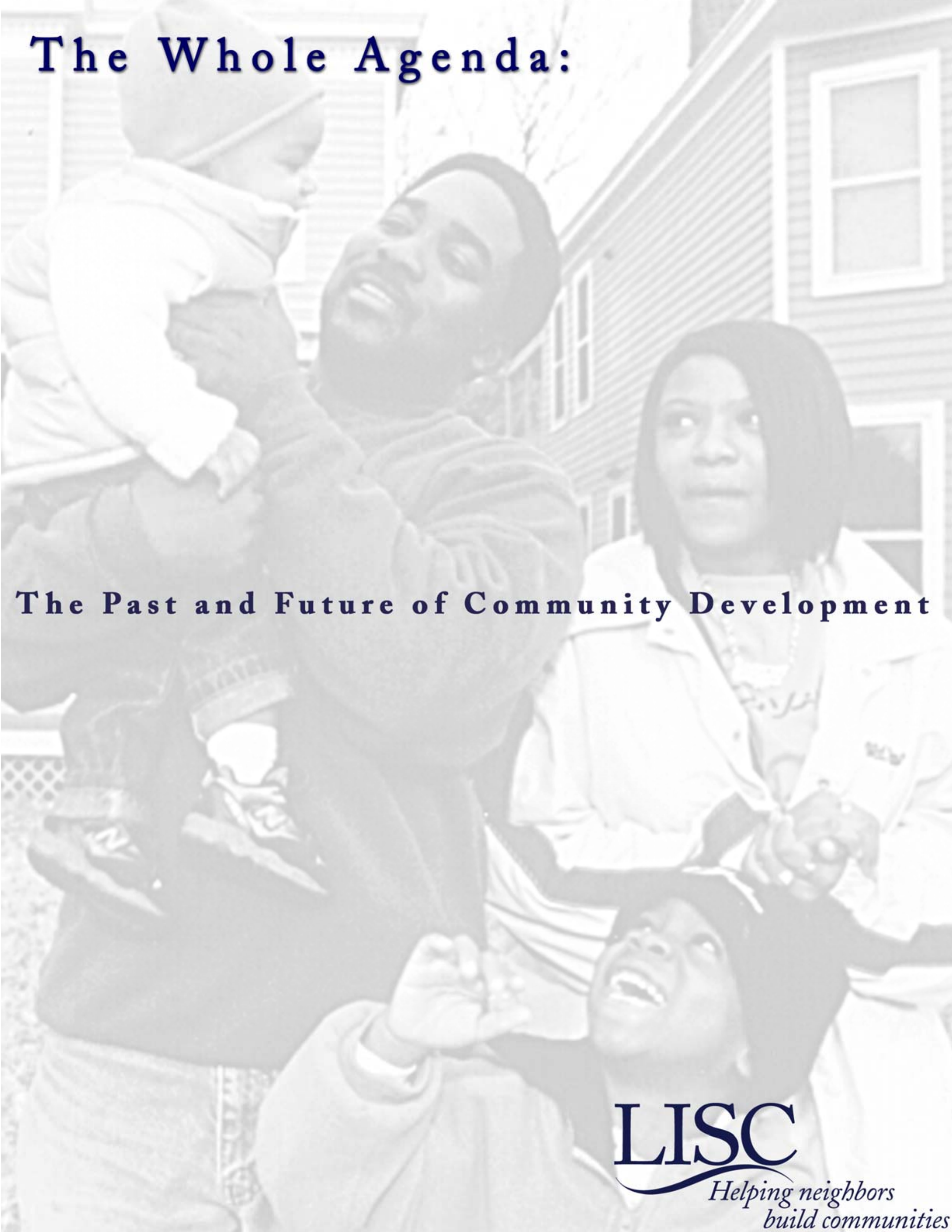
The Whole Agenda:



The Past and Future of Community Development

LISC

Helping neighbors build communities

The Whole Agenda

Introduction

The Whole Agenda, produced by Local Initiatives Support Corporation (LISC), describes the broad-based achievements community development corporations (CDCs) have made over the past several decades, where the community development industry is headed, and what this means for inner city and rural neighborhoods across America. It was commissioned to provide community development funders, supporters and advocates with a better understanding of how far our industry has come, where we stand today, and how we can most effectively work together to respond to the challenges inner city neighborhoods and rural areas will face in the coming years.

The report describes how CDCs first approached the difficult task of turning poor, isolated, disenfranchised places into vibrant, healthier, closer-knit neighborhoods, and how this work has evolved. It outlines six major areas of broadened CDC revitalization activity where LISC-supported groups have made impressive accomplishments over the years: community planning, economic development, employment, quality of life, youth and family development and education—in addition to their core activity of developing affordable housing. These activities shed light on what LISC and the CDCs we support believe to be the central challenge for community development funders, supporters, advocates and intermediaries in the coming decade: *Supporting the whole community development agenda—the human, social and economic dimensions, as well as the physical.*

Finally, *The Whole Agenda* outlines a set of clear, practical ways into which philanthropic, government and intermediary leaders can channel their resources and support to help CDCs achieve large-scale, critical mass for broader activities—ones that go beyond housing—to come closer to completing the mission of community development. LISC is confident that this can be achieved in the years ahead, if we work together to build upon the skills, relationships and institutional strength rooted in over two decades of collaborative, entrepreneurial community development endeavors.

The end result, we believe, will be better, safer neighborhoods—good places to live, do business, work and raise families.

The Whole Agenda

The past and future of community development

THE GROWTH YEARS of the 1990s, as the new Census is starting to confirm, saw the first reversal of four decades of decline in many cities and their older, poorer neighborhoods. Not only is population up, but crime is down, commercial investment is rising, and at least some middle-class families are beginning to reassess the relative merits of suburban and city life.

Though it's too soon to say with certainty, first impressions suggest that the high points of this urban rebound have been in neighborhoods with sustained community development programs — 10 or 20 years of resident-led, planned redevelopment where the physical and social conditions are now more inviting to old residents and new. The prime examples are by now so well known that in some learned circles they're becoming passé: south and west Chicago, Harlem and Brooklyn, Boston's Codman Square, West Oakland, Cleveland's Hough, the Columbia Heights section of Washington, D.C., even the formerly "Bloody Fifth" ward of Houston. These are among the stars of the 38 program areas where the Local Initiatives Support Corporation (LISC) has been investing in community development over the past 21 years.

The trouble with these success stories, and the lessons they ought to be teaching, is that they have come to be taken as "given," like remarkable acts of nature, amazing but slightly inscrutable. One reason may be that they have too many dimensions to suit the single-issue interest of a typical media beat, academic specialty, or government program. Housing improvements have come to be recognized as the joint achievement of community leadership, financial institutions, philanthropy, and government. But stores? Parks? Security? Employment? Those things, we are left to presume, were either the achievements of extraordinary forces peculiar to each neighborhood, or else just a natural ripple from great macroeconomic waves.

The fact is that, in each of the places on that list (and dozens of others that are less famous), community development corporations — most often with sustained support from LISC — were behind the *whole range* of achievements. They didn't do it alone, or pull all the strings. And they certainly relied, as LISC has done, on years of high-stakes public and private investment to fuel their work. They were minority partners in some of these achievements. But they were in the vanguard, typically the only coherent force of planning and strategy, and most often the first to invest in the neighborhood, market it to others, and rally its residents around a vision of a better, calmer, safer environment.

The lesson in all this for American domestic policy is profound, but it is easy to miss. It is that community development corporations, or CDCs, as they were originally conceived, are an effective, widely replicable way of achieving *broad-based* turnaround in poor, isolated, disenfranchised communities. Not coincidentally, that is the principle on which LISC was founded in 1980, and on which we continue to operate across the whole broad landscape of community development organizing, planning, investment, management and technical support.

The original idea of the CDC — a resident-led assault on blight, disorder, and abandonment on multiple fronts, with allies in both business and government — has been diluted or oversimplified in the public mind in recent years, for reasons we'll explain momentarily. But the essential model has been applied in enough places for a long enough time so that the effects are becoming visible far outside the individual neighborhoods. In metropolitan regions from New York to Seattle to Houston and Miami, LISC staff and local CDCs now find themselves pursuing affordable growth and economic opportunity in communities where the main task used to be simply preventing abandonment and demolition.

It would be a great mistake to marvel at the effects and overlook the cause. The lesson of these success stories, carefully considered, is that supporting community development in the next 10 years needs to mean supporting the *whole* community development agenda — the human, social, and economic dimensions as well as the physical. That conclusion is based no longer on theory but on observable results — albeit results not often seen as a whole. The remainder of this paper looks more closely at the components of this wider community development agenda and describes how they fit together. Most importantly, it suggests ways of supporting the elements that have been least understood or appreciated in recent years, and of restoring the balance among physical, social, and economic development for CDCs in recovering communities.

Beyond Housing

Re-balancing the Equation

SOMETIME in the mid-1980s, the image of community development underwent a subtle but important shift. As the production of housing by community development corporations soared across the country, fueled by aggressive philanthropic support, national intermediaries, and new sources of capital, the public idea of the CDC increasingly merged with that of neighborhood real-estate development. Organizations that for decades had been seen as engines of *overall* local revitalization had narrowed, in the public eye, to something concerned mostly with land and buildings. Among some foundations and government agencies, as a result, the search was on for new kinds of programs or organizations to take on the more "comprehensive" work once naturally ascribed to CDCs.

It seems surprising, in hindsight, that CDCs and their supporters did little to combat this narrowing of their public image, and simply went on about their work. And certainly that work included mounting numbers of new or renovated houses and apartment buildings, new facilities, shopping centers, and other real-estate projects of significant scale. But it also included anti-crime initiatives, organizing and advocacy efforts, after-school programs, youth development and employment services — the kinds of work, in short, that knits individual residents and disparate interests into organic, functioning communities.

Why housing took center stage

These other services have commanded far less media attention than the housing production for several good reasons. Among other things, most of these programs produce behavioral rather than physical change — something that is hard to photograph and quantify. Housing also has a large, well-organized, national production system with dedicated funding streams, which most of the other activities do not. Better still, those funding streams — especially the Low Income Housing Tax Credit — enlist corporate and other investors in partnerships that vastly broaden the list of powerful people who feel some ownership of (and thus help publicize) the results.

News media weren't alone, though, in their concentration on housing to the neglect of other CDC programming. Scholarship similarly tended to follow the data-rich field of housing production, with far less attention to economic and social services. Every so often, particularly in recent years, a new piece of research will turn up evidence showing years of effective CDC activity in fields that had barely been noticed outside the neighborhoods where they occurred. For instance, a 1997 Boston University study of programs for youth run by Boston-area CDCs — apparently the first study of its kind — found that, of 28 organizations in the area, 19 were operating programs, some for many years.[1] Several of these CDCs are among the oldest and most frequently studied housing and economic development organizations in the country. Yet their youth work was virtually undocumented outside Boston.

To be sure, the pre-eminence of housing in most community development programs is not merely a matter of perception. Housing genuinely did prove to be the catalyst for other forms of community improvement and development, and it retains center stage in most CDC programs. Many CDCs, in fact, concentrated their earliest efforts on housing for strategic reasons, and gradually expanded into economic development and human services as the housing program took root.

Some organizations, though, began with advocacy, organizing, economic development, or social services programs, and concluded that those efforts would not succeed without a change in the condition and dynamics of the local housing market. In fact, the latest CDC census by the National Congress for Community Economic Development found a marked increase in this progression from human services to housing. "As the 1990s drew to a close," NCCED reports, "there was a perceptible increase in the number and range of social service organizations and youth agencies undertaking community development initiatives. CDCs started by churches and other faith-based institutions also appeared to be rising."[2]

More and more organizations that historically had no interest in housing, or in real estate generally, have found themselves branching into housing development in the 1980s and '90s. Most often, they came to see housing and real estate as essential ingredients in the transformation of their communities. And they came to believe, sometimes skeptically at first, that they could perform credibly in housing development without detracting from their work in other fields.

A striking example of this progression is the North Philadelphia community organization known as Asociación de Puertorriqueños en Marcha, or APM. To this day the 20-year-old APM is Philadelphia's largest Latino health and social-service organization, but in the past decade it has developed into one of the city's most successful housing and economic development engines as well. In that time, APM has built or renovated more than 150 housing units, with two more Housing Credit projects under development. In 1999, it opened the 50,000-square-foot Plaza Borinquen shopping center, featuring the neighborhood's first new supermarket in a generation. By any meaningful standard, APM is a model community development corporation. Yet housing and economic development claim only a tiny share — something like 10 percent — of its overall budget. The rest continues to be for medical, mental health, youth, and other human services, offered to the same community it also serves with housing and retail development.

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[1] Sylvia Dominguez, "A New Focus for Community Development Corporations: Youth Programs," Boston University School of Social Work, March 1997, p. 2.

[2] National Congress for Community Economic Development, *Coming of Age: Trends and Achievements of Community-Based Development Organizations,* 1999, p. 7.

The call for a wider agenda

So although housing has become the flagship activity of the community development industry, there remain many other ships in the fleet. NCCED reports that more than one-third of CDCs now operate youth programs, up from 20 percent in 1994. More than one quarter have community safety programs, up from 15 percent in 1994. Nearly half offer training and education programs — an item not even surveyed in 1994. Thirty percent offer employment and training programs, 26 percent homeless services, and 23 percent services for the elderly.[3]

If the prominence of housing has created some distortion in the public perception of CDCs, it has nonetheless had some advantages as well. It has demonstrated, for example, that locally based nonprofits can be competitive according to the production-oriented standards that command respect in business and government circles: return-on-investment, prudent asset management, customer responsiveness and the like. It has produced a well-documented record of community change that is refreshingly non-ideological, as appealing to conservatives as to liberals. It has helped to preserve some streams of federal investment amid a massive retrenchment in most other areas. And most importantly, housing has provided an indispensable strategic beachhead against neighborhood decline.

But several recent trends now present CDCs with new or substantially wider opportunities to restore the balance — both in image and in reality — between housing production and other aspects of community revitalization. For example:

- Retailers' interest in inner city and lower-income markets has risen sharply, suggesting an opportunity for more aggressive retail promotion and development.
- A strong labor market in the '90s, combined with work requirements in welfare reform, has called for more employment, training and job development programs.
- HOPE VI and other public housing reforms offer CDCs a greater role in cleaning up failed government housing projects.
- Falling crime rates and more community-oriented police tactics substantially raise the potential of local security efforts.
- A new style of mayoral leadership, more open to decentralizing city services and sharing responsibility, has opened new avenues of collaboration with City Hall.

A surge in capacity

Not only has demand for CDC activity broadened, but the capacity of CDCs to respond to that demand has increased geometrically in the past two decades. That is due in no small part to direct investment in CDCs' core operations, technical skills, and professional training, including tens of millions of dollars in operating support channeled

[3] NCCED, *op. cit.*., p. 15.

through LISC. One measure of the consequences: LISC's loan volume to CDCs has more than tripled between 1990 and 2000. That reflects not only a leap in CDCs' capacity to borrow from us, but because we are almost never the sole lender in any project, it also shows their increased ability to borrow from other, more conventional sources. As a result, borrowing by CDCs from financial institutions also rose dramatically during the same period, as did their ability to raise and use equity investments.

Meanwhile, as CDCs have been able to rely more on debt and investor equity to finance their projects, grant support from LISC and other contributors has concentrated more and more on management improvements and organizational development — something that has made it possible for them to plan and manage a broader, more diverse program. All of this has been the combined result of the growth of intermediaries like LISC, the Enterprise Foundation, the Low-Income Housing Fund, the Development Training Institute, and other industry support groups through which CDCs have gained access to vastly more capital, technical advice, training, advocacy, and new-product development than had been possible a decade ago.

To take just one example, in the creation of a national Housing Credit market for housing developments, intermediaries have fundamentally changed the whole community development equation. The National Equity Fund has by itself channeled over $3 billion into CDC projects. Yet in the same way that housing has come, for a time, to dominate the idea of community development, there is a danger that the great equity pools may dominate the idea of the community-development intermediary. There should not, and probably cannot, be an NEF for every community development "product." There should not be a national initiative for every form of community development venture — not even for every form that has been proven effective. In some ways, in fact, the whole idea of "national program" is a difficult fit with the concepts of community enterprise and local initiative.

Still, the last decade or so has proven that national intermediaries can be catalytic, and in some cases indispensable, to strengthening the whole range of community development activity, well beyond the established technologies of housing. In these years, intermediaries have become increasingly effective at enlisting new sources of technical skills, brokering strategic partnerships, attracting new funders and investors, and planning more effective methods of program design and service delivery, as CDCs expand into more program areas. Helping CDCs assess, plan for, and tackle the widening opportunities before them — including sound management of the non-housing programs they are *already* undertaking — may well constitute the next great challenge to both funders and intermediaries who have brought the industry to its current strength.

The Chemistry of Community Transformation

The Current Picture

AT ITS BEST, community development is a nonlinear enterprise: tackling two or three different but related problems can produce dramatically more results than a single-minded assault on just one target. That's why the usual itemized inventory of CDC activities — an apartment rehab project, small business assistance, a clean-streets program, midnight basketball, a workforce development partnership — often gives a poor picture of the organizations' real mission and potential. These aren't discrete, or even simply cumulative, activities. They are something like a chemical formula, intended to produce a transforming reaction.

Some years ago, for example, a CDC in Philadelphia took possession of a large derelict warehouse that, with extensive rehabilitation, would make an excellent apartment building. But first, the drug bazaar had to be removed from the street out front[4]. And that meant enlisting the help of a police precinct that, up to that point, hadn't considered the mostly uninhabited block a high priority.

So instead of starting with renovations, the CDC started with video equipment. Staff set up cameras in a tower at one corner of the building and recorded the drug transactions below, hour after hour, day after day. The embarrassed precinct took swift action, the Drug Enforcement Administration stepped in, and the drug ring dispersed. Renovations then proceeded, and new tenants moved in. Now the street was no longer uninhabited — in fact, the warehouse had become a rare architectural showpiece in the area — so the police naturally boosted their surveillance of the block. With improved police protection and a newly renovated building, the CDC could now consider a home ownership program in the area, which previously wouldn't have appealed to either buyers or lenders.

The anti-crime effort was essential to creating the apartments, and the apartments escalated the anti-crime effort. Neither could have happened without the other; and each enhanced the other. And both were necessary before home ownership could take off. Today, the area is an unlikely hot-spot for new homeowners. Retail is already on the rise.

This section surveys the current work of CDCs according to strategic clusters like these, in which one field of work materially reinforces others. Rather than viewing housing separately, this discussion puts housing in the context of the wider objectives that most

[4] At the CDC's request, identifying details of the building and neighborhood have been omitted or altered. The drug ring is out of the neighborhood, but not out of existence.

CDCs pursue. That may help to highlight the synergies that make various programs more effective in combination than they would be individually.

Because of those synergies, CDCs can often reach farther and be more effective than a collection of independent organizations operating separate, specialized programs. But that doesn't necessarily mean that CDCs can or should do everything themselves. Even when they address broad-based community revitalization in partnership with other organizations, as they usually do, they retain a responsibility — sometimes unique in their communities — to formulate and pursue a coherent agenda of overall revitalization. That responsibility calls for enlisting partners and filling gaps wherever opportunity and need dictate. In particular, it is drawing CDCs more and more into six related areas:

1. Community Planning

In 1994, in the Oakland, California, neighborhood known as San Antonio, residents and two CDCs gathered for an open-ended planning process to set project priorities for the coming years. Including surveys and focus groups as well as open community meetings, the process eventually engaged some 1,300 residents over nearly three years. The result is a plan that now governs all the revitalization efforts in the neighborhood, including those of the two CDCs, the city government, and other nonprofit organizations. Besides giving a shape and direction to the redevelopment efforts then under review, the plan generated several completely new ideas for important projects — including an unusual school/community center discussed later in this section.

The benefits flow in several directions. For one thing, simply enlisting people's creativity and vision builds an essential optimism and sense of common ownership, without which it's hard to sustain a redevelopment program over the long haul. But more practically, it helps to focus the energies and resources of the many players and investors who make a redevelopment program work. Funders generally respond more favorably to proposals that spring from such collective discussion, and projects that diverge from the consensus are less likely to proceed.

The Columbia Heights neighborhood of Washington, D.C., shows the results of that kind of focus and clarity. Over the years — at the insistence of the residents, merchants and nonprofit groups that participate in the planning sessions — projects in the neighborhood have clustered along a few blocks of 14th Street, the neighborhood's critical commercial core. The result, after 10 years, has been an overwhelming cluster of concentrated stimuli to community life, investment, and safety in the area — anchored by a park to the north, a youth center and commercial developments in the midst, and housing throughout.

When the transit authority started work on a Metro station in these blocks, including the development of several publicly-owned parcels around it, it was the neighborhood planning forum that hosted the charrette. The resulting developments, including a supermarket, shopping center, and other residential and commercial projects, are all in keeping with the neighborhood plan, and benefit from the economic and social momentum of 10 years' preparatory effort.

But what's most remarkable about planning processes of this kind is how far they have come in the past three decades. They offer precisely the kind of collective decision-making that Great Society visionaries had in mind when they fastened on the idea of "maximum feasible participation" — a wholesome idea that proved disastrous in practice. Why did "maximum feasible participation" fail and the new community planning processes succeed? Certainly not because they were much different in concept or purpose. Rather, it was because the Great Society notion arose in a vacuum of credible project experience — it was designed to *precede* any productive work, and by placing talk ahead of development, it sunk most projects in a mire of ideological feuding, from which they never re-emerged.

In the age of the CDC, by contrast, planning exercises now grow out of a well-established history of development that has had time to prove itself, and that has created some common expectations, an industry of support, and a realistic sense of limits. Therein lies the essential synergy between production and planning: The production makes the planning realistic and concrete, and the planning makes the production purposeful. Each is much poorer without the other.

2. Economic Development and Market Revitalization

One of the older and better-known economic development organizations in the country is Chicago's 25-year-old Greater Southwest Development Corporation. The CDC started with just a few blocks of run-down businesses on 63rd Street at Western Avenue, roughly eight miles from downtown. It concentrated at first just on holding onto the businesses that were still open there after a period of devastating middle-class flight (and a total change in racial composition that took only four years to complete).

The point was not only — or even mainly — to preserve the small number of jobs those businesses offered. The real point was to keep the 63rd Street strip from sinking into complete abandonment and blight. The CDC recognized that the absence of retail and services in a neighborhood, combined with the crime magnet of empty storefronts, would wipe out any hope of stabilizing the residential base, building home ownership, and restoring a mix of incomes. And there were also, of course, some jobs at stake.

For roughly a decade, the CDC hammered away at the problems troubling 63rd Street shop owners: vacancies, deferred maintenance, inappropriate commercial tenants, lack of credit, and a constant struggle for customers. Greater Southwest bought, renovated, and leased shops; helped businesses get credit and finance improvements; coordinated façade and streetscape upgrades; and organized promotion campaigns.

The years of building credibility with lenders, city officials, and businesspeople paid off hugely in 1984, when the supermarket and drug store combination Jewel/Osco opened a new store at 61st Street and Western Avenue. Long before the 1990s scholarship and advocacy of inner city-retail guru Michael Porter, CDC director James Capraro was making essentially the same case in behalf of his neighborhood market: There was disposable income in the area that would quickly gravitate to a major local retailer, and the retailer would face little competition, at least initially. Jewel/Osco agreed, and has done well there for nearly 15 years.

The CDC later negotiated a $45 million railroad intermodal facility in the area — a coup made possible largely because of the organization's careful building of partnerships with local government over two decades. The 132-acre hub, developed by transportation giant CSX, comes packaged with a $6-12 million CSX Neighborhood Investment Fund, funding job training programs and home repair grants, among other things. Housing development also began in those later years, including an apartment complex for the elderly that also houses medical offices for nearby Holy Cross Hospital. The housing projects initially arose as a way of reclaiming vacant commercial space — and thus reinforcing the commercial revitalization program. But the effect was also to boost the housing market, and to cluster additional customers near local businesses. Recent anti-crime efforts, a new youth employment program, and other community organizing work are thoroughly woven into the commercial and residential initiatives.

One recent payoff: A local company building its first manufacturing plant took over a vacant 60-acre parcel long used as an illegal dumpsite. The manufacturer decided on the site in large part because of Greater Southwest's marketing, leveraging of public resources, and willingness to help clear away any roadblocks to the project. Besides cleaning up a local eyesore, the project creates some 400 new jobs.

Greater Southwest's program is unique only in its long, consistent history. The cluster of strategies on which it rests — supporting small businesses, building credibility with potential funders and investors, building the customer base with housing and quality of life improvements, and gradually assembling larger and larger projects — are typical of other commercial revitalization programs elsewhere. The elements are not separate initiatives, but facets of a complete and complex strategy.

3. Employment and Individual Opportunity

The main benefit of neighborhood commercial development programs usually isn't employment *per se*. The jobs are welcome, but they usually pale in importance compared to the developments' effect on the local quality of life, and on subsequent private investment. Yet employment is important to most community development programs, and is becoming more important over time.

A few CDCs, like Greater Southwest, have a big enough base of employers in their area to warrant an employment program targeted wholly or partly at local jobs. Most, though, have concluded that the location of the jobs is less important to neighborhood redevelopment than is the ultimate destination of the paycheck, and where and how that check is used. As a result, they have increasingly turned to workforce development programs that build skills and address a region wide job base, and then bolster these with financial and credit counseling, home ownership programs, credit unions, and other tactics to help residents manage their earnings effectively.

The regional nature of the job market is a challenge to organizations whose expertise and influence lie mostly in a circumscribed neighborhood. Often, CDCs have relied on partnerships with employment programs experienced in region wide job development and placement. In South Philadelphia, for example, Universal Community Homes formed a partnership with the Center for Employment and Training, concentrating on five skill areas in high demand in and around Philadelphia.

The CET program is part of a much wider assault on the concentrated poverty and joblessness in South Philadelphia (in several of the CDC's 15 census tracts, more than 70 percent of the residents are below the poverty line). Universal Community Homes operates a workforce development center of its own, provides technical and financial help in starting small businesses, and is developing a charter school set to open next year.

In areas where the incidence of welfare recipiency and chronic unemployment are especially high, programs may concentrate on basic skills, job readiness, job retention and other elements of the standard welfare-to-work package. Child care programs and partnerships with child care providers are an increasingly standard element of this mix. Often, CDCs will develop facilities for child care centers, or recruit residents interested in operating in-home child care programs, in partnership with accredited child care agencies that provide direct service or quality assurance.

In all these programs, CDCs with substantial housing investments often have a particular interest and advantage: Tenants and home-buyers are more stable when their paycheck is dependable and promotion is on the horizon. And tenants and homeowners who have already received help on housing may be more likely to trust the CDC with their employment or training needs. Meanwhile, CDCs' efforts to recruit businesses into the community may benefit from the availability of a trained workforce, or a training program that can address the new employer's needs specifically.

4. Quality of Life

The idea that economic well-being is a function of social order and agreeable public spaces has become such a commonplace that one tends to forget how marginal it seemed just a few years ago. CDCs, block clubs, and civic groups that espoused these ideas were roundly considered quaint, even reactionary, as lately as the early 1980s. But now that mayors and governors routinely invoke "order" theorist George Kelling and identify every public nuisance as a "broken window," CDCs' longstanding insistence on clean streets, parks, and community crime watch programs seems purely mainstream.

Kelling's seminal article with James Q. Wilson in 1982[5] barely mentioned CDCs. It was a manifesto about policing, not about community organization. But it rested on the belief that public order flowed not just from hunting down murderers and robbers, but from establishing a culture of "community control" — an idea torn directly from the CDC playbook. Kelling's later book on the same subject[6] prominently describes CDCs and other neighborhood institutions in partnerships with police.

One vivid example of how community quality of life programs work is in the Resurrection Family Plaza (a dank alleyway not so long ago) outside the offices of The Resurrection Project in Chicago's Pilsen neighborhood. What had been the epicenter of Pilsen's drug market and gang wars is now a busy center of community life — during any non-school hour, there are spontaneous soccer and football games, parents and kids talking in clusters, and commuters crossing from the nearby 'El' station.

The Resurrection Project accomplished some of this transformation just by renovating the buildings around the plaza. But to make the plaza a safe, inviting 24-hour public space, the CDC had to take on the gang and drug problems directly. Executive Director Raúl Raymundo personally confronted the drug merchants with the message that "this isn't going to be a place where you're going to want to hang around." Over time, he says, "when they saw that we were serious … they moved on." Meanwhile, Resurrection staff and residents were working with police on other centers of drug activity. As Raymundo describes it:

> In the hot spots where drug sales were taking place, we organized the residents in small groups, block clubs, whatever, started them talking, paying attention to what was going on, making notes, communicating, building trust among themselves. Only then did we arrange to sit down with the police. The police department's initial reaction was kind of cynical, but the more they saw how organized and intent we were — we gave them license plate numbers, times when things were going on, numbers of transactions — they moved in, and we held them accountable.

There are no gangs, no graffiti, no drugs in the plaza today. Most important, ordinary pedestrians have returned — people who are not there to visit the child care or counseling centers, or to play soccer, but who simply feel safe enough to cross the plaza en route to school, shopping, and transportation, all of which immediately adjoin the space. If there's magic anywhere in this strategy, it's in that increased traffic. Gang members now have no quarter to return to the Family Plaza. And from that, all other development in the area is now possible.

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[5] James Q. Wilson and George Kelling, "Broken Windows: The police and neighborhood safety," *The Atlantic Monthly,* March 1982, vol. 249, No. 3, pp. 29-38.
[6] George L. Kelling and Catherine M. Coles, *Fixing Broken Windows,* New York: Simon & Schuster, 1997.

5. Youth and Families

Housing development and management necessarily involves CDCs in the lives of poor families. Those families' economic and social needs necessarily become issues for the CDC. Families in chaos are obviously less likely to earn and sustain income, pay rent, and remain in the community. Conversely, healthy, well cared-for children are less likely to contribute to delinquency or gang activity that drives business away. The way these factors interact is different from place to place; problems weigh differently in different markets. There is no national formula.

The youth employment program at San Francisco's Bernal Heights Neighborhood Center is one example of what an earlier generation of social planners used to call "multiple social utility." The city-funded program helps kids in their mid-teens find part-time jobs. It follows up with them on the job and after work, supports them when they hit rough spots, and offers training and counseling to help them see connections between learning and making money. Meanwhile, a companion program mobilizes somewhat younger kids to help organize the community and provide leadership in community projects. Kids often move from one program to the other, but meanwhile, recruiting young people is nearly always a high-payoff strategy for engaging their parents. To debate whether these are employment programs, youth development programs, or community organizing programs would be to miss the point entirely.

Similarly the St. Nicholas Neighborhood Preservation Corp. in Brooklyn launched its after-school programs for youth not just as a service to young people, but as a way of addressing the local quality of life. New York City had relocated a number of homeless families into the community in the 1980s and '90s, and the troubled lives of some children in those extremely poor families were becoming an issue in the local schools and streets. Children in homeless families weren't the only ones with problems, but they helped focus the community's attention on youthful crime, drug abuse, and violence that were already present in and around the community.

The youth center was therefore part of a "Supporting Families" project at St. Nick's — one that eventually included a partnership with the local Beacon School, resulting in a complete overhaul of the school's academic and after-school program, to make it more responsive to community needs. Elsewhere, St. Nick's established a drop-in center for teenagers, staffed by volunteer parents and AmeriCorps workers. It began organizing small-scale child care providers into a network to upgrade the quality of their services.

As St. Nick's executive director, Michael Rochford, put it:

> We had rebuilt virtually all the available housing in the community, but we still hadn't really changed the community … which means neighborhood institutions, the quality of life, volunteer groups, recreational opportunities, programs to support families and children. They all have to be part of this.

6. Education

Like some of the most forbidding public housing, failing inner city schools have for decades placed a *de facto* limit on the effectiveness of neighborhood development. CDCs often find they can upgrade and stabilize the housing market, restore order to streets and parks, boost investment and business activity, and yet not make the neighborhood attractive to working and middle-class families — largely because the public schools are disastrous and private education too expensive.

That will change only slowly, but it clearly is changing. And charter schools, in particular, offer an opportunity for CDCs to help shape the future of public education in some communities, even if they don't operate schools directly (which in most places is beyond their mission and their capacity). School reform is uncharted terrain, and it's not for the weak or inexperienced. But in neighborhoods where schools have been historically bad, where charters are a realistic option, and where a credible charter school operator needs help with planning, facility development, good community relations, or any combination of these, many CDCs will find a promising new frontier in education.

Because of the wide range of technical issues, the changing policy climate, and the still-unsettled financing picture for charter schools, intermediaries will be crucial if CDCs are to move into this industry in any significant numbers. Among other things, it is clear that not all CDCs recognize just how complex a task developing a charter school can be (much less operating one), and in some cases, the best thing that could happen would be for a weaker CDC to be talked *out of* entering this field, at least for now. In other cases, it is important for a CDC to find the right, circumscribed role: developing or co-developing a facility, or brokering a location and helping with financing, or marshaling community leadership and participating in general governance. In a few rare cases, the CDC might actually have a comparative advantage as an operator of a school, in which case the need for partnership-building and technical help would be all the greater.

Even where charter schools are not a worthwhile option, CDCs have an expanding role to play in education. Earlier, in a section on community planning, we mentioned Oakland's San Antonio neighborhood, where a local planning process zeroed in on the Roosevelt Middle School — an underperforming neighborhood asset that residents put at the center of their vision for social services, youth development, and other after-school activities. Modeled on New York's Beacon Schools, the Roosevelt "Village Center" came to be governed by a parent and youth council organized in part by the East Bay Asian Local Development Corporation, a CDC with an extensive portfolio of projects in the neighborhood. The Village Center board has since branched into neighborhood clean-up and traffic-calming projects and playground rehabilitation.

Meanwhile, the Village Center has transformed Roosevelt Middle School. Although it's not a charter school — in fact, it's technically no different from any other Oakland public school — it is effectively answerable to a highly organized and informed community institution. That's a degree of local control and accountability that most American communities would envy. It is an example of how a CDC can facilitate change in education without going the full distance to cooperating in a charter school.

CDCs' Needs and the Role of Intermediaries

A Look Ahead

PHRASES LIKE "community building" and "comprehensive community initiatives" are largely creatures of the 1990s — by which time, at least in some circles, "community development" had ceased to evoke the broad scope of work these newer terms encompass. Yet CDCs that have carried on these broader-based activities for decades tend to resist the implied distinctions. "Call it comprehensive, call it community building, call it whatever," said one CDC director, off the record. "We'll call it whatever the funders and the intermediaries like. It's still the same thing we've always done. You don't develop communities with houses alone, so whatever you want to call this other stuff, we're doing it."

Some of the older and most accomplished community developers, in fact, have progressed to the point that housing development is no longer their top priority, and their strategies are now concentrated on other fronts. Brooklyn's St. Nicholas Development Corporation, whose executive director we quoted earlier, has by now reclaimed every vacant or dilapidated housing unit in its target area. Yet Executive Director Michael Rochford said that they "still hadn't really changed the community." To even a casual visitor in St. Nick's stunningly improved target area, the modesty of that comment would seem bizarre. But what Rochford means by it is both instructive and chastening: *Fixing up* the community is only part of *developing* the community. The latter task, in St. Nick's view, is still struggling ahead.

Joel Bookman of Chicago's North River Commission recalls the time, in 1965, when his organization decided that a housing strategy alone would not save the neighborhood:

> We looked around and said, 'we're saving five to ten buildings a year, and losing the neighborhood.' By ourselves, we were never going to rehab buildings as fast as they were going downhill. We concluded that the need was to change the economics of the community, the way people invested and how they made money, and find ways that people could make money by staying here and improving this community.
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> We surveyed the 50 worst buildings in the neighborhood, and we found that most were on or adjoining the two main commercial strips. It seemed pretty obvious that if you could fix up there — not just the housing, but the stores, the streets, the customer base — you would start shifting the market. So that's where we concentrated.
>
> In 1975 we created the Lawrence Avenue Development Corporation to manage those commercial strips the way people manage shopping malls — improve the environment, recruit investors, zero in on trouble spots,

> and promote the hell out of it. In 1976, the commercial vacancy rate on Lawrence Avenue and Kedzie was 30 percent. It's 2 percent today. It was 50 percent warehouses then, today it's 90 percent retail and services. It's not all pretty, it's not as clean as I'd like it to be, but it's alive and busy and healthy.

Direct housing development was a relatively small part of North River Commission's program. But the program was pure community development, through and through. So were the video cameras filming the Philadelphia neighborhood drug trade. So are the community planning exercises in Oakland and Washington. So is the family plaza in Pilsen. The trouble with creating other names for these activities is that it implies that they are somehow qualitatively different from the work of developing the community. They aren't, and most communities will never be developed without them.

The challenge now — for LISC, other intermediaries, foundations, government, and the field as a whole — is to help CDCs take their non-housing successes, by whatever name, from the level of anecdote to critical mass. To complete the mission of community development, these other activities need to achieve something like the broad, measurable, national impact that CDCs have begun to accomplish in housing.

Learning from the housing experience

LISC's accomplishments in helping CDCs expand and improve their housing programs offer some lessons for strengthening their non-housing work as well. Admittedly, that work has less well-structured systems of national support and financing than housing did even 10 years ago. It is less well understood by some funders and policy-makers. But that's not so different from the condition of neighborhood housing development when CDCs first took it on in the 1960s and '70s. Long before today's steady streams of project capital — the Low Income Housing Tax Credit, the Federal HOME program, the explosion of bank community-lending programs, or the funding collaboration known as the National Community Development Initiative — CDCs had no choice but to view each new housing development as a unique and perilous adventure. Housing developments were designed individually, ad-hoc (and not always artfully), relying primarily on support from foundations and from a hodgepodge of discretionary programs at the Federal and local level.

When lenders participated in these early projects, they normally treated them as top-risk loans, perhaps mitigated by community reinvestment compliance or other public relations benefits. Many expected to lose money on CDCs, and sometimes mentally chalked the loans off as disguised philanthropy. Projects often rested precariously on short-term or "bridge" loans that ballooned well before anyone could project a means of repayment. Some government funding streams were so ill-suited to nonprofit housing development that friendly public agencies had to wink at technical rule violations, just to make projects feasible.

When LISC and the Enterprise Foundation were created in the early 1980s, they built their initial portfolios on the work of CDCs that had managed to improvise their way into housing production. These pioneering groups — they numbered only in the dozens at the time — had somehow navigated the minefield of haphazard funding streams, reluctant lenders, and negligible technical support, and come up (improbably, it seemed) with successful projects. That was the starting point for what eventually became national intermediaries and coherent production systems — systems now so well-oiled that housing production is sometimes mistakenly perceived today as the "easy" work in community development.

The point of this comparison is not to imply that exactly the same thing will happen to youth services or employment or crime prevention. Housing, at least in the for-profit world, had pre-existing "systems" and investment devices — ones that didn't fit the needs of CDCs, at that point, but were at least adaptable. The human service, employment, and economic development fields don't have that base to build on, and as a result they may never become the refined, partly formula-driven enterprise that housing is today. But these fields do have three advantages on which better systems can be built: (1) large aggregate expenditures, (2) a need that is concentrated in areas where CDCs work; and (3) a level of frustration with existing delivery mechanisms.

CDCs today are already at work on the wider ranging "community building" agenda. Their participation is valued by the government programs with which they work. And many are succeeding. In those three respects, at least, that agenda today looks no more unstructured and risky than housing did in 1980. (In some respects, in fact, it looks a good deal *less* risky than housing: Failure in an employment program means disappointment for clients and disgrace for the CDC. Failure at housing means loan defaults, potential bankruptcy, and a threat to residents' basic shelter.) Starting with today's activity, and building on current successes, it is reasonable to envision that better systems, more effective funding arrangements, and a more receptive set of local and national relationships can be built, with patient, careful, and coordinated effort.

Creative ambiguity

Although there's much to be done in clarifying and refining the techniques of "community building," it is unlikely ever to achieve the national uniformity and ready replicability of housing development. Chris Walker and Mark Weinheimer pointed out in a 1998 report by the Urban Institute that "those active in community building do not agree on what that field really means"[7] — a fact for which there is a good — and even, arguably, an *encouraging* — explanation. Reinforcing the community's well-being in Place A may require something profoundly different from doing so in Place B.

That is true, to some extent, even for housing: rental vs. home ownership; higher density vs. lower; rehabilitation vs. new construction — these are all essentially local decisions,

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[7] Christopher Walker and Mark Weinheimer, *Community Development in the 1990s.*, The Urban Institute, 1998, p. 75.

responses to market conditions that in turn trigger different forms of investment and support. But in trying to extend and reinforce the social networks of a community, the issues are even more specific to the demographics and history of a given place: What has been the role of the elderly in this community? Street gangs? The police? Employment and training opportunities? The parks? Child welfare agencies? What has succeeded, what failed, and what's missing? Community building (in fact, as we have argued, community *development*) is a fundamentally local initiative. It will vary from place to place. If it doesn't, it probably isn't genuine.

It is also much more of a project-centered enterprise than many people recognize. The semantics of "community building" can sometimes give the impression that the task is mostly personal, involving discussions and social gatherings in which people supposedly get to know and trust one another. In reality, CDCs generally "build community" by pursuing concrete projects — anti-crime projects, graffiti removal, policy advocacy, retail promotion, and so on. People's time and trust aren't long engaged by mere talk, no matter how friendly. The activities produce the social network, not the other way around. "Community" is the effect of "building," not the cause.

It is therefore necessary, we believe, to structure any program of support for the broader community development agenda in the same way that the community development intermediaries began their work in housing: by reinforcing a few of the higher performers, and a few organizations that are less far along, on an agenda of initiatives that advance their community development strategy, and that suit their place and circumstances.

This might, in some places, entail a multi-neighborhood strategy similar to that of the South Bronx's Comprehensive Community Revitalization Program. It might well borrow from the still evolving experience of the New Communities Initiative in Chicago, where LISC staff has played a wide-ranging technical and trouble-shooting role in the development of community building programs at three CDCs.

There, in fact, the role of intermediaries in this field seems to be coming into particularly clear focus: Rather than drawing the blueprint for what "community building" is supposed to mean, LISC has provided steady, sometimes intense, management support to CDCs in organizing their own neighborhood planning efforts, seeking out partners to help implement the plans, brokering workable partnership and funding agreements with Chicago's citywide funding and policy systems, and generally pitching in to resolve conflicts and management problems wherever they arise.

In any case, it is important that all these efforts be responsive to *local* priorities and opportunity — building on CDCs' ability to design and manage programs that tackle local needs with whatever local resources are available, augmented by national advice and funding. As in the early years of CDC housing development, we expect to find a wide, partly unpredictable range of operating models, needs, opportunities, and gaps to be filled. Flexibility is essential in responding to those, rather than attempting to impose a "standard" approach that could easily distort or stifle the great majority of them.

Completing the agenda

Even so, philanthropy, government, and the intermediaries can help CDCs make wider and more effective use of the "community building" toolbox, and to form strategic partnerships with other local players. For many funders and government programs, this would amount to an adjustment in emphasis, not a radical departure. In fact, we could envision a four-lane approach to the broad community development agenda that, for the most part, would merely expand elements of public and private support now available, and make them more explicit and intentional. We believe that a more deliberate approach would entail

- Targeted support for ***core organizational strength***, aimed at building staff and management capacity for activities beyond housing;
- Additional financial and technical assistance for development of ***community facilities and amenities*** (like parks, day-care and youth centers, and schools) that advance the broader community development agenda;
- Expanded technical assistance and core support for ***human services related to housing development and management*** — including efforts in public housing, home ownership counseling and support, and human service and employment programs for tenants — in which services directly reinforce the maintenance of quality housing and residents' well-being; and
- Increased support for ***retail and other commercial development,*** both in shopping centers and along neighborhood business strips.

To repeat: the point is not to create new national *programs* for each of these ideas. In fact, any effort along these lines will need wide latitude for purposeful improvisation and course correction; a rigorous, prescriptive "initiative" would probably be counterproductive. The following summaries therefore sketch out ideas for widening the work already underway, and for exploring some still untapped opportunities.

1. Core Support

It has generally been presumed, as Walker and Weinheimer put it in their 1998 Urban Institute report[8], that "only the strongest CDCs" are up to the complex task of broad-based "community building." While that is true as a general matter, there are some interesting local exceptions that suggest room for significant progress without a massive new expansion of CDC capacity nationwide.

Occasionally, even relatively young CDCs have succeeded at working outside the real-estate arena on an area of particular local need, when that activity was consistent with their mission. Small, relatively new CDCs are already working in child care, or anti-crime programs, or after-school recreation in a neighborhood park. They may be funded for this by one or two supportive local agencies, or enlisted for management and logistical

[8] Walker and Weinheimer, *op. cit.*, p. 78.

support by some other community institution. That is probably as far as they will go, however, without adding one or two additional people to manage multiple programs and to keep those programs running smoothly around a clear, coherent mission.

The challenge would be to find CDCs that are ready to take their current community building efforts to a more ambitious level — provided those efforts are succeeding and show potential for measurable impact. The examples in the previous section all could be candidates for this scaling-up support. For these organizations, and others like them, it might be possible to make a significant difference by offering a combination of technical assistance around organizational development and program planning, plus monetary help in hiring one or two additional staff people for community building or overall management functions.

That has been a crucial step in building capacity for housing. And it is how LISC's current work in other areas is already progressing. This approach would not be a change in method so much as an expansion of work that is now limited, but still going forward.

2. Community Facilities

Organizations with an extensive résumé in real-estate development tend naturally to devise real estate solutions to local quality of life problems. That is no doubt why so many CDCs start off tackling quality of life and community building issues by looking at local property — especially parks, community centers, and public buildings — for strategic opportunities. Like dilapidated housing, a derelict park sends a powerfully destructive signal about how residents regard their community, and about (as James Q. Wilson and George Kelling put it) whether "anybody cares" about public assets and personal behavior. So a great many community planning exercises, and the community development agendas that emerge from them, prominently feature the reclamation of local parks and recreational facilities.

They often move quickly to community centers, child care facilities, shuttered school or hospital buildings, and youth or job centers. Just providing a central location for many community services — including those offered by other organizations besides the CDC — can boost participation in those programs, and thus their effectiveness. Meanwhile, they can contribute to pedestrian traffic in the neighborhood and give a sense of "something happening."

In the community plan for the Washington, D.C., 14th Street corridor discussed earlier, one significant feature, easily overlooked, is the Latin American Youth Center located in the midst of the CDC's extensive housing and retail renovations in the area. The Center is not a program of the CDC. But the *facility* had been an abandoned eyesore and thus became an early target in the corridor's redevelopment plan. The CDC renovated the building through a partnership with the Youth Center, an independent service organization. Now the residents of CDC housing throughout the area can make use of the Center, the building is an asset instead of a roadblock to development, and the CDC has an expert partner in its overall plan for redevelopment and community building.

The facility development gave the CDC a foot in the door on youth services (as did the reclamation of a park at the northeast corner of the target area). That is a typical point of entry into community services for CDCs that otherwise have primarily real-estate portfolios.

3. Housing-Related Services

Quality management in low-income rental housing often entails more than the usual services of a conventional management company. Even when CDCs contract with such companies, they often find that their tenants need additional support beyond what management personnel can offer. For very low-income residents to remain stable, even in low-cost housing, there often need to be additional social services, employment and training, child care, or other social and economic supports to help them hold onto jobs, comply with public assistance work requirements, maintain steady rent payments, supervise their children, and take part in the community.

Yet problems in these areas are often discovered by housing managers, and the solutions can be most effective when addressed on-site, as part of the CDC's ongoing relationship with the tenant and its stewardship of the property. That is why, when CDCs branch from housing into social services, they often start with their own tenants. CDCs routinely turn to intermediaries for help with these services — in brokering service agreements between housing managers and service programs; technical assistance in planning and developing effective programs; and grants and working capital or bridge loans to start up new services.

Typical example: In Southeast Washington, D.C., the East of the River CDC incorporated a community center into the redevelopment of the Washington View apartment complex. The center includes a central computer lab, classroom space, meeting facilities, and a health and fitness center. Although the apartment complex's on-site staff officially manages the center, it is actually operated by a wide-ranging network of resident volunteers, CDC employees, and interns from Howard and Catholic Universities. It gives residents not just a formal access point for professional services like training and counseling, but a gathering place for recreation, private functions, and community meetings. The meeting space has become a resource to other neighborhood groups, which helps link Washington View and its tenants with their neighbors and community projects.

Programs connected to housing management sometimes are successful enough to expand to a wider customer base, to members of the community who don't necessarily live in CDC housing. And in some cases, these programs actually need to expand for business reasons, to reach an efficient volume of customers and revenue. Technical and financial assistance on such expansions — particularly in recognizing when expansion is advisable, and when it isn't — is typically the second phase at which LISC's help is needed.

4. Continued Support for Commercial/Retail Development

Although it is often viewed as just another branch of CDCs' real estate operations, the retail agenda is as much a function of community building as of property investment. Retail development improves buildings and raises property values, but it also creates pedestrian traffic (essential for both safety and community cohesion), provides for residents' basic needs, and adds to a sense of value or "desirability" in the neighborhood that is essential for keeping residents and investors engaged.

LISC's experience with many different kinds of support for retail development is that no one device works in all cases. Support needs to be multifaceted and flexible. Many projects obviously need equity and financing, but most have more basic needs first: planning grants or technical assistance, simple advice in how to get started, and guidance in finding partners and carving out the right long-term role for the CDC. In North Philadelphia's Plaza Borinquen, for example, LISC's support along the way entailed:

- A $50,000 planning grant, plus preliminary technical assistance.
- Help in finding and choosing a development consultant.
- Help in assembling the site — consisting of 111 parcels, many requiring condemnation by the city and eventual demolition of 54 buildings, all of which LISC helped to negotiate.
- The project's first commitment of financing, which eventually grew to $1.4 million in permanent financing.
- Help in identifying a store owner for the anchor site.
- Help in negotiating an employee recruitment and training program, involving the CDC and the store owner with the Private Industry Council. Besides training employees, the program provided uniforms and a temporary wage subsidy.
- Help in recruiting and selecting commercial tenants for other space in the development.

Without the constant support and advice from experienced players — not only carefully chosen industry professionals, but local and national LISC staff — the project would most likely never have gotten off the ground. Most other successful CDC retail developments can tell a similar story.

This is true not just in the massive undertaking of a supermarket/shopping center development, but also in the more incremental work of a neighborhood Main Street. There, the needs often include management and financial support for small businesses, plus efforts to fix up buildings, integrate housing and commercial uses, improve safety and lighting, promote the area, upgrade façades and streetscapes, and the like. The kinds of technical assistance required in a Main Street program, and the varieties of program partnerships and financial arrangements involved, call for intense effort and attention by intermediaries. The results are more gradual, and sometimes less glamorous, than in the big shopping plazas. Yet the effect of a redeveloped, functioning commercial corridor on a community's well-being and economic health is incalculable. Our current efforts have only scratched the surface of what's possible in neighborhood commercial hubs.

These four suggestions arise partly from a more fundamental reflection on what makes LISC valuable in community development. After two decades of evolving experience — in which intermediaries like LISC have created whole new institutions and investment mechanisms, fundamentally changed the relationship between neighborhoods and the various levels of government, and helped seed a vast expansion in the number and quality of CDCs — the role of the intermediary has not become any simpler or more routine. It is still not possible to identify and isolate two or three "critical activities" that make the whole enterprise work.

If anything, our role has become more complex as the field has branched successfully into more and more aspects of community improvement. As we suspected when LISC was first formed, versatility and an ability to improvise has been essential. Local initiatives demand resources and forms of support that vary by locality, and even within a given locality they may vary over time or even from block to block. Often, the most critical or catalytic support is something intangible and informal: the experience and credibility to say to a CDC "you're ready to take on a bigger challenge," or "you can't do this without a partner," or "this program is failing and harming your organization." Most of the time, this broad advisory role ends up subsumed under the vague designation "technical assistance." But it means something that is both more and less than technical. It combines the functions of mentor, investor and partner.

This broad, complex, multi-layered relationship between intermediaries and CDCs becomes even more important when their work branches into new fields, or when they need to orchestrate partnerships with other organizations to achieve multiple, interlocking objectives. Most CDCs will need hands-on help, not just project capital and core support, to navigate the technical, political, and strategic challenges in retail development, employment, security, public amenities, youth and family services, and the like. Concentrating our energies on the more secure, institutional and financial services typical of the housing industry might be comforting, but it shortcuts much of the agenda on which the idea of community development was founded.

That agenda is still alive and well among CDCs and their constituents. They are pursuing it aggressively, with a variety of programs and services that is only expanding over time. With help from many quarters, we have shown that LISC can provide crucial help in bringing this range of activities to fruition, with tangible products and measurable changes in local prosperity. The question now is whether the scale of this broader work can increase, based on the skills, relationships, and institutional strength that the past two decades have built. Both the opportunity and the record so far seem to argue that it can, and more importantly, that such an expansion may be the only way to ensure the continuation of the unprecedented urban rebound now under way.

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For more information about this report, please contact Elizabeth D. Weinmann, LISC Senior Vice President for Marketing & Resource Development at 212-455-9392.