. P-CDCs had larger staffs, and their staffs were growing fastest among the three groups; also, benefits (as measured by the availability of pensions for the executive directors) were better for the P-CDCs than for the others.

Networking. By most of the measures in Table 1, the P-CDCs were more likely to be involved in networks than were the other groups, although the differences between the categories were not statistically significant. Of the three types, the P-CDCs supported slightly more staff training and did more

community organizing with other CDCs; overall, the partnership organizations were more likely to be increasing their joint efforts with other organizations.

Programmatic. The P-CDCs were ahead in housing production by the three measures presented in Table 1: total number of units constructed during the survey period, the growth rate of housing construction, and the number of units under CDC management.

Political. The P-CDCs exhibited the greatest level of political capacity in terms of outreach to the neighborhood through the publication of newsletters, number of public meetings held, and contact with the downtown business community.

In what ways did the partnerships help the community groups they funded? Nye and Glickman (2000) interviewed CDCs and partnerships in nine cities to see if there was a good fit between what the CDCs needed and what the CDPs provided. The CDCs said that they most needed (1) long-term core funding, (2) access to new funding sources (beyond the partnerships), (3) help with strategic planning, (4) technical assistance, and (5) allies in publicizing the community development agenda with governments and business leaders. Nye and Glickman found that there was a good match between the requests of the community groups and what the intermediaries made available; in short, they worked together reasonably well—most intermediaries delivered most of what community groups wanted. However, it was useful to examine more closely the relationship between the two types of organizations—to survey a large number of CDCs to see if their needs were being met. Our survey requested that those CDCs supported by partnerships tell us the specific ways in which they were most (and least) helped by the partnerships (see Table 2). We found that the CDPs did indeed help meet community group goals.

For resource capacity, partnership support was particularly important in leveraging project funds from other sources, contributing to long-term operating support and contributing to project support. With respect to organizational capacity, nearly three-quarters of the P-CDCs surveyed claimed that partnerships improved the kind of training available to CDC staff and helped them provide training and technical assistance to staff. Networking capacity was increased, according to the CDCs, as partnerships facilitated the creation of joint ventures between the P-CDC and other community organizations; the partnership's role in other networking ventures appears limited, however. Regarding programmatic capacity, CDPs assisted CDCs in producing housing and in supporting organizing and advocacy activities. CDPs contributed to programs the CDC considered successful, according to the respondents. In the area of political capacity, partnerships were particularly helpful in

Table 2.
Differences partnership support makes (in percentages).

<i>Type of Capacity</i>	<i>Partnership CDC Responded "Very Important or Somewhat Important"^a</i>
Resource capacity	
Freed time formerly spent on fund-raising	53
Assisted in leveraging project funds from other sources	73
Increased access to funding due to working with partnership	27
Contributed to long-term operating support	81
Contributed to project support	67
Assisted in gaining funds from local governments	61
Assisted in gaining loans from banks	51
Organizational capacity	
Caused staff benefits to increase	27
Improved the kind of training available to CDC staff	74
Improved the process for replacing personnel	30
Provided training and other forms of technical assistance	74
Assisted recruitment of staff	30
Networking capacity	
CDCs that said partnerships facilitated joint ventures with	
Other community-based organizations	43
Private developers	14
Governmental bodies	22
National intermediaries	30
Other	5
Programmatic capacity	
Established financial management systems	58
Developed a strategic planning process	64
Encouraged development of benchmarks	88
Contributed to programs that CDC regards as successful	61
Political capacity	
Improved access to elected officials	26
Facilitated relationship with the corporate business community	41
Strengthened relations with private-sector funder	60

Note: CDC = community development corporation.

a. We use "very important or somewhat important" here to streamline the table. Actual wording for response choices varied somewhat among the questions. For example, some answers were "very useful or somewhat useful" or "strong encouragement or some encouragement."

brokering relationships with private-sector funders but less helpful in improving access to elected officials. Thus, we confirmed the earlier findings of Nye and Glickman (2000) with this more extensive examination of the relationships between CDPs and CDCs: partnerships help build the capacity of CDCs.

Before we present our findings in detail, a few words about the limitations of our data are in order. First, although our intent was to determine the contributions of the partnerships, we had no analytical way to isolate the relationships between CDP support (or lack thereof) and the indicators of capacity. Clearly, many factors affect capacity besides the presence of intermediaries. For instance, there may be differences in the characteristics of the CDCs, the community development and political climate of the city, or the region's economy. Second, some indicators are likely to be more (or less) important to CDCs' operations than others, and we have little a priori way to weight one type of capacity in relation to another. Third, the weights that CDPs and CDCs accord different types of capacity likely differ by place, mission, and maturity of the CDC. Finally, making efforts to increase capacity in a greater number of the indicators does not necessarily mean that the CDCs are better off. For instance, suppose community organization A offers more programs than organization B. If we are simply counting programs as our measure, we would conclude that A had more capacity than B. Nevertheless, does providing more programs mean that A is serving the community better? There is always the risk that by increasing programs, the group's resources—financial and human—will be stretched too far. Organization B—which may be conserving its resources by concentrating on fewer programs—might be more effective than A. In short, more may not be better than less in all cases.

► Types of Capacity

Resource Capacity

Without financial resources, CDCs have little ability to have an impact on the communities they serve. According to Yin (1998), CDCs' ability to "garner support from outside their respective neighborhoods" has been "instrumental in [their] increased capacity" (pp. 137-38). How do P-CDCs compare to others in their ability to raise funds? How do neighborhood organizations manage the funds they raise from partnerships and other sources? To answer these and related questions, we examined patterns of funding between 1992 and 1997. We also explored a variety of other issues involving resource use and management.

CDC Report Card

Funding sources. CDCs raise money in several ways, including obtaining grants from governments and foundations for

operating support and for specific projects, collecting fees and rents for property management and development fees, and generating profits from businesses. We expected the P-CDCs to attract more core operating support than the other CDCs because of their relationship with the CDPs.⁹ In fact, P-CDCs exceeded the other two groups by more than 40 percent: average support for partnership organizations in 1997 was \$376,000, compared to \$287,000 for the NP-CDCs and \$232,000 for the C-CDCs, respectively.¹⁰ The superiority of partnership organizations was particularly clear at the upper end of the distribution: more than 31 percent of these groups raised at least \$500,000 in core funding in 1997. At the same time, only 17 percent of the NP-CDCs and 14 percent of the C-CDCs were able to generate budgets of a half million dollars or more in the same year. Significant operating support is critical to CDCs' capacity in other areas; OMG (1995) found that "comprehensive operating support programs appear to have the greatest potential for positioning CDCs to improve their organizational practices, develop staff and board skills, set the stage for introducing new products such as homeownership, or otherwise enhance production" (p. ix).

The primary sources of core support for all types of CDCs were grants, development fees, and rents from managed properties. Interestingly, the P-CDCs derived relatively small proportions of their operating support from the CDPs, even though one of the partnerships' main goals was to provide long-term operating funds. This mix of funding reflects both the CDCs' ability to diversify their sources of support and the reduction of funds from the Ford Foundation as Ford cut back its support of the more mature partnerships and concentrated on creating new CDPs in recent years.¹¹ In 1997, 68 percent of these more mature groups received less than one-quarter of their core funding from the collaboratives. In 1992, the equivalent figure was 43 percent.

We invited the CDCs to rank project funding (resources tied to specific projects) they received from different sources.¹² For P-CDCs, the leading sources were community development block grants (48 percent named this as one of their top four sources in 1997), other federal programs (45 percent), local governments (34 percent), state government (31 percent), the Low-Income Housing Tax Credit (28 percent), and local foundations (26 percent). Further down the list of project support were the CDPs (20 percent), corporations (17 percent), and national foundations (9 percent). Similar patterns were seen with the other two categories of CDCs. Hence, the role of the federal government in supporting CDCs' work remains critical. Corporate funding, for example, was less important. Seventeen percent of the P-CDCs had corporate support compared to 16 percent for NP-CDCs and 20 percent for C-CDCs.

As shown in Table 1, the P-CDCs raised more funds for projects (\$1.6 million per year on average between 1992 and 1997) than did the NP-CDCs (\$1.3 million) and C-CDCs (\$1.1 million).¹³ From 1992 to 1997, core operating support grew by an average of 6.6 percent per year for P-CDCs, compared to 7.1 percent for NP-CDCs and 3.5 percent for the C-CDCs. When we broke out funding by core and project components, we found that the C-CDCs had the fastest overall growth because of their ability to attract project funding (which increased at an average annual rate of 26.5 percent). These groups also had higher growth rates because their base was considerably lower than that of P-CDCs in 1992, the year we began measuring.

Asset management. We surveyed CDCs about the management of assets, such as rental housing. In 1997, the P-CDCs (74 percent of which managed housing) were midway between the NP-CDCs (66 percent) and the C-CDCs (91 percent). Of those that managed housing, the P-CDCs were the most likely to be losing money on their projects. Thirty-one percent of the P-CDCs had losses during 1997, compared to 16 percent for the C-CDCs. Fewer CDCs managed commercial and industrial properties. For these activities, the P-CDCs had relatively fewer money-losing enterprises than did the other groups.¹⁴

Financial conditions. We asked the CDCs how their financial conditions had changed between 1995 and 1997. Seventy-four percent of the partnership CDCs reported that their finances had improved, putting them between the NP-CDCs (80 percent noted improvement) and C-CDCs (of which 61 percent maintained that they had improved).

*Roles of Partnerships*¹⁵

We posed a series of questions concerning the roles of CDPs in aiding neighborhood groups' operations financially. The responses illustrate the complicated relationships between the intermediaries and their CDCs. P-CDCs replied that the partnerships were helpful in their quests for funding. Specifically, the CDPs helped raise funds for technical assistance (90 percent of CDCs asserted), operating support (according to 79 percent), and project support (said 65 percent); partnerships facilitated the CDCs' access to local funding (according to 59 percent) and private loans (said 48 percent). In addition, 53 percent reported that the partnership's assistance freed them up for fund-raising, and nearly three-quarters said they were better able to leverage other funds because of partnership help (see Table 2).¹⁶ Yet only 27 percent of the CDCs said that working with partnerships increased their access to funding; an additional 42 percent said that their relationship with local

intermediaries did not make a difference, and fully 31 percent complained that they were limited in their access to funders because of their P-CDC status.

These negative responses may be linked to the complicated relationships among funders and between funders and CDCs in the partnership cities. Our earlier, more qualitative research provides us with relevant insight into these relationship dynamics. In some cities, local funders say that they will only give funds through the partnership and will not consider proposals directly from CDCs (Nye and Glickman 2000). Many CDCs want to be able to have their funding both ways—through the partnerships and in addition to them. This desire is natural—any funder-dependent organization will rationally attempt to diversify its funding base as much as possible. In addition, the questionnaire was administered at a time when many of the partnerships were getting less Ford money (or none at all); thus, they are passing less money to the CDCs.

Organizational Capacity

This component of capacity refers to the internal operations of the CDC—how it manages itself, employs staff, develops its human capital, relates to its board of directors, and manages its finances. Experienced community development professionals often say that this element is critical to their long-term success, although it tends not to be well understood by the public.¹⁷ In the survey, we inquired about training, staffing, salaries and benefits, and financial management—the major components of capacity building for organizational growth.

CDC Report Card

Training. Attempts to increase organizational capacity have been carried out primarily through technical assistance and training. For example, 82 percent of the CDPs brought in outside trainers, 76 percent paid to send CDC staff to existing external programs (that is, those run by organizations other than the CDCs themselves), 69 percent set up their own external training programs, and 48 percent used in-house training. In most cases, the partnerships employed some combination of these techniques to enhance the CDCs' human capital. In addition, CDCs engaged in internally developed training strategies to help them survive and grow.

Staff. The size and growth of staff are often the result of capacity-building efforts in the other categories. As CDCs raise additional funds and make progress with new programs, they hire new personnel. We looked at the size and growth rates of

CDCs and found differences among our groups. On average, P-CDCs had an average of 16 staff members in 1997, compared to 11.4 for NP-CDCs and 12.3 for C-CDCs. The P-CDCs had 10.6 professionals on staff in 1997. In comparison, the NP-CDCs had 7.2 professionals, whereas C-CDCs employed 10.0.¹⁸ Although the P-CDCs and C-CDCs were of similar size when measured by number of professionals, the P-CDCs had more nonprofessional staff (5.4) compared to the C-CDCs (2.3).

Growth rates of staff also differed among the groups. P-CDCs registered gains in full-time employees of 18.3 percent during the period from 1992 to 1997, compared to average growth of 1.7 percent for NP-CDCs during the same period. The growth of all three groups' part-time staffs was similar—between 2.5 percent and 2.9 percent—during the same five-year period. The size of P-CDCs' professional and nonprofessional staffs grew at a much greater rate between 1992 and 1997 than did those of the other two categories of CDCs. We view these comparative rates of employment change as a mark of the relative strength of the P-CDCs compared with their NP-CDCs.

Staffing stability and pay are other important elements of organizational capacity. For example, we found relatively little turnover of CDC executive directors in any group. Between 1995 and 1997, 72 percent of the P-CDCs had the services of the same executive director, and an additional 21 percent had but one change in that position. The average tenure for executive directors was six years.¹⁹ Stability in the executive director's position is important, as many CDCs are administratively thin and depend on an experienced leader.

Employees of nonprofit groups often complain about low pay and long hours. In fact, we found that the salaries of CDC employees compared unfavorably with their main market competitors—governments. Sixty-four percent of the executive directors and 60 percent of professional employees of P-CDCs said that they made less than they would in comparable government positions.²⁰ P-CDC executive directors had superior benefits packages than those of the other groups. Forty-six percent of the executive directors of P-CDCs had pensions, compared to 36 percent for the NP-CDCs and 22 percent for the C-CDCs. Similarly, the P-CDC leaders were far better off in terms of health benefits and vacation pay.²¹ These advantages were enjoyed by other professional and nonprofessional staffers as well.

Other CDC functions. The role of boards of directors varied across the groups. The boards of the control groups were the most involved in fund-raising in 1997, although the partnership boards had a longer history of involvement in this important function. Partnership boards, by a narrow margin, seemed most likely to contribute their professional expertise to the

groups' activities. The P-CDCs were slightly ahead of their counterparts in the employment of computerized financial management systems.²² The boards of P-CDCs and NP-CDCs had roughly equal increases in residents' representation.

Roles of Partnerships

Training. Nearly three-quarters of the P-CDCs credited their relationship with the CDPs with improving the training available to CDC staff. The most consequential areas of training and technical assistance for the CDCs were technical training (74 percent said that this was important), strategic planning (64 percent), and financial management (58 percent).

Staff. Overall, CDPs helped improve the salary and benefit structure of the community groups they funded—39 percent said that the partnerships had assisted them in raising salaries, whereas 27 percent credited the CDPs with improving the benefits package. However, nearly two-thirds of the CDCs told us that the partnerships had little or no effect on replacing personnel who had left; only one in seven deemed CDP help significant in this area. Overall, only 30 percent said that the partnership was “very important” or “somewhat important” in helping them to recruit staff.

Networking Capacity

Networking capacity refers to CDCs' ability to interact and work with other institutions, both inside and outside the community. This component of capacity has become increasingly important to CDCs in recent years. As Yin (1998) illustrates, “Over the last three decades, the story of CDCs has progressed from that of the single organization making good in its community to that of participation in a complex web of partnerships” (p. 138). For example, CDCs sometimes contract with training institutions to help enhance their human capital or work with other CDCs to share responsibilities for housing projects or social services (Harrison, Weiss, and Gant 1994). Entering relationships with governments, private firms, or other community-based organizations may allow CDCs to extend their reach to new services and operations that are more efficient. Networking can help organizations share resources and make strategic connections to other groups. CDCs are often too small to carry out all the functions that residents and funders ask for. In such cases, forming alliances with other groups is the only way for them to respond positively. This aspect of capacity building has become particularly important given the trend toward more comprehensive

approaches to community development (Aspen Roundtable 1995).

We are cautious about drawing firm conclusions regarding the relationship between the number of partnerships and CDC capacity—we do not believe that more partnerships necessarily translate into greater capacity. Although many experts (cited by Nye and Glickman 2000) believe that networking with other agencies and organizations is critical to CDCs' success, it is not so easy to determine which organizations a CDC should form alliances with or how many types of relationships it should maintain. The specifics of networking are very closely connected to the context in which the CDC functions. CDCs must be strategic about the specific organizations with which they partner and about the kinds of arrangements into which they enter. For example, Yin (1998 [citing Rubin (1995)] states that "in order to fulfill their external relationships, CDCs may find themselves adopting practices mandated by external partners that are contrary to those of their individual stakeholders" (p. 138). In addition, if a CDC works with a much weaker organization, the relationship could diminish the CDC's capacity rather than strengthen it. More partners do not always predict greater CDC success.

CDC Report Card

We surveyed CDCs about the types of organizations they cooperate with and the sort of mutually supportive relationships that result from these collaborations. For all three categories of CDCs, community organizing and housing development were the activities they were most likely to provide jointly. A majority of all CDCs worked cooperatively with other organizations in these areas. More than half of all CDCs surveyed also worked with for-profit developers and nonprofit religious organizations.²³ P-CDCs were more likely than the other types to work jointly on staff training, community organizing, job placement, and business assistance.

The majority of CDCs across all three categories participated in national coalitions of community-based organizations (e.g., the National Congress for Community Economic Development). P-CDCs reported slightly higher levels, with 66 percent participating, compared with 64 percent of NP-CDCs and 57 percent of C-CDCs reporting active participation in national coalitions.²⁴ Such participation in local coalitions of community-based organizations was much more significant across all categories, with more than 90 percent of CDCs reporting involvement.

In all three categories, at least 75 percent of CDCs reported an increase in the number of groups with which they worked during the past three years. This increase may have been the

result of funders' encouraging CDCs to partner with other local organizations or of CDCs' creating alliances as they mature and become better able to form connections with other organizations. Furthermore, CDCs have broadened the scope of their work beyond housing; this trend would make these relationships more attractive.

P-CDCs were somewhat more likely than the other organizations to provide community organizing, housing counseling, commercial real estate development, property management, job placement, business assistance, and social services jointly.²⁵ NP-CDCs were more likely to work with their fellow CDCs to provide staff training and job training. Control CDCs were least likely to work collaboratively in all areas except property management. At least 25 percent of P-CDCs work collaboratively in nearly every service category.

Roles of Partnerships

We asked P-CDCs if the intermediaries played an important role in facilitating joint ventures with a range of organizations. Partnerships had the biggest role in aiding the formation of alliances with other community-based organizations—43 percent of P-CDCs said the CDPs were important to their facilitating joint ventures with other community organizations. Partnerships also helped foster relations with national intermediaries (30 percent of CDCs indicated that partnership support was important), governments (22 percent), and private developers (14 percent).

Programmatic Capacity

Programmatic capacity is the ability of the CDC to provide services that meet the needs of the target community. CDCs must build their programmatic capacity in order to respond to the growing and changing needs of the areas they serve. However, researchers and practitioners disagree as to whether or when in their development CDCs should build capacity internally, by attempting to meet new needs themselves, or externally, through linkages with other organizations. Many employ a mix of the two strategies.

To examine this component of capacity, we inquired about the levels of production (e.g., housing units, projects, industrial and commercial space) and the kinds of programs in which CDCs engage, including economic development, workforce development, and social services. As with the other components, we questioned P-CDCs about those areas in which they thought the CDPs had contributed to their successes.

CDC Report Card

Housing. We requested that all CDCs document the number of housing units they produced from 1992 through 1998. P-CDCs' production grew by an average of 26.4 percent during the period from 1992 to 1998, whereas the NP-CDCs grew by 9.1 percent and the C-CDCs grew by 11.6 percent. P-CDCs demonstrated their superiority in housing in other ways as well.²⁶

- P-CDCs were the most productive housing providers. The mean annual number of housing units completed during the years from 1992 to 1998 by a P-CDC was twenty-four, compared with fifteen units for both NP-CDCs' and twenty-two for control CDCs.²⁷ P-CDCs, therefore, had statistically greater production than the NP-CDCs.²⁸ Not only did the P-CDCs outperform the NP-CDCs in the aggregate; our data show that this was true in most of the individual cities that we surveyed.²⁹
- Between 1992 and 1997, C-CDCs exhibited the most rapid growth in completed housing projects (29.6 percent); P-CDCs' production of housing projects also grew significantly (21.9 percent), while NP-CDCs' production declined by 3 percent. In 1997, the average P-CDC completed 3.5 housing projects, whereas the average NP-CDC completed 1.8, and the average C-CDC completed 15.0.³⁰

Other findings included the following:

- P-CDCs were less efficient housing producers than NP-CDCs. We calculated the average cost for each housing unit built. P-CDCs needed \$41,266 to build a unit, 6 percent more than the \$38,887 registered by the NP-CDCs. However, whereas the cost per unit produced has increased for C-CDCs and NP-CDCs during the five-year period from 1992 to 1997, P-CDCs have become more efficient, lowering their costs over time.
- The average number of housing units managed by a P-CDC grew from twenty-seven to sixty-nine (or 31 percent) between 1992 and 1997 and at a much slower rate for the other two CDC categories during the same period (11.1 percent for NP-CDCs and 18.3 percent for C-CDCs).
- The ratio of rental to owner-occupied units built in 1997 was 2.5 to 1 for P-CDCs; for NP-CDCs, the ratio was 1.3 to 1; and for C-CDCs, the ratio was 1.6 to 1. This ratio is important since rental units tend to be occupied by lower-income people.

Economic development. All CDC types had similar economic development profiles: more than 80 percent were engaged in economic development activities. We also asked CDCs whether they were active in several specific areas related to economic development, such as business development and job training and placement activities.³¹ P-CDC participation in economic development activities is only slightly higher than that of NP-CDCs and C-CDCs across almost all activities.

Business development. The partnership and nonpartnership groups had similar approaches to business development

- More than half provided technical assistance to businesses, and each gave entrepreneurial training at about the same rate (approximately 38 percent for P-CDCs and 35 percent for NP-CDCs). P-CDCs were somewhat more likely to offer business lending (24 percent of P-CDCs vs. 15 percent of NP-CDCs) and microenterprise development (25 percent vs. 18 percent), but the differences were not large.
- The average P-CDC started nine new businesses during the period from 1995 to 1997, whereas the typical NP-CDC launched six new businesses; C-CDCs reported seven new firms. Ninety percent of the new businesses started through P-CDCs were still operating, as opposed to 72 percent of those started by NP-CDCs and 88 percent of C-CDCs' businesses.

Job training and placement. Partnership and nonpartnership CDCs had approximately the same rate of involvement in job readiness programs, with about 42 percent of CDCs in each category participating in this activity. Nearly half the P-CDCs and NP-CDCs carried out job training (48 percent and 45 percent, respectively). The responses were similar for job placement: 49 percent of P-CDCs and 50 percent of NP-CDCs engaged in this activity. C-CDCs reported the highest number of people placed in jobs through job training and placement activities. In 1997, the average C-CDC made 121 placements, whereas P-CDCs and NP-CDCs averaged 104 and 102 placements, respectively.³²

Social services. P-CDCs and C-CDCs were the most likely to provide social services, with about 57 percent reporting that they do this kind of work. Fifty percent of NP-CDCs offer social services. Interestingly, few P-CDCs report receiving partnership funding for these social service activities. We asked P-CDCs and NP-CDCs that furnish social services what kind of services they provide, and we found no significant differences between the two groups. P-CDCs and NP-CDCs look quite similar in terms of the kinds of social services they provide and the rate at which they provide them. P-CDCs were most heavily involved in youth programs (42 percent of the CDCs provided them), education (38 percent) and cultural/arts programs (33 percent). The NP-CDCs showed similar patterns.

Community organizing and advocacy. Although the differences between the CDC categories were not enormous, P-CDCs did more community organizing than the other two groups. Nearly 84 percent of P-CDCs surveyed reported engaging in this area, whereas 78 percent of NP-CDCs and 67 percent of C-CDCs said they were involved in such activity.³³ Our survey data illustrate that the groups were most heavily involved in

community planning (more than 72 percent of the CDCs did this task); also, more than 64 percent were engaged in organizing around specific community issues, such as housing, crime, and the like.

Benchmarks. The vast majority of CDCs in all three categories—more than 89 percent—reported that they had established benchmarks for themselves.³⁴ Of those CDCs that established benchmarks, most in all three categories have met them. Seventy-nine percent of P-CDCs, 61 percent of NP-CDCs, and 84 percent of C-CDCs “entirely” or “mainly” met the benchmarks they set.

Perceptions of success. CDCs in all three categories told us that they were most likely to be successful in the housing area. Fifty-nine percent of P-CDCs, 43 percent of NP-CDCs, and 46 percent of C-CDCs cited housing as their most successful endeavor. This response makes sense, given that housing is the top priority of most CDCs. The community organizing and advocacy category was the second most likely to be listed as successful by P-CDCs and NP-CDCs, with 13 percent and 16 percent, respectively, citing this activity. Social services took second place for C-CDCs, with 14 percent checking this activity.

Best practices. Asked whether there are practices or programs in which the CDC engages that staff members think could be a model for other organizations, the top three areas were housing (33 percent), organizing and advocacy (21 percent), and social services programs (11 percent). The wide variety of best practices listed by CDCs included promotion of environmentally friendly building techniques; a lease-to-own program for risky, first-time homebuyers; historic rehabilitation; neighborhood security programs; and organizing to stop illegal dumping.

Changing priorities. The CDCs told us which activities had their highest priority during three periods: prior to 1992, 1992 to 1996, and 1997 to 1998. Overall, we found that all CDCs placed their greatest emphasis on housing in all three intervals. Of the other areas in which CDCs work (economic development, workforce development, social services, and community organizing and advocacy) CDCs reported that their social services and organizing activities declined in importance since the 1992 to 1996 period, and economic development and workforce development took on greater importance. Aside from housing, more P-CDCs do economic development than engage in either community organizing or social services. Social services activity is the least prevalent for all three groups.

Roles of Partnership

Influence on programs. P-CDCs demonstrated greater success than the other two groups in nearly all measures of housing production. Although it is impossible for us to know for sure whether the connection reflects causality, it appears that partnership support aided CDCs’ housing production. Aside from housing, P-CDCs are most likely to engage in community organizing and advocacy activities, and partnerships are more likely to fund organizing activities than they are to fund either economic development or social services. We asked P-CDCs if the partnerships funded economic development activities. Overall, few P-CDCs—10 percent of those that conducted any economic development activity—reported funding earmarked by the partnership for this work. More P-CDCs reported that they received funding for community organizing than for economic development and social services. Across the range of economic development activities in which partnership CDCs participate, CDPs are most involved in funding activities related to job training and placement, less so for business assistance and development.

Influence on measurement and priorities. During our previous focus groups with P-CDCs (Nye and Glickman 2000), staff spoke of feeling pressure to pursue programs that had high priority with their funders. Although most P-CDCs maintained that their emphases coincided quite well with those of the partnership, priorities of some CDCs and partnerships did not always match perfectly. Slightly more than half of the P-CDCs stated that the partnership’s priorities were the same as those the CDC would have chosen itself. Twenty-five percent claimed that the partnership’s priorities were “somewhat different,” and 10 percent said they were “very different.” Asked whether the partnership had taken on responsibilities or activities that should have been left to the CDCs, only 3 percent responded “frequently,” whereas 12 percent responded “occasionally,” and 79 percent said “never.”

Of the P-CDCs that reported changes in emphases between 1996 and 1998, 1992 and 1996, and prior to 1992, only 11 percent attributed the changes to the partnership. Sixty-six percent of these CDCs claimed that the partnership had little or nothing to do with the changes. Of those that responded that the changes in emphases were “strongly” or “somewhat” attributed to the partnership, 14 percent reported that the partnership had set benchmarks for them in new areas. Others said that the partnership gave them the skills to obtain housing grants, helped them to develop their agenda, helped them to plan, increased their staff time in economic development,

and/or pushed them to produce more. Still others maintained that the partnership shifted their funding priorities.

When asked whether the partnership had played a role in making them successful in the areas in which they reported high capacity, nearly one-third of P-CDCs responded “very much so,” and 30 percent responded “somewhat.” On the other hand, 21 percent responded “not at all” to the question of whether the partnership had played a role.

Finally, 62 percent of P-CDCs reported that the partnership had strongly encouraged the development of benchmarks, while 26 percent reported some encouragement, and 10 percent said the partnership was indifferent regarding the development of benchmarks.

Political Capacity

CDCs work to represent residents and advocate on their behalf in the larger political arena in the city and region. In addition, CDCs strive to mobilize support and involve residents in determining neighborhood needs and shaping CDC policy. Political capacity manifests itself in many ways—greater community participation, more political leverage and empowerment, better-educated constituents, and effective conflict management. Building political capacity is, in many ways, the trickiest kind of capacity building that CDCs (and CDPs) negotiate. The political context in which CDCs and CDPs operate largely shapes what they can and cannot do, as Glickman and Servon (1999) argued.

We examined what CDCs do to promote support within their neighborhoods and what they considered the partnerships’ roles to be in helping them increase their political reach, both within and outside their neighborhoods. We also asked the CDCs about their access to the political and corporate communities so we could determine the roles the partnerships played in brokering that access.

CDC Report Card

To better serve their communities, CDCs often involve neighborhood residents in governance, political action, and neighborhood events like street fairs and cleanups. For example, community-based organizations hold public meetings to discuss matters of concern to citizens. More than 70 percent of CDCs across all three categories held public meetings. P-CDCs and NP-CDCs held the least number of public meetings annually. Another way of involving and informing residents is through public communication, for example, by publishing

newsletters about the neighborhood and actions taken by the CDC. The record for the different types of groups again was similar: more than 55 percent of all CDCs surveyed publish newsletters. The three categories appear to be similar with respect to their contacts in the corporate community, although P-CDCs reported having the most contacts.

Roles of Partnerships

Although the P-CDCs appear to have slightly greater political capacity than do the other groups, P-CDCs tended not to grant much credit to the CDPs for improving access to elected officials or facilitating a relationship with the corporate business community. Nonetheless, the CDCs gave the partnerships high marks for strengthening relations between the CDC and private-sector funding organizations. Twenty-three percent of P-CDCs claimed that the partnership was “very useful,” and 37 percent responded that the partnership was “somewhat useful” in this regard. Only 3 percent believed that the partnership had had a negative influence.

With respect to their role in propelling the community development agenda in the public sector, the partnerships’ ratings were mixed. Twenty-two percent of P-CDCs believed that the CDP had strengthened the CDC cause “very much,” and 27 percent responded that the partnership had strengthened the CDC “somewhat/adequately.” On the other hand, 41 percent responded that the CDPs helped “a little” or “not at all.” This finding supports what we learned in our earlier research. We found that the context of cities differs greatly with respect to the acceptability of CDCs and local governments working together closely. In some cities, such as Portland, Oregon, and Boston, such cooperation is commonplace; in others, it is nearly nonexistent.

Asked whether they contacted funders directly or through the partnership, 55 percent of P-CDCs responded that they always contacted funders directly, whereas 42 percent claimed that they contacted funders both directly and through the partnership.

► Neighborhood Impacts

In addition to asking directly about the five capacity components, we inquired about measurable changes in CDCs’ neighborhoods that might be at least partially attributable to their activities. We wanted this open-ended query to supplement the questions about specific elements of capacity in the questionnaire. CDCs responded with observations about changes in

housing prices, crime rates, social services provision, and other neighborhood improvements.

Housing markets. Many of the respondents asserted that their organization's work in producing new or rehabilitated housing units had helped raise neighborhood housing values. They also mentioned their role in sewer and other infrastructure improvements, which contributed to housing appreciation.

Public services and infrastructure. The respondents identified several successful CDC efforts to improve services in poor neighborhoods. These included Head Start clinics, job training programs, health care projects, and youth development activities carried out by CDCs. Neighborhood infrastructure improvements included street resurfacing and cleaning, more sewers, better bus services, and new public schools and recreation centers that CDCs say were the result of their pressuring city officials.

Crime. Successful antidrug campaigns and community policing efforts were cited by several executive directors as contributing to a decline in crime rates and improved relations with police departments. CDCs noted efforts to reduce the number of vacant buildings, conduct prayer vigils at crack houses, help supervise juvenile offenders, and initiate "take back the streets" demonstrations that they said helped reduce neighborhood crime.

Economic development. As we discussed in the Programmatic Capacity section, economic development has become a more important component of the CDC programmatic agenda. In this regard, community development organizations helped businesses secure loans and workers obtain job training. CDCs were active in starting and supporting retail establishments and, to a lesser degree, manufacturing plants. The CDCs said that workers were more job ready and better trained because of their advocacy—one CDC in Cleveland claimed that it had placed 1,400 people in jobs in recent years.

Neighborhood appearance. The way that neighborhoods look and feel is a crucial element in improving both economic development and quality of life. CDCs have been involved in neighborhood beautification, street and vacant lot cleanups, graffiti elimination, and building painting and façade improvement. In addition, CDCs have helped with the landscaping of problem properties, have been involved in community gardens, and have carried out plantings on vacant lots.

Resident involvement in community activities. Last, the CDC executive directors said that their organizations had worked to increase the involvement of residents in community life. Such involvement has come about through the implementation of community meetings, public forums, newsletters, and related measures.

The responses reported in this section were not tied to hard numbers, as they were elsewhere in this article. Rather, they reflect the views of the executive directors; we had no way to cross-check their comments. However, they provide further insight into the workings of the groups.

► Conclusions

This article represents our best effort to measure the components of community development capacity. We recognize, as we stated at the outset, that some important dimensions of these components are very difficult to measure through a survey. Having put forth that caveat, the question remains, Does partnership support make a difference in CDCs' quest to build capacity? We believe the answer is yes. Our research demonstrates that CDPs make important contributions across the five components of capacity. P-CDCs have greater resources, larger and better-paid staffs, and greater housing outputs. P-CDCs also maintain that partnership support helps them significantly in areas that range across the five components of capacity. Specifically, CDPs have helped P-CDCs to raise more long-term operating support, offer better training to their staffs, develop benchmarks, and strengthen their relationships with private-sector funders.

Although some components of capacity proved more difficult to measure than others, we believe that we achieved our goal of pushing the field of community development evaluation forward with this article. Our framework of five components of capacity—resource, organizational, networking, programmatic, and political—enabled us to approach the issue of CDC capacity systematically and to show real differences between the three categories of CDCs in some critical areas. In other areas, admittedly, the relationships between partnership support and outcomes were less clear.

Our findings also lead us to make a few policy recommendations and to set forth some directions for future research. We believe that support for the partnership concept should be continued and provided by both foundations and governments. Our work shows how partnership support might be targeted to specific activities and areas. These include fundraising, training and technical assistance, benchmarking, and strategic planning. We recommend a support network

involving partnerships between philanthropic, government, and private for-profit entities since CDCs that have partnership support have greater capacity. Although we did not measure neighborhood impacts, we can argue with a good degree of certainty that their greater strength makes P-CDCs better able to produce positive results in poor neighborhoods. One thing we discovered through our survey was that many CDCs rely on the federal government—particularly the Community Development Block Grant program—for support. The Community Development Block Grant program should be continued to support this important work. While CDPs help CDCs build capacity, local-level partnerships know the communities and the organizations operating in these communities. They are able to determine which CDCs are most capable of building capacity in these communities, and they can tailor funding and accountability requirements to meet the needs of the local organizations.

Several important areas remain in which we need to expand our knowledge. These areas guide our recommendations about directions for future research. First, researchers should pursue better methods of measuring the more elusive aspects of capacity, particularly political and networking. Second, more research is needed to gain greater understanding of how CDPs can target their support. Third, researchers should work toward understanding the relationship between CDC capacity and neighborhood impacts—how does increased CDC capacity translate into better communities? We did not answer that important question since we focused on the capacity of organizations. We hope—and believe for the most part—that this capacity translates into outcomes that lead to positive neighborhood change. However, our work stops short of examining the changes that CDCs effect. The next step would be to ask the following questions. First, what is the relationship between community development programs and the conditions of poor neighborhoods? Little work has been done to measure the impacts of these organizations on neighborhoods. Second, how, if at all, do neighborhoods where P-CDCs operate differ from comparable neighborhoods where P-CDCs are not operating? Answering these questions would greatly aid in the formation of policy and help guide practice.

► Notes

1. Walker and Weinheimer (1998) view the elements of capacity as (1) the ability to plan effectively, (2) the ability to secure resources, (3) strong management and governance, (4) program delivery capacity, and (5) the ability to network with other clients. These categories are similar to ours, save their first group.

2. The contributors to this debate, besides Walker and Weinheimer (1998), include Schiffman and Motley (1990), Fergu-

son and Stoutland (1999), Traynor (1995), Stone (1996), United Way of America (1997), Vidal (1996), National Community Development Initiative (1995), and Meyer (1994).

3. Liou and Stroh (1999) discuss national intermediaries, such as the Local Initiatives Support Corporation, Enterprise, and the National Reinvestment Corporation, that fund community development organizations. Each national intermediary comes from different roots (Ford initiated the Local Initiatives Support Corporation, Enterprise was founded by the builder James Rouse, and the National Reinvestment Corporation grew out of a federal government initiative), and each has different goals and operating principals. We observe local intermediaries in this research, although some of these are linked to the local affiliates of the Local Initiatives Support Corporation and Enterprise. Many others have written on intermediaries and partnerships, among them Berger and Kasper (1993), Carroll (1992), Cohen (1993), Fulton (1989), National Congress for Community Economic Development (1991), and Sviridoff (1994).

4. The Center for Urban Policy Research's work has consisted of a conceptual essay on the nature of capacity (Glickman and Servon 1999), a set of focus groups and interviews to test the framework (Nye and Glickman 2000), and case studies of capacity building in five cities (Cleveland, El Paso, Minneapolis, Philadelphia, and Portland, Oregon). See Lowe (1998), Mueller (1998), Goetz (1998), Shatkin (1998), and Hoereth (1998).

5. The National Community Development Initiative was established in 1991 as a consortium of eight national corporate and philanthropic funders charged with bringing together and employing "new philanthropic resources to help accelerate the growth of community development corporations (CDCs) nationally and to boost their efforts to revitalize troubled neighborhoods in low-income communities" (National Community Development Initiative Phase I, July 1995). The National Community Development Initiative continues to be supported by the original funders and was linked to the Human Capital Development Initiative in 1997. The Human Capital Development Initiative, as the name implies, is aimed at increasing the quantity and quality of practitioners in the community development field.

6. We did not evaluate a statewide partnership in North Carolina or the partnership in Puerto Rico that encompasses that island. We focused on the work of citywide intermediaries where Ford made investments.

7. We set a goal of interviewing thirteen CDCs in each city. In partnership cities, we attempted to interview nine partnership-funded CDCs (P-CDCs) and four non-partnership-funded CDCs (NP-CDCs); in the control cities, our goal was also thirteen groups. The universe of P-CDCs came from the partnerships; additional organizations were identified from lists of CDCs kept by city agencies (e.g., the city planning or housing departments). In some cases, we were successful in interviewing thirteen CDCs; in other cities, there were not enough CDCs in operation or we did not get the cooperation of a sufficient number of executive directors to reach our goal. Since we were not successful in interviewing all the CDCs in the cities, this was not a census. Nor was this a formal random sample of organizations—the groups we spoke with represent our best efforts to reach as many CDCs as we could.

8. A detailed statistical portrait of the community development partnerships (CDPs) is available from the Center for Urban Policy Research Web site at <http://www.policy.rutgers.edu/cupr/ford/fordrep.htm>. In addition, as with all samples—even one as rich as the one we discuss here—there are anomalies and outliers that affect the statistics. In some of the variables, we found that

there were outliers that made for odd-looking statistics of central tendency. We note some of these outliers later in the article and adjust for their effects when appropriate. See, for example, note 32.

9. In the survey, core support was defined as the sum of grants, development fees, contract fees for services, rental revenues, revenues from sales of buildings, and business income: in other words, all funds that came to the CDCs not earmarked for particular projects and thus available for general support of the CDCs' operations. Although rents and management fees for rental properties flow from particular projects, the use of these funds is relatively unrestricted and is fungible with other resources of the organization.

10. The amount of core support raised by P-CDCs was significantly greater than the NP-CDC and control CDCs at a 5 percent confidence level.

11. The Ford Foundation began to fund new partnerships in the Southeast during the late 1990s, including some in rural areas that we did not study. Many of the established CDPs—those that received Ford funding in the 1980s and early 1990s—did not get any more money in recent years. Consequently, these more mature CDPs had to raise a substantial amount of their operating support (in some cases, all of their operating funds) from non-Ford sources.

12. The list of sources they picked consisted of the Community Development Block Grant program, the Low-Income Housing Tax Credit, Section 8, other federal government funds (such as HOME, Enterprise Zones, and the like), state and local governments, national foundations, local foundations, national intermediaries (e.g., the Local Initiatives Support Corporation, Enterprise), CDPs, United Way, corporate giving, bank loans, and others. We asked the CDCs to select the four most important sources of funds from this list, and we report these figures here.

13. The advantage of the P-CDCs, however, was not statistically significant.

14. The number of CDCs operating commercial and industrial properties was so small that strong statements about success or failure are hard to make with confidence. For example, while 97 of the partnership CDCs managed housing, only forty-four had commercial ventures and only five were involved in industrial production. The other groups showed similar distributions.

15. Throughout the survey, we asked a series of questions to gauge the importance of the partnerships in helping to build capacity in the CDCs. Although the questions differed slightly in some cases, we asked each organization to choose between five answers to the question, "Has the partnership made an important contribution to this aspect of capacity?" The choices were (1) very important, (2) somewhat important, (3) marginal/very little, (4) not at all, and (5) don't know. In the Resource Capacity through Political Capacity sections, we refer to the first two categories as being "helpful" or "useful" to the CDCs and the third and fourth as being "unhelpful."

16. Leveraging occurred mostly with governments (71 percent of CDCs were successful here), private lending agencies (60 percent), philanthropies (49 percent), and national intermediaries (45 percent). Partnership relationships were less important for leveraging funds from private developers due to the CDPs—only 11 percent attributed their success in this area to partnership relationships.

17. Three major funders of community development (the Annie E. Casey, Ford, and Rockefeller Foundations) have banded together (along with the funders of the National Community

Development Initiative) to invest in the Human Capital Development Initiative. This effort is aimed at increasing the stock of human capital through the recruitment and training of people in CDCs. This is an important effort in the area of organizational capacity building. Most of the Human Capital Development Initiative sites are also Ford-funded partnerships.

18. P-CDCs' employment levels were greater than NP-CDCs' at a statistically significant level of 5 percent.

19. Note, however, that the other types of CDCs had similar turnover rates, so the partnership-funded CDCs had no distinct advantage in this regard.

20. This also was true for the other types of organizations. For instance, 80.4 percent of the executive directors of NP-CDCs made less than those in government; for the control CDCs, the applicable number was 74 percent. There were mixed results for benefit packages. They were better for the partnership executive directors (who were more likely to receive pensions, health benefits, and paid vacations than those in the other groups) but worse for other employees. Later surveys by several partnerships involved in the Human Capital Development Initiative confirmed the myth that CDC workers are underpaid compared to other nonprofit employees (Devance-Manzini, Glickman, and DiGiovanna 2002).

21. For example, P-CDC executive directors had substantially better dental, disability, life insurance, and sick-leave packages compared to the control group directors.

22. There was no statistical difference between P-CDCs and NP-CDCs with respect to use of computerized systems. The partnership groups were more likely to have these systems than control groups at a .10 significance level.

23. CDCs were much more likely to operate subsidiaries (either on a for-profit or nonprofit basis) than to be subsidiaries of other organizations. Forty-seven percent of P-CDCs had subsidiaries, whereas 35 percent of NP-CDCs and 44 percent of control CDCs encompass them.

24. These differences were not statistically significant.

25. We asked about the following services: staff training, community organizing, housing counseling, housing development, commercial real estate development, property management, job training, job placement, and business assistance.

26. The 1998 housing data are included because they measure the number of units under construction. This provides the best proxy for estimated output for that year; therefore, its inclusion is important for computing annual average housing production. We understand, of course, that not all units in the pipeline are completed.

27. A substantial portion (81 percent) of P-CDCs did not begin to receive funding until 1992 or later. To reduce biased comparisons, annual average output for these CDCs does not include production levels during the years that cannot be (directly or indirectly) associated with partnership funding. Thus, we adjusted the sample data for each P-CDC accordingly: if funding begins in year t , then average annual output is based on year $t + 1$ onward since, a priori, it is reasonable to assume a lag period of approximately one to one and a half years for housing production.

28. The results of statistical tests showed that the P-CDCs' mean production (twenty-four) was statistically greater than that of the NP-CDCs (fifteen) at the 5 percent significance level. Similar tests showed that there was no significant difference between the P-CDCs and the control organizations.

29. P-CDCs had more production than NP-CDCs in several cities. The differences were significant at a 10 percent level in Cleveland and Newark. Even more significant differences (at the 5 per-

cent level) were found in Los Angeles, Pittsburgh, Philadelphia, and San Diego.

30. A project consists of a set of housing units built at the same time by the same CDC developer.

31. The most frequently provided services were property development, technical assistance to businesses, and job placement. Nearly one-third of P-CDCs and NP-CDCs engaged in what we labeled other economic development activities. These included façade improvements, individual development accounts, referrals for business, and Main Street programs.

32. The raw survey numbers showed that NP-CDCs placed more people in jobs than P-CDCs did. Further inspection of the data, however, revealed that the relatively large average (365) for NP-CDCs can be attributed to two CDCs—Peoples Involvement Corp. (Washington, D.C.) and Watts Labor Community Action Committee (Los Angeles). These two organizations reported 4,000 and 2,520 placements, respectively. These numbers are found to be very extreme (i.e., outliers) relative to the groups' general distributions. Hence, a formal comparison of means would yield misleading inferences, as the two groups are too heterogeneous with respect to their variability (the standard deviation was 149 for P-CDCs and 908 for NP-CDCs). Omitting the outliers significantly reduces the variability, resulting in an adjusted mean of 102 job placements by NP-CDCs. Given that the mean for P-CDCs is 104, there was no significant difference between the two groups. Looking at census geographical regions, P-CDCs on average had more placements than NP-CDCs in the Southern and Midwestern regions of the country. The NP-CDCs had more placements in the Northeastern and Western regions.

33. The differences between the P-CDCs and the other groups were not statistically significant, however.

34. The Washington Community Development Collaborative (1997) developed a useful set of guidelines for measuring benchmarks. The North Carolina Community Development Initiative (2000) expanded our capacity categories into nine working principles to help it make grants to community organizations.

► References

- Aspen Roundtable. 1995. *Voices from the field: Learning from comprehensive community initiatives*. New York: Aspen Institute Roundtable on Comprehensive Community Initiatives for Children and Families.
- Berger, Renee A., and Gabriel Kasper. 1993. An overview of the literature on community development corporations. *Nonprofit Management and Leadership* 4:2.
- Carroll, Thomas F. 1992. *Intermediary NGOs: The supporting link in grassroots development*. West Hartford, CT: Kumarian.
- Cohen, Rick. 1993. The Enterprise Foundation: How a national intermediary assists nonprofit community development. In *Housing America*, edited by Jess Lederman. Chicago: Probus.
- Donita Devance-Manzini, Glickman, Norman J., and Sean DiGiovanna. 2002. *Assessing the Human Capital Initiative*. Report to the National Congress for Community Economic Development. New Brunswick, NJ: Center for Urban Policy Research, Rutgers University.
- Ferguson, Ronald F., and Sara E. Stoutland. 1999. Reconciling the community development field. In *Urban problems and community development*, edited by Ronald F. Ferguson and Sara E. Stoutland, 33-68. Washington, DC: Brookings Institution.
- Ford Foundation. 1996. *Perspectives on partnerships*. New York: Ford Foundation.
- Fulton, William. 1989. The Enterprise Foundation. *Planning* 3.
- Gittel, Marilyn, Kathe Newman, and Isolda Ortega. 1995. Building civic capacity: Best CDC practices. Paper presented at the Urban Affairs Association meetings, Portland, OR.
- Glickman, Norman J., and Lisa Servon. 1999. More than bricks and sticks: What is community development capacity? *Housing Policy Debate* 9:3.
- Goetz, Edward G. 1998. *Building community development capacity in Minneapolis*. Report to the Ford Foundation. New Brunswick, NJ: Center for Urban Policy Research.
- Harrison, Bennett, Marcus Weiss, and Jon Gant. 1994. *Building bridges: Community development corporations and the world of employment training*. Report to the Ford Foundation. New York: Ford Foundation.
- Hoereth, Joseph. 1998. *Building community development capacity in Portland*. Report to the Ford Foundation. New Brunswick, NJ: Center for Urban Policy Research.
- Liou, Y. Thomas, and Robert C. Stroh. 1999. Community development intermediary systems in the United States: Origins, evolution, and functions. *Housing Policy Debate* 9:3.
- Lowe, Jeffrey S. 1998. *Building community development capacity in Cleveland*. Report to the Ford Foundation. New Brunswick, NJ: Center for Urban Policy Research.
- Meyer, Steven E. 1994. *Building community capacity: The potential of community foundations*. Minneapolis, MN: Rainbow Research, Inc.
- Mueller, Elizabeth J. 1998. *Building community development capacity in El Paso*. Report to the Ford Foundation. New Brunswick, NJ: Center for Urban Policy Research.
- National Community Development Initiative. 1995. *Comprehensive assessment report: The National Community Development Initiative Phase I (1991-1994)*. New York: National Community Development Initiative.
- National Congress for Community Economic Development. 1991. *Between and on behalf: The intermediary role*. Washington, DC: National Congress for Community Economic Development.
- . 1999. *Coming of age: Trends and achievement of community-based organizations*. Washington, DC: National Congress for Community Economic Development.
- North Carolina Community Development Initiative. 2000. *Core Operating Grant Program: Working principles*. Raleigh, NC: NDCI.
- Nye, Nancy, and Norman J. Glickman. 2000. Working together: Building capacity for community development. *Housing Policy Debate* 11:1.
- O'Connor, Alice. 1995. Evaluating comprehensive community initiatives: A view from history. In *New approaches to evaluating community initiatives: Concepts, methods, and contexts*, edited by James P. Connell, Anne C. Kubisch, Lisbeth B. Schorr, and Carol H. Weiss. Washington, DC: Aspen Institute.
- OMG, Inc. 1995. *Comprehensive assessment report: The National Community Development Initiative Phase I (1991-1994)*. Philadelphia: OMG, Inc.
- Rich, Michael J. 1995. Empower the people: An assessment of community-based, collaborative, persistent poverty initiatives. Paper presented at the 53rd annual meeting of the Midwest Political Science Association, Chicago.
- Shatkin, Gavin. 1998. *Building community development capacity in Philadelphia*. Report to the Ford Foundation. New Brunswick, NJ: Center for Urban Policy Research.

- Shiffman, Ronald, and Susan Motley. 1990. *Comprehensive and integrative planning for community development*. New York: Community Development Research Center, New School for Social Research.
- Stone, Rebecca, ed. 1996. *Core issues in comprehensive community-building initiatives*. Chicago: Chapin Hall Center for Children.
- Sviridoff, Mitchell. 1994. The seeds of urban revitalization. *Public Interest* 117:82-103.
- Traynor, William. 1995. Hope and caution: CDCs move beyond brick and mortar. *Shelterforce: The Journal of Affordable Housing Strategies* 17 (5).
- United Way of America. 1997. *Community impact through neighborhood partnerships*. Alexandria, VA: Community Impact Housing and Community Development Initiative.
- Vidal, Avis. 1996. CDCs as agents of neighborhood change: The state of the art. In *Revitalizing urban neighborhoods*, edited by Dennis Keating, Norman Krumholz, and Philip Star. Lawrence: University Press of Kansas.
- Walker, Christopher, and Mark Weinheimer. 1998. *Community development in the 1990s*. Washington, DC: Urban Institute.
- Washington Community Development Collaborative. 1997. *Benchmarks of CDC effectiveness by stage of development*. Washington Community Development Collaborative, Washington, DC. Mimeographed.
- Yin, Jordan S. 1998. The community development industry system: A case study of politics and institutions in Cleveland, 1967-1997. *Journal of Urban Affairs* 20:137-57.