

ADVANCEMENT & RESILIENCE INITIATIVE

YEAR 1 REPORT



2024



We are excited to share with you the Advancement & Resilience Initiative Year 1 Report.

CNP’s 2021 Strategic Plan puts CDCs at the center of our work, with a goal to ensure that “CDCs have access to the financial resources, talent, industry expertise, and technical assistance they need to effectively serve their neighborhoods, continuously improve, and sustain operations over time.” In 2022, we restructured our team by hiring four relationship managers to build trust with CDC leaders. Collectively with CDCs, we spent 2023 building the CDC Advancement and Resilience Model with team members at every level of their organizations, factoring in ideas from community development practitioners and drawing on national best practices.

The initiative launched in 2023 with the understanding that we were designing and executing in real-time. The program is designed to evolve each year as we better understand the challenges CDCs face, develop the technical assistance and training required to build capacity, and transparently evaluate our progress.

Our starting point for this new initiative began in 2023 when 17 CDC partners participated in the assessment, honestly sharing with the CNP team their strengths, weaknesses, and greatest areas of concern. This willingness to be open and vulnerable is foundational for a strong intermediary relationship and one we hope to continue to earn in year two of the program.


The findings from the first year of the assessment and the grant cycle are in the following pages. The data is a baseline to build upon and a reference point for improvement in the industry. Commonalities in the data have informed changes in the grant program’s second year and are guiding our investments in technical assistance and training. We thank you for going on this journey with us. We believe that this work will help us work towards our mission of fostering the equitable revitalization of neighborhoods throughout Cleveland.

Sincerely,



Tania Menesse

*President & Chief Executive Officer
Cleveland Neighborhood Progress*



Ayonna Blue Donald

*Vice President, Ohio
Enterprise Community Partners
Chair, CDC Advancement & Resilience
Committee*



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In 2022, Cleveland Neighborhood Progress (CNP) embarked on the development of a new program to provide grants and resources to the city's Community Development Corporations (CDC). Following a year of engagements led *with* CDC leadership and staff, we established the **Advancement and Resilience Initiative (ARI)** for 2024, providing an unprecedented assessment of CDC health and a flexible-but-targeted grants program.

Focused on Building Resilient CDCs

CDCs operate in a complicated and unpredictable environment where funding, partners, and leadership can change quickly. In order for these organizations to provide consistent support to their communities, they must have the necessary resources to withstand new and evolving challenges. The ARI program supports this goal by focusing resources on the fundamental components of operational excellence, strong governance, and staff development.

Empowering CDCs with Stability and Flexibility

Fundamental to the philosophy of ARI is the notion that CDCs understand their needs better than anyone. The annual self-assessment provides insights into the health of each organization to support their grant requests and offer CDCs autonomy in allocating resources. By affording CDCs the freedom to determine their funding priorities, the ARI fosters a culture of trust, ensuring that resources are used efficiently and effectively to drive tangible impact at the grassroots level.

DEVELOPMENT OF THE ADVANCEMENT MODEL

Designed to replicate various *maturity models* used across industries and sectors, the Advancement Model considers the diverse needs, challenges, and opportunities CDCs face in their respective communities. Organizational health and neighborhood strength are not necessarily correlated, and it remains an imperative of CNP to ensure that all CDCs achieve baseline resilience to provide their communities with the core functions of a CDC. The timeline below details the collaborative and careful process CNP followed to create the ARI.

Fall 2022 ● National & Local Review

- CNP conducted a comprehensive review of community development systems across the country, including:
 - Philanthropy-funded systems
 - Municipal-funded programs
 - State investments in Community Development
- Examined Community Development Block Grant (CDBG) programs in similar cities to understand how they effectively distribute and utilize that funding.
- Engaged with sub-groups of City Council representatives to understand their perspectives on Community Development Corporations (CDCs) and the needs of the community.
- Met with leadership of relevant departments at City Hall to discuss ways to improve collaboration between CDCs and the City of Cleveland.

Winter 2022 ● Convening of Executive Directors

CNP hosted multiple gatherings with local CDC Executive Directors to collaboratively define "Community Development" and delineate the role of CDCs within neighborhoods.

Spring 2023 ● Core Work Feedback Collection

CNP held meetings with CDC staff from all departments to further explore their work and clarify these roles. Over several meetings, a collective definition of the fundamental work of a neighborhood CDC was agreed upon to and used as the central driver of the Advancement Model.

Summer 2023

Development of the Advancement Model Assessment Tool

CNP focused the results of these meetings to create a clear and universal definition of the core work of a CDC. Metrics were included under each category of work providing a tool for CDCs to self-assess their capacity

- 6 Categories (framework)
- 18 Core Functions
- 46 activities (metrics)

Winter 2024

Funding the ARI using the Advancement Model Assessment Tool

The Advancement Model provides a baseline for measuring the wide range of activities CDCs perform in their communities and creates a mechanism for tracking progress and directing resources. The Advancement Model is directly paired with our new grant model, Advancement and Resilience Initiative (ARI), connecting the needs of CDCs with resources in the form of grants, technical assistance, and capacity building.

CORE FUNCTIONS OF A CDC

After collaborating closely with CDC leaders, we successfully identified and defined six core functions of a CDC. This effort will streamline our work and sharpen our focus on these essential areas.



Community Engagement

Community Organizing and Engagement, Print and Digital Communications, Events



Marketing

Resident and Business Attraction, Neighborhood Branding, Organization Marketing



Development

Business Technical Assistance, Home Repair, Real Estate



Partnering

Network Weaving, Social Service Brokering, City Engagement



Planning

Neighborhood Plan Implementation, Pre-Development, Placemaking



Operations

Board Governance, Fiscal Responsibility, Human Resources

ARI GUIDING PRINCIPLES

What is a CDC?

Community Development Corporations (CDC) are neighborhood-level, placed-based nonprofits dedicated to the improvement of their geographic area of operation. Improvements are focused on physical, social, and economic and are the result of plans developed by and for the community members. They are governed by a Board of Directors composed of community residents and businesses as well as others and adhere to their unique mission statement and culture.

Definition adopted by CDC Advancement & Resilience Committee

KEY ASPECTS OF THE ARI

The ARI supports the advancement and resilience of CDCs by investing in capacity-building and sustainable operations. We trust CDCs to identify their own needs and value the insights from CNP staff's relationships with each CDC. Key aspects of the ARI include:

- *Investment in activities that enhance capacity and sustainability within CDCs*
- *Trust in CDC applicants to identify and address their most urgent needs*
- *Utilizing the deep, ongoing relationships between CNP staff and CDCs for informed decision-making*
- *Emphasis that funding should not be used for repetitive activities year after year*
- *Requirement that any requests outside the guiding principles be rare and specific to each grant cycle*

INTERMEDIARY APPROACH TO INVESTMENT

The ARI benefits from the unique strength of an intermediary approach to this work by emphasizing partnership and collaboration. Trusted relationships allow for an enhanced impact to grantees through shared resources, best practices, and collective efforts. The special focus on building CDC capacity through grants is complemented by offering training programs, leadership development, and technical support while connecting CDCs to broader networks and resources. Through long-term engagement and feedback, this approach can not only strengthen CDCs but ultimately advance the nonprofit ecosystem, aiming for sustainable resources and long-term impact through continuous collaboration.

ARI REVIEW PROCESS

1. **OBJECTIVE** review of each capacity metric and comparison across applicants
2. **INDEPENDENT** review by CNP's CDC Advancement and Equitable Revitalization teams
3. **COLLABORATIVE** review through ongoing dialogue with each applicant

ARI GENERAL STATISTICS

FY25 Funding for 17 Cleveland CDCs:

**7 newly funded this year*

- | | |
|--|---|
| 1. Burten, Bell, Carr Development Corp. | 9. Northwest Neighborhoods CDC |
| 2. Campus District, Inc.* | 10. Ohio City Inc. |
| 3. Famicos Foundation | 11. Old Brooklyn CDC |
| 4. Harvard Community Services Center* | 12. Slavic Village Development Corp. |
| 5. Jefferson-Puritas West Park CDC* | 13. St. Clair Superior CDC* |
| 6. Little Italy Redevelopment Corporation* | 14. Tremont West Development Corp. |
| 7. Metro West CDO | 15. Union Miles Development Corp. |
| 8. MidTown Cleveland, Inc. | 16. University Circle, Inc.* |
| | 17. West Park Kamm's Neighborhood Dev.* |

Total Grant Requests: 108

Total Amount Requested: \$2,419,614

% of CDC Network that Applied: 90%

% of Requests Funded: 67%

Requests Above \$50,000: 9

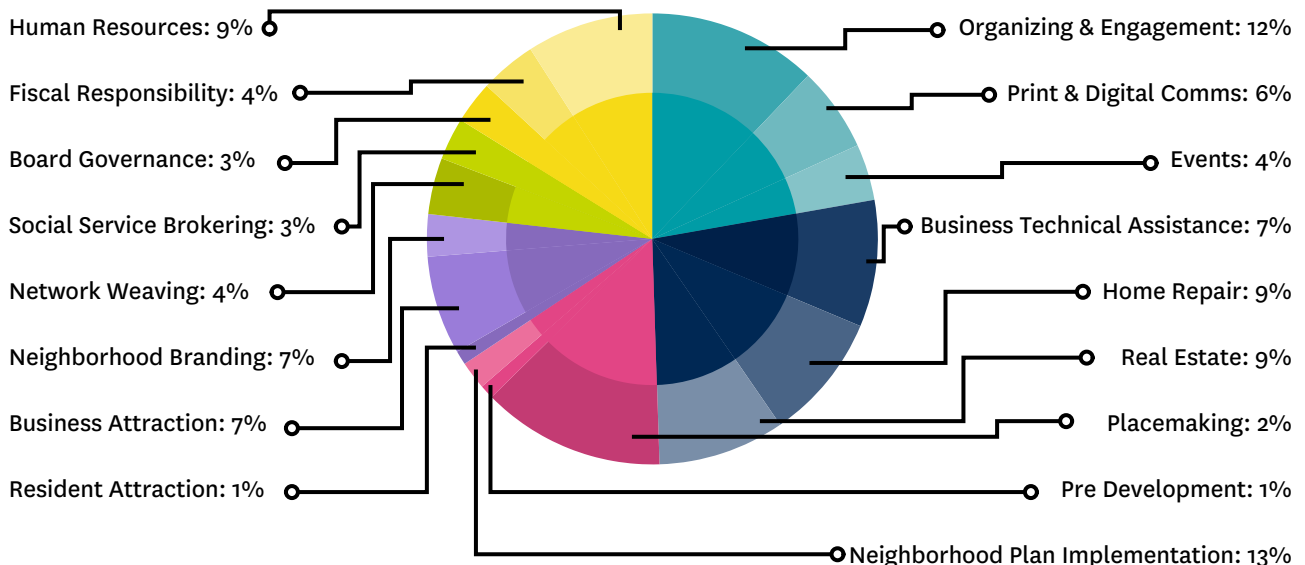
Requests between \$20,001-\$49,999: 36

Requests at or below \$20,000: 63

CDCs Receiving Over \$100k: 11

Total Grants Funded: \$2,013,674

- Community Engagement
- Planning
- Partnering
- Development
- Marketing
- Operations



DATA INSIGHTS & STRATEGIC RESPONSES

Using first-year data from the Advancement Model, CNP identified critical needs within the CDC ecosystem, assessed the health of individual CDCs, and targeted key functions for potential shared services. In response to the initial findings, CNP has identified a series of initial interventions and is developing implementation strategies.

1 COMMUNITY ENGAGEMENT CAPACITY AND STRATEGIES VARY WIDELY ACROSS THE NETWORK.

One in three organizations had weak or low capacity to accomplish core community engagement activities such as “Management of Social Media and Public Newsletter” or “Support for Block Clubs,” and half of the CDCs did not have capacity to operate local events consistently or support strategic engagement (such as for youth or older-generation populations). Additionally, only two organizations had formally developed Community Engagement strategies or plans.

CNP RESPONSE:

- Developed a curriculum for CDC engagement roles and skills.
- Linked identified critical skills to resources and training.
- Developing community engagement approach to instruct all CDC staff on incorporating skills into their work.
- Reviewing software platforms for CDCs use for innovative engagement activities with residents.

2 THE CDC NETWORK HAS WEAKNESS AROUND PRIMARY AND INTERMEDIATE HOME REPAIR

Of the 12 development areas reviewed, the weakest or lowest capacity were in:

- Project intake
- Scope of work
- Review of bidding process
- Contractor relations

These represent the core skills and responsibilities needed for a CDC to be able to produce housing outcomes and are interrelated.

CNP RESPONSE:

- Provide CDC staff with access to training and skill development for core housing repair activities, especially in neighborhoods where home repair is identified as a strategic priority or capital dollars are coming from partners.
- Adjust ARI Year 2 to ensure this focus is a foundational investment across CDCs.

3

COMMERCIAL REAL ESTATE AND NEIGHBORHOOD PLANNING ARE PRESENT AT FEW CDCS

FINDINGS:

More than half of the CDCs did not have a full-time employee or equivalent capacity for neighborhood planning, and two-thirds did not have in-house capacity to address commercial and mixed-use real estate projects.

CNP RESPONSE:

- Highlight the need for CDCs to control commercial real estate for long-term financial and community benefits.
- CDCs need training and access to capital, which should be available for high-capacity and effective organizations.
- Employing in-house planning capacity is often an unnecessary expense for individual CDCs, as planning is a core but not daily function.
- Both planning activities and commercial real estate are areas to explore for shared resources and can be deployed by a few larger organizations.

4

MAIN STREET DEVELOPMENT IS A REAL ESTATE ISSUE MORE THAN A BUSINESS ATTRACTION CONCERN

FINDINGS:

In neighborhoods where commercial development is difficult, many CDCs have the capacity to attract businesses and engage with entrepreneurs. However, a common challenge is the availability of quality and turnkey storefronts. It is essential for CDCs to identify subsidy capital through partnerships to support the redevelopment of retail infrastructure.

CNP RESPONSE:

- CNP attracted State and City funding for main street investments including White Boxing programs in Middle Neighborhoods.
- Working with CDCs in Cleveland's SE Side, CNP is administering a program dedicated to investing into commercial spaces in long disinvested neighborhoods.

5

SOME CDCS ARE NOT TRAINED IN MARKET ANALYSIS FOR EITHER HOUSING OR COMMERCIAL

FINDINGS:

Although CDCs have a solid grasp of their local economies and housing conditions, some lack the market analysis skills needed to generate compelling data and narratives for businesses, realtors, and homebuyers.

CNP RESPONSE:

- CNP must provide tools and training for CDC staff to develop basic housing market analysis and, when appropriate, commercial corridor analysis. This analysis complements, but does not replace, comprehensive market analyses used for large-scale real estate development.
- Capacity development in this work will further equip CDCs and supplement their internal knowledge for strategy development and foundational real estate promotion.

CDC NETWORK ACHIEVEMENTS



Year 1 Output from the Advancement Model

CDC NETWORK ACHIEVEMENTS

ENGAGEMENT



272

Unique Block clubs, neighborhood associations, or resident-driven groups engaged



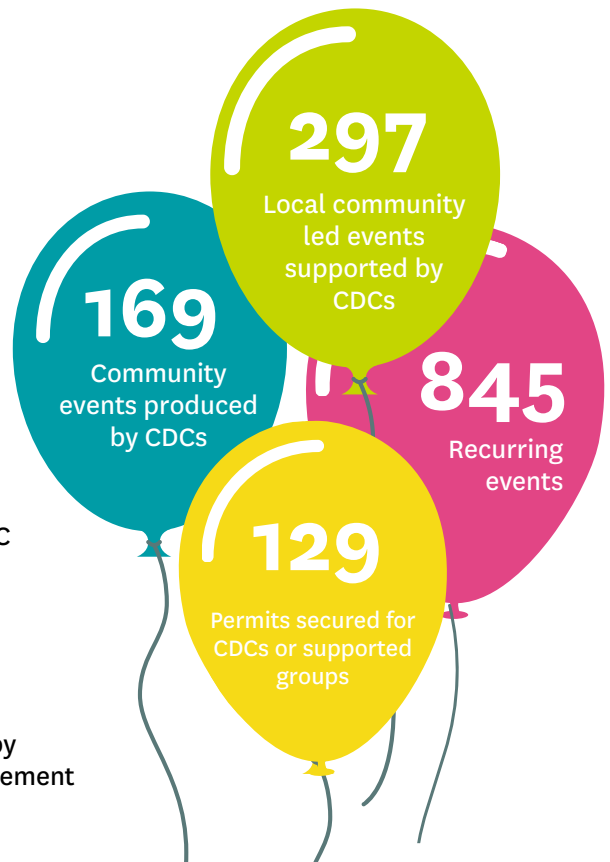
129

Local groups supported by CDC as fiscal agent



5,212

Households directly engaged by Healthy Homes or Code Enforcement programs



103k

Print communications circulated



50k

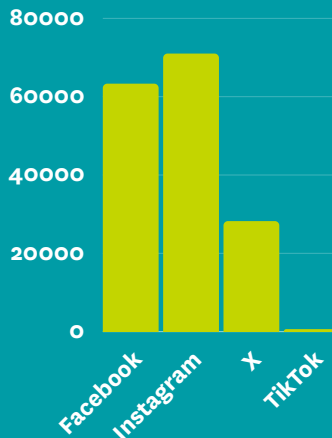
Total subscribers to CDC e-newsletters



50%

of CDCs circulate print communications quarterly

Followers by Social Media Platform:



Facebook: 63,326

Instagram: 71,012

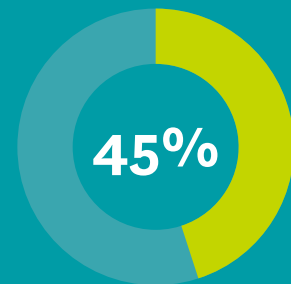
X: 28,227

TikTok: 642

Average Open Rate of E-News



Percentage of CDCs sending monthly E-news



CDC NETWORK ACHIEVEMENTS

DEVELOPMENT

Support for Small Businesses

Support for Small Businesses	Total Number
Business community engagement sessions	107
Small businesses engaged by CDC for technical assistance	1,252
Businesses supported through storefront renovation	93



\$2.6M

Total dollars distributed to small businesses by CDCs, either through direct disbursement or partnerships



792

Households referred to partners for home repair programs



223

Home Repairs completed by CDC network



59

Unique commercial projects currently under development



50+

Homes acquired for purpose of rehabilitation



\$2.3M

Total capital invested into home repairs through CDC programs and partnerships



\$13.2M

Scale of capital access for real estate projects across network

CDC NETWORK ACHIEVEMENTS

PLANNING



72

Real estate projects in pre-development during FY23

\$1.2M

Total cost of operating or supporting main street beautification programs

62

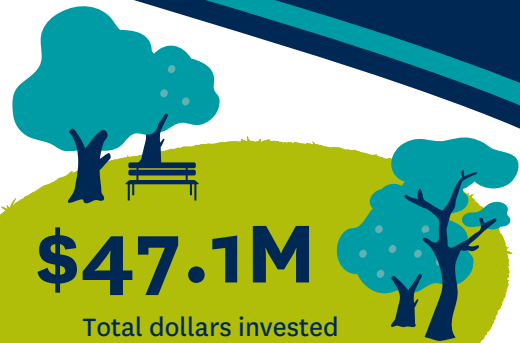
Projects active in neighborhoods as designed by the CDC's Neighborhood Plans

104

Developers collaborating with CDCs on neighborhood projects or in pre-development/planning stages

1,046

Number of public space-oriented activities



\$47.1M

Total dollars invested into public realm, green space or canopy



9.75

FTEs directly focused on planning work

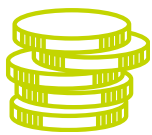
\$61.2M

Total funds allocated for physical placemaking initiatives, including signage, wayfinding, public art, and public space design

CDC NETWORK ACHIEVEMENTS

MARKETING & PARTNERING

Marketing Support	Total Number
Non-residents engaged through various marketing efforts	136k
New entrepreneurs engaged through CDC or third-party programs related to new business development	349
Prospective businesses (outside of community) engaged with business attraction materials	3,270
Events organized to attract new residents (home tours, realtor focus groups, or engagement events)	45
Individuals engaged to assess neighborhood demand for new business types	2,419



\$9.6M

Total budget of programs brought into the community through partnerships



91K

Estimated number of residents engaged by partnership-run programs



75k

Estimated number of residents supported by social service partners of the CDC



206

Total partners providing social services in the community collaborating directly with the CDC



212

Distinct partnerships administering programs in the neighborhood



66

Neighborhood meetings centered on enhancing the neighborhood brand



\$456k

Total dollars invested into Resident Marketing efforts



\$64.5k

Invested in Neighborhood Marketing to promote living in the neighborhood through external communication, such as ads and billboards



\$117k

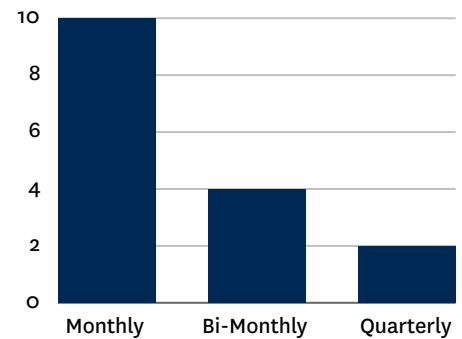
Dollars Invested in branded items (pole banners, signs, apparel, etc.)

CDC NETWORK ACHIEVEMENTS

OPERATIONS

CDC Board of Directors	Total Number
Total board committees Average per CDC	91 4.7
Committee members not seated on CDC board of directors	17%
Average % of max allowable board seats filled	68.4%

Frequency of Board Meetings by CDC



\$55k

Average full time staff salary (excluding Executive Director)



\$6,280

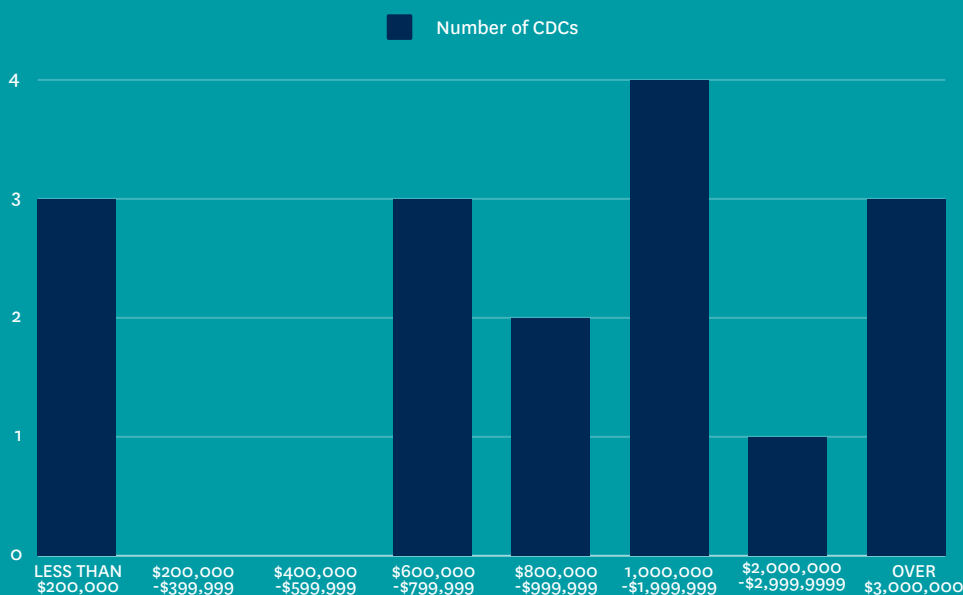
Average Professional Development Budget



28.3%

Number of staff turned over during the recent fiscal year

CDC OPERATING REVENUE RANGES



4.6

Average months of operating expenses CDC has in cash reserves

2022

Average year of most recent audit

\$14,802

Average Cost of Audit

UNDERSTANDING NETWORK CAPACITY



*Snapshot Results of the Inaugural CDC
Capacity Assessment*

TRACKING PROGRESS

The **Advancement Model** utilizes the following scales to measure the current capacity of a CDC. The numeric scale was developed as a joint effort between CNP staff and faculty at Case Western Reserve University. The scale enables the quantification across all CDCs of data related to human capital and effectiveness, often recorded as qualitative data. This translation tool is essential to providing trackable data that can inform investment and resource allocation as well as follow progress.

Deploying the scale for this self-assessment is critical for evaluating strengths and areas for growth within Community Development Corporations. The assessment outlines criteria across key functional areas, allowing for a consistent and comprehensive evaluation of each CDC's ability to fulfill its mission and meet community needs. By applying this tool and subsequently supporting CDCs to achieve a minimum threshold of capacity, we ensure the entire network is equipped with the necessary resources and strategies to build resilience and drive sustainable impact in their neighborhoods.

OPERATIONS ASSESSMENT SCALE

In evaluating CDC operations, CNP created a three-level assessment key. This approach recognizes that operational capacity is often distilled to a binary measure - whether a CDC has the necessary systems and processes in place or not. Unlike other areas where there might be a broader range of development and complexity, operational capacity typically involves clear-cut essentials. Therefore, the scale more accurately reflects the limited range of variability and focuses on the presence or absence of these critical operational components.

Score	Label	Details
0.00	Action Needed	A submission of 0.0 on the rubric indicates "Action Needed." The CDC lacks adequate processes or initiatives to address this activity.
1.00	In Progress	A submission of 1.0 indicates "In-Progress" performance. The CDC has begun implementing processes to address this activity, but they are still developing or incomplete. While some progress has been made, there are significant gaps or inconsistencies in meeting the needs, and further effort is required to fully achieve satisfactory outcomes.
2.00	Satisfactory	A submission of 2.0 indicates satisfactory performance. The CDC consistently meets expectations for this activity, with processes in place that effectively address the necessary tasks.

CAPACITY ASSESSMENT SCALE

This capacity assessment scale is used to evaluate CDCs across six key areas: engagement, development, planning, marketing, partnering, and operations. Each area is measured to determine the level of capacity, providing a clear picture of strengths and opportunities for growth.

Score	Label	Details
0.00	Does not exist	A submission of 0.00 indicates that the CDC does not actively perform this activity. This could be a program that the CDC wishes to activate or one that is not part of their mission. A submission of 0.00 is not an indication of any deficiency or concern, simply a binary signifier of non-activity.
1.00	Reactive	A submission of 1.00 indicates that CDC performs some elements of this activity but with non-dedicated staff, with ad hoc measures, or without explicit and repeatable programs. These activities are seen as important by the CDC but are performed in response to community needs, urgent issues, or one-time funding. There is no standard structure or policy for operating.
2.00	Limited	A submission of 2.00 indicates that the CDC has dedicated staff that may be part-time or split between multiple activities and functions. The CDC does have programming or intentional policy to address this activity, but is not able to meet all of the needs for this element all of the time. This may include use of interns or fellows (rather than staff) or staff new to the role with limited training or experience.
3.00	Adequate	A submission of 3.00 indicates that the CDC has dedicated staff, programs and policies in place to repeatedly operate these activities. Actions are controlled and managed by the CDC and staff is expected to perform adequately. Approximately 75% of skills, talent, and capacity needed to achieve this action regularly is in-house. The CDC can, at times, be strategic in this area.
4.00	Effective	A submission of 4.00 indicates that the CDC has full capacity, consistent policy and programming, and can predictably and effectively complete nearly 100% of the activity repeatedly. Staff is trained and experienced in the work and can adjust to perform new or complicated versions of the activity. The CDC may also have more than 1 FTE performing this activity, providing capacity considered beyond the minimum needed to accomplish this goal. The CDC is consistently strategic in this activity area.
5.00	Scalable	A submission of 5.00 indicates the CDC has staff and in-house knowledge that can consistently produce quality results in this category. Unique to 5.00 is the ability for the CDC to perform greater outputs with only additional capital, without requiring more capacity. This CDC is considered a "Center of Excellence" for this activity and could perform this activity for other CDC partners through contracts and agreements without additional capacity. The CDC has aligned its activity with strategies and long term planning.

CDCS ABOVE & BELOW ADEQUATE CAPACITY

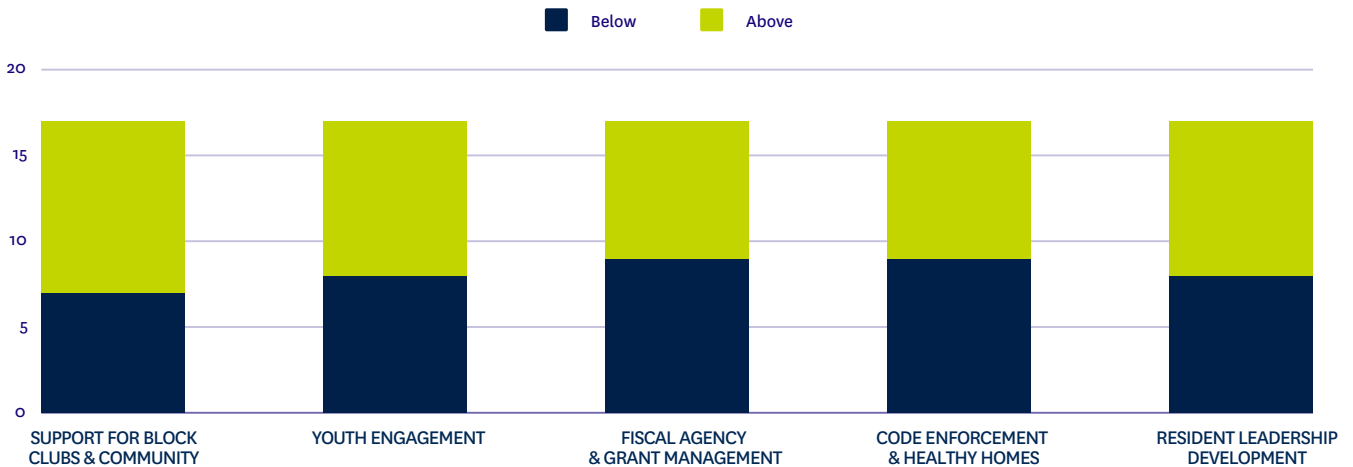
YEAR 1 CAPACITY DATA

Critical to the ARI’s effectiveness is its responsiveness to the current needs of each CDC as identified in the annual assessment. During the first year of engagement, the ARI demonstrated value to CDCs beyond the linked grants program. The initiative provides CDCs with an opportunity to fine tune their strategies around capacity grant requests and ensure the maximum impact on organizational resilience and effectiveness. These assessments also instruct CNP as we deepen our grants program and expand the offerings for technical assistance and organization development.

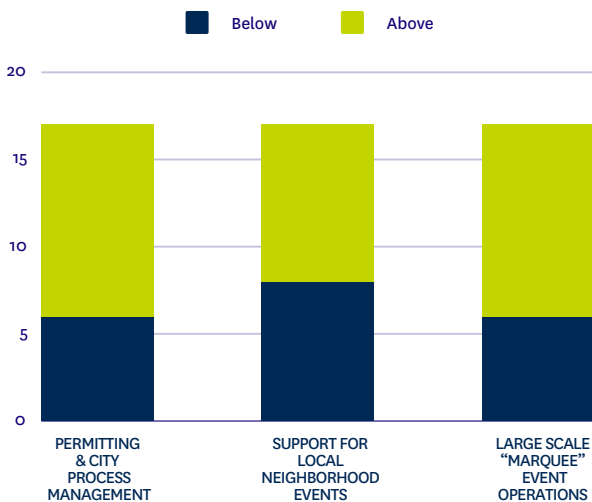
The following graphs show the split of CDCs that are currently above or below adequate capacity for each recorded metric. Adequate is determined as a 3 on the assessment scale. This network-wide data can highlight areas of need or urgency.

COMMUNITY ENGAGEMENT

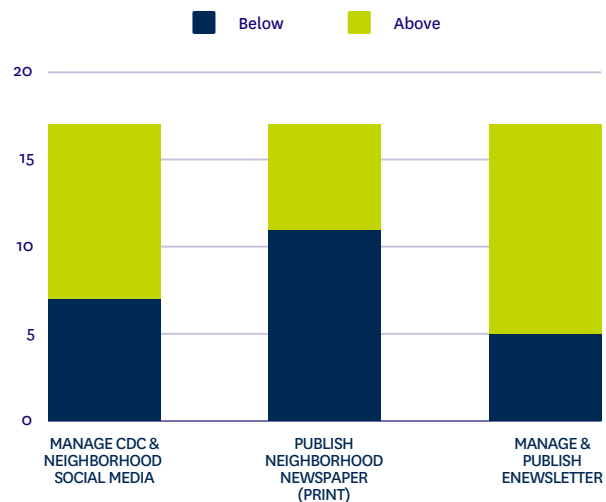
Community Organizing & Engagement



Events



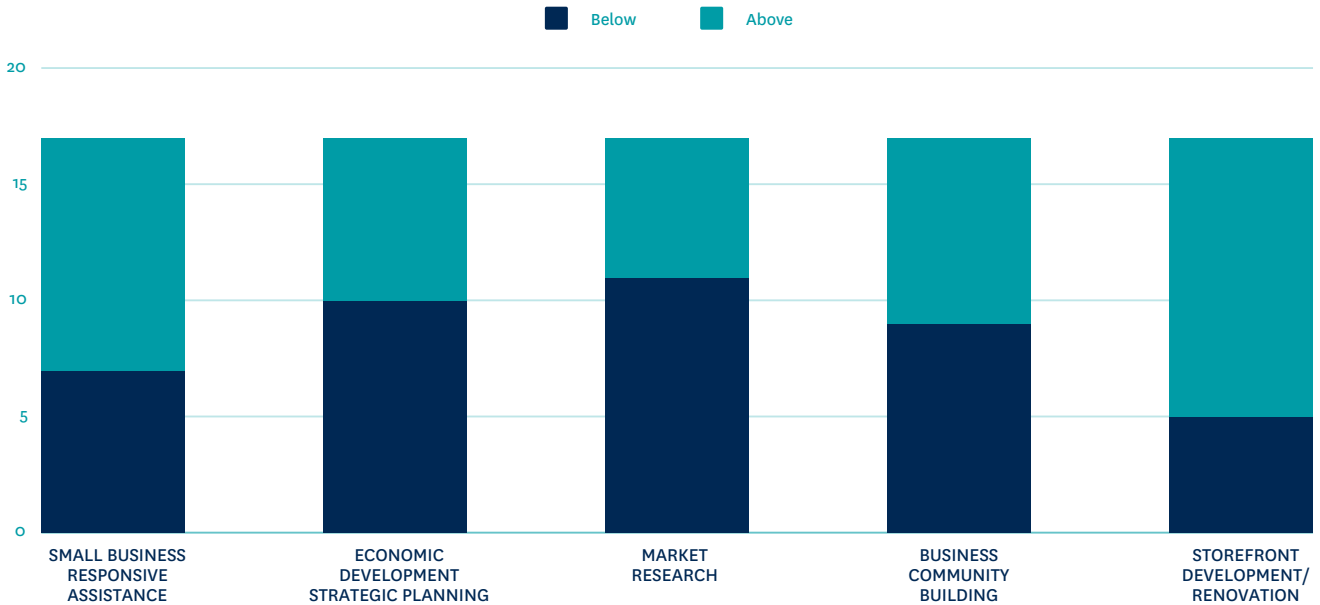
Print & Digital Communications



CDCS ABOVE & BELOW ADEQUATE CAPACITY

DEVELOPMENT

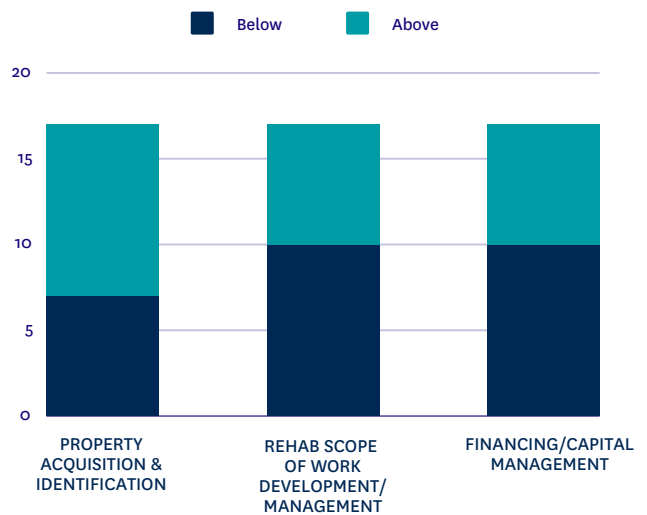
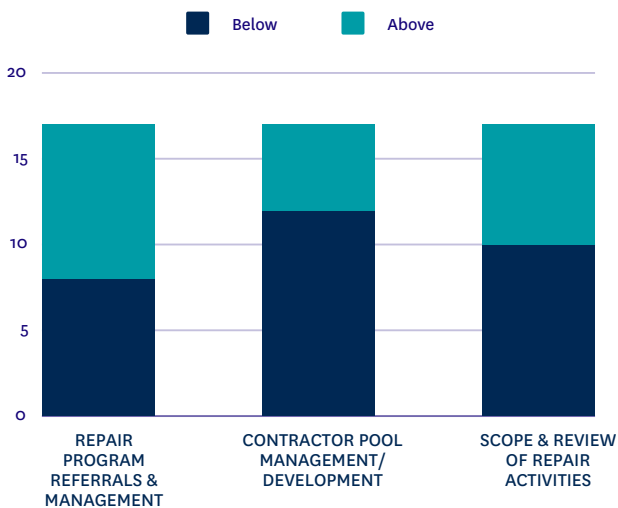
Business Technical Assistance



Housing and Business support are the central roles of a CDC and must be present at every neighborhood organization. As the main local extension of programs designed to invest in economic development, housing opportunity, and neighborhood stability, it is critical that each CDC achieves adequate and responsive capacity to do this work. The data show that CDCs have developed capacity to engage where programs exist (i.e. storefront renovation, land bank acquisition, economic development tools).

Home Repair

Real Estate



CDCS ABOVE & BELOW ADEQUATE CAPACITY

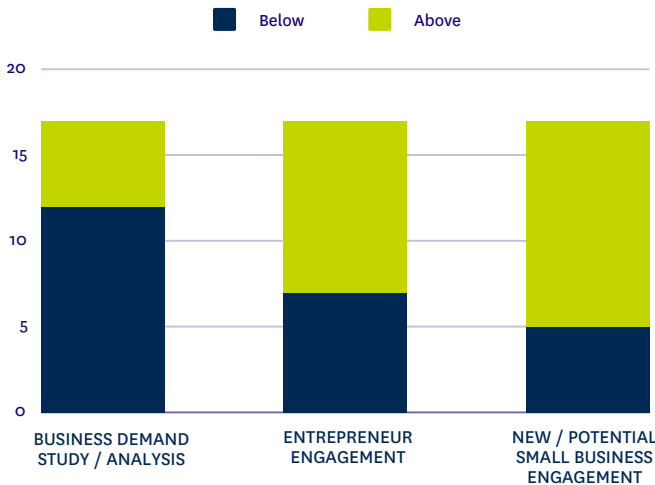
MARKETING

Resident Attraction

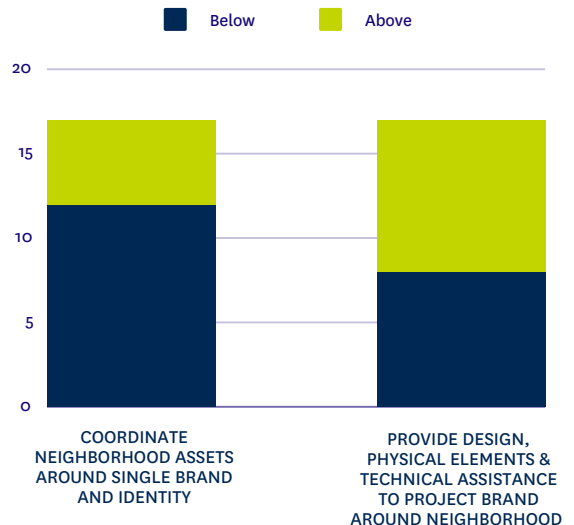


Common belief is that CDCs are relatively strong in marketing activities. The empirical data illustrates a contrary perspective, however, that shows CDCs are limited in their capacity to engage in effective and strategic marketing activities. This is a residual effect of the historically intertwined responsibilities between community engagement staff and communications role. The Advancement Model positions marketing activities as core and essential to be an effective CDC.

Business Attraction



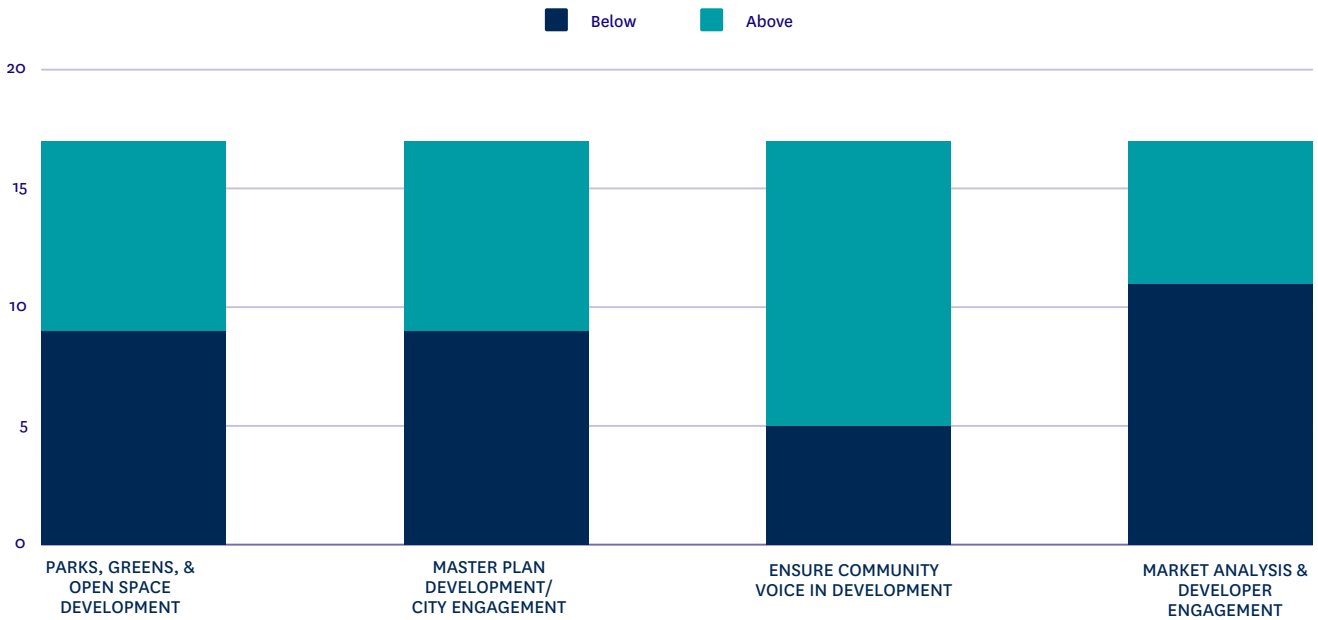
Neighborhood Branding



CDCS ABOVE & BELOW ADEQUATE CAPACITY

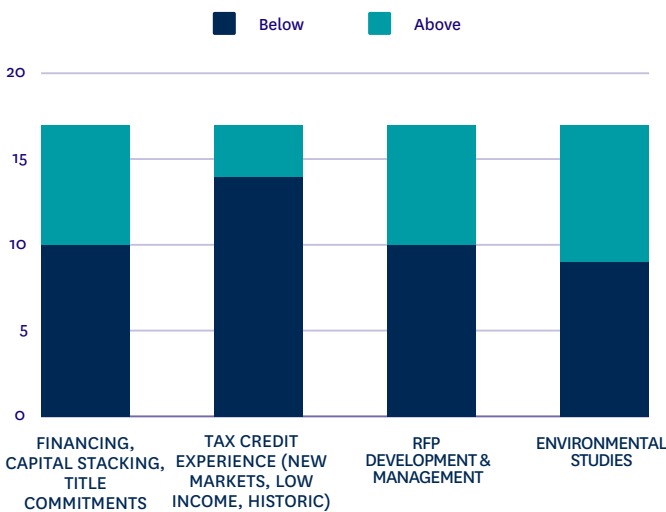
PLANNING

Neighborhood Plan Implementation



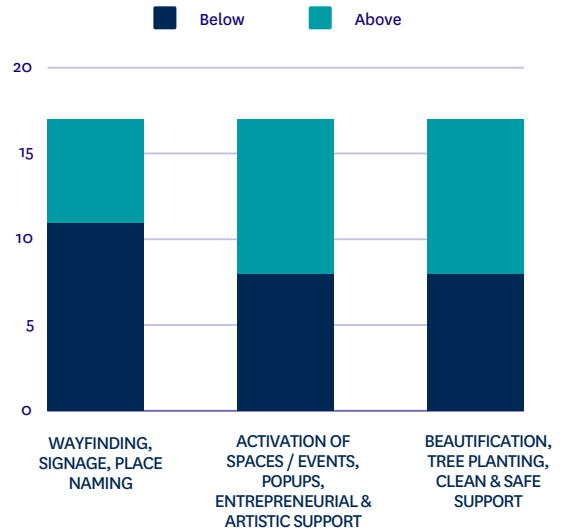
Nearly half of all CDCs provide inadequate capacity to ensure that all main functions of neighborhood planning are achieved. This is connected to another interesting finding: fewer than half of CDCs have a planning-focused position on full time staff. There is an opportunity for CNP to work with CDCs on a shared service around professional planning services.

Pre-Development



In-house tax credit experience is another area related to planning and development to be examined for scaling and sharing.

Placemaking

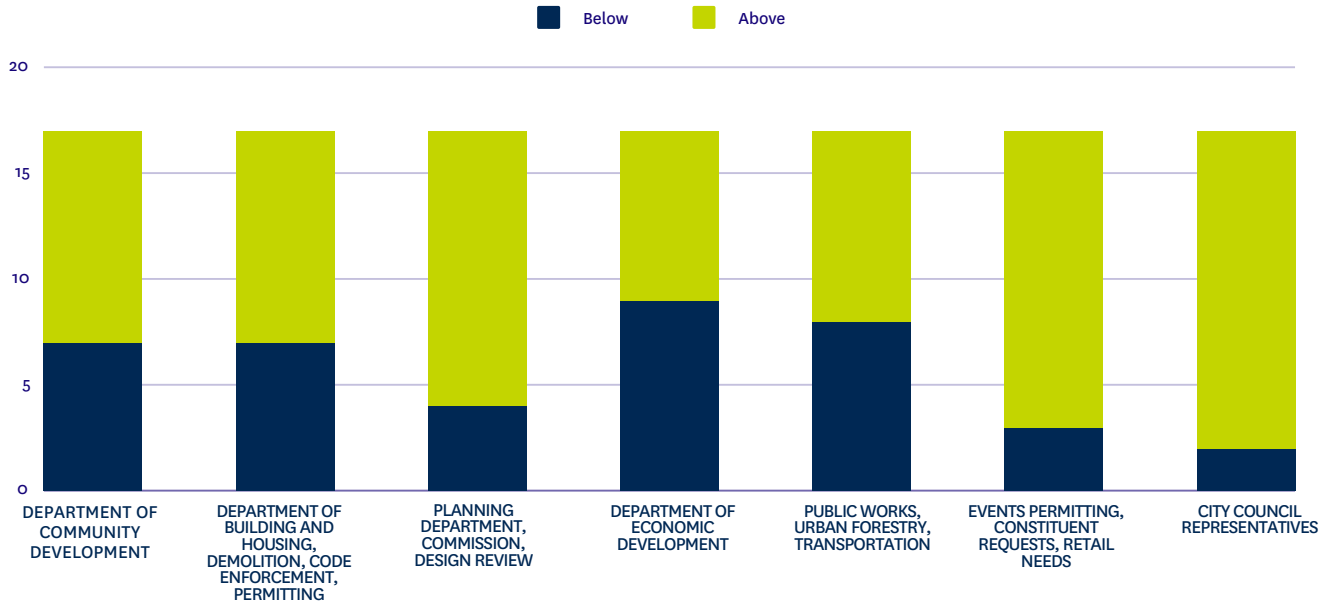


64% of CDCs reported not having adequate capacity to manage place-naming activities. This is a competency related to marketing and community engagement efforts.

CDCS ABOVE & BELOW ADEQUATE CAPACITY

PARTNERING

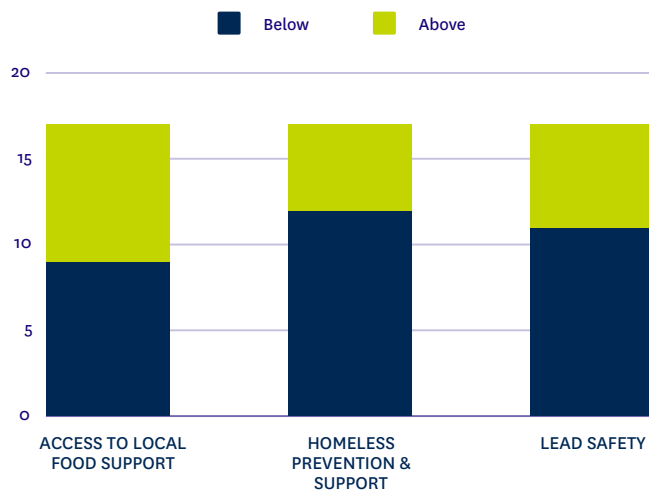
City Engagement



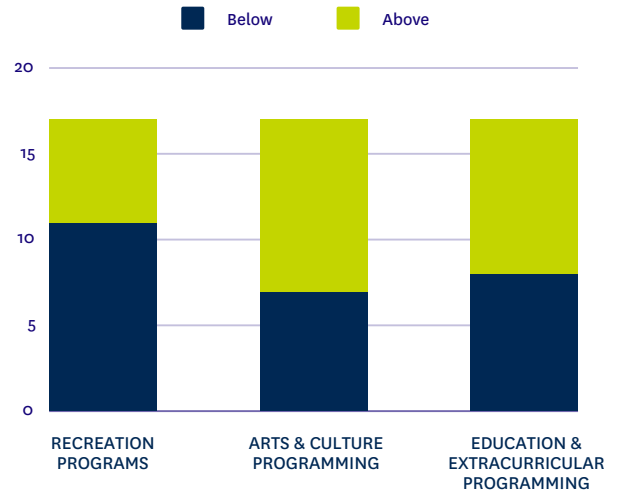
Most CDCs are still not confident in their engagement with core development departments at Cleveland’s City Hall. It is unsurprising that CDCs feel well-engaged with City Council and Events permitting services, since CDCs are the main neighborhood partner for events. However, further work is necessary to develop connections are fluid and responsive throughout City Hall.

Additionally, CDCs express confidence in their ability to deliver impactful arts, culture, and educational programming, which suggests consistent partnerships for enhancing quality of life within these areas. However, social service brokering is an underdeveloped area; CDCs must be able to disengage from directly leading social services and instead rely on and support the development of responsive program partners.

Social Service Brokering



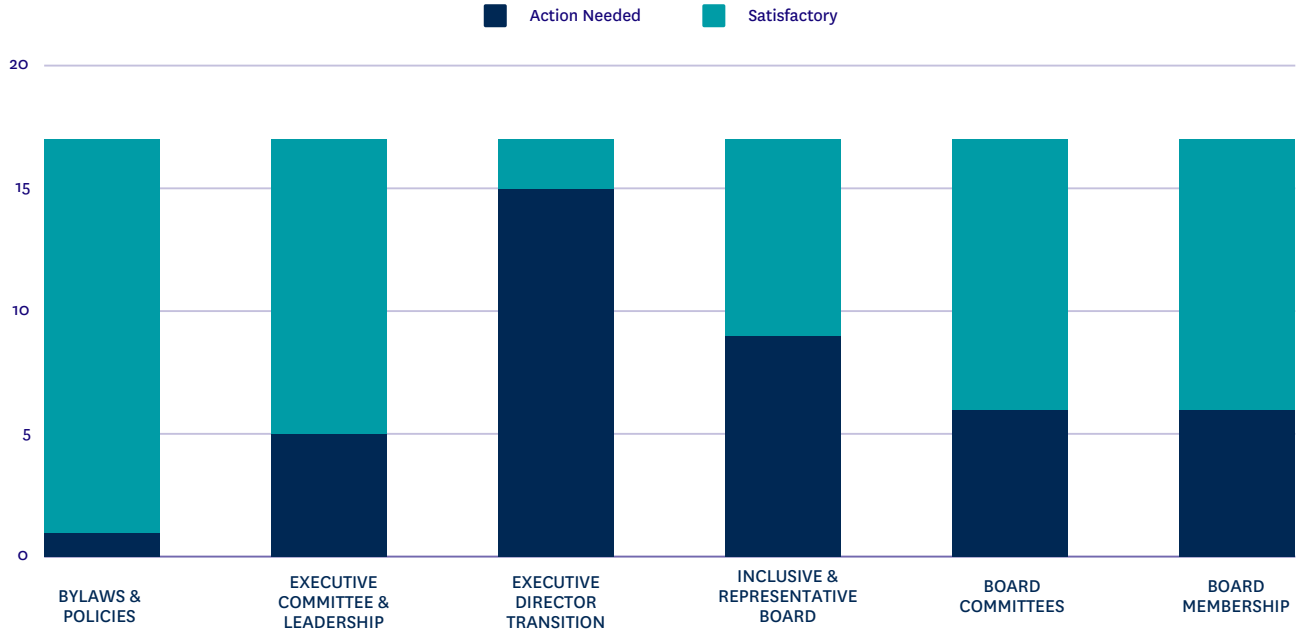
Network Weaving



CDCS ABOVE & BELOW ADEQUATE CAPACITY

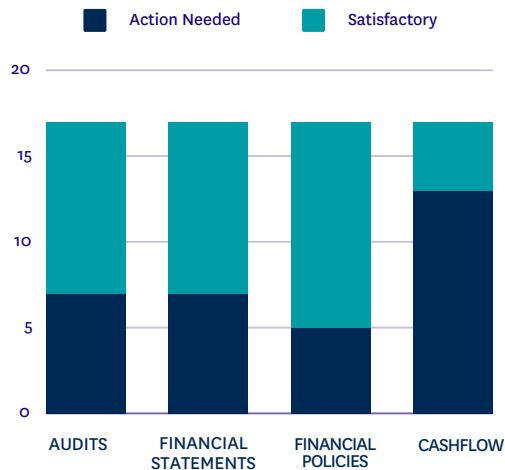
OPERATIONS

Board Governance

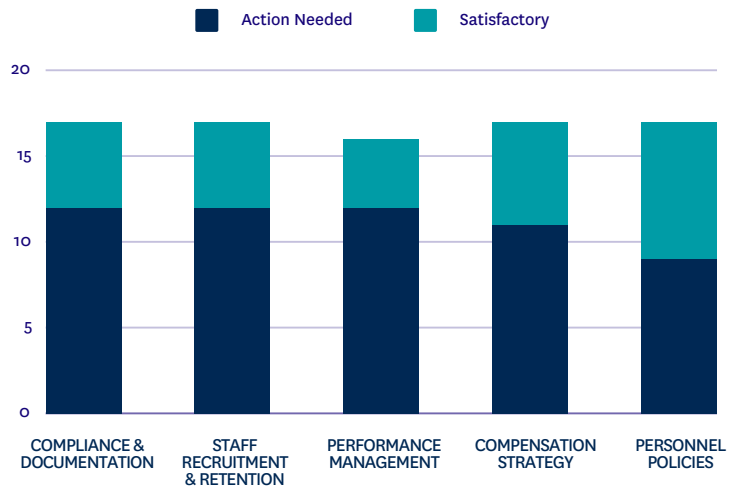


The network has significant deficiency in executive director transitions, cashflow, and nearly all human resource categories. There is an urgent need to ensure all CDCs have board leadership and Executive Director succession plans in place, and this data has directly informed our ARI Year 2 support for operations support. Since each of the operations categories are critical to operational stability, CNP considers “action needed” for these categories before a CDC can focus on broader programming or staffing.

Fiscal Responsibility



Human Resources



ADVANCEMENT & RESILIENCE INITIATIVE FUNDING

ARI Grants are generously supported by:

The Cleveland Foundation
Enterprise Community Partners
The George Gund Foundation

Jack, Joseph, and Morton Mandel Foundation
KeyBank Foundation
Rocket Community Fund

CDC ADVANCEMENT AND RESILIENCE TEAM

The CDC Advancement & Resilience Committee supports CNP staff in achieving the first priority of the CNP strategic plan: To ensure that CDCs have the financial resources, talent, industry expertise and technical assistance they need to effectively serve their neighborhoods, continuously improve, and sustain operations over time.

CDCAR Board Committee

Ayonna Blue Donald, *Enterprise Community Partners*
Eric Fiala, *KeyBank Foundation*
Keisha Gonzalez, *The Cleveland Foundation*
Jill Gordon, *Cleveland State University*
Laura Grannemann, *Rocket Community Fund*
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2023-2024 Report