

**Nonprofit Advocacy and Funding Intermediaries:
Competing with State Actors to Distribute Federal Grants**

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Jill Nicholson-Crotty

and

Sean Webeck

School of Public and Environmental Affairs

Indiana University

Abstract

In recent years, scholars have spent considerable effort attempting to define and classify the types of activities that should be considered nonprofit advocacy. Most of the descriptions of advocacy focus on influencing policy or elite decision makers often through the education or mobilization of citizens in order to change outcomes for or protect the rights of a specific group. Even with these efforts, very recent work has argued that the subject continues to “resist scholarly analysis” because it is difficult to define, measure, and quantify the effects of advocacy. Despite these challenges, continued efforts to rigorously categorize and analyze nonprofit advocacy are important because this is one of the key roles that these organizations fill for both their clients and society.

This study contributes to this growing body of knowledge in three ways. The first of these is through the focus on an underexplored form of advocacy. Specifically, we demonstrate that the role of grant intermediary, particularly those instances when a nonprofit completely replaces the state in that role, is best understood a form of advocacy. Second, we demonstrate that the policy environment plays a key role in determining when NPOs choose to occupy the role of funding intermediary, and engage in political advocacy more generally. Finally, the paper offers a rigorous empirical analysis of the impact of NPOs engaging in this type of advocacy.

The paper focuses on the distribution of title X Family Planning grants to the American states and, specifically, on the variation across states in the types of organizations that receive and redistribute these funds. Central to this paper is the argument that, when 501(c)(3) organizations choose to become the state entity for receiving and distributing Title X funds within a state, it is a form of political advocacy. That argument will be built primarily from interviews with and other qualitative evidence regarding domestic reproductive health NPOs that have chosen to occupy this role. The paper then analyzes data from the American states between 1995 and 2014, using a two-way fixed effects model, to test 1) the impact of the reproductive health policy environment on the likelihood that a nonprofit organization takes over the role of primary Title X recipient and 2) the impact of nonprofit intermediaries on the total amount of Title X funding received by each state annually.

**Nonprofit Advocacy and Service Provision:
Competing with State Actors for Federal Grants**

In recent years, scholars have spent considerable effort attempting to define and classify the types of activities that should be considered nonprofit advocacy. Most of the descriptions of advocacy focus on influencing policy or elite decision makers often through the education or mobilization of citizens in order to change outcomes for or protect the rights of a specific group. Even with these efforts, very recent work has argued that the subject continues to “resist scholarly analysis” because it is difficult to define, measure, and quantify the effects of advocacy (Pekkanen and Smith 2014). Despite these challenges, continued efforts to rigorously categorize and analyze nonprofit advocacy are important because this is one of the key roles that these organizations fill for both their clients and society.

This study contributes to this growing body of knowledge in three ways. The first of these is through the focus on an underexplored form of advocacy. Specifically, we argue that the role of grant intermediary, at times completely replacing the state in that role, is best understood a form of advocacy. Second, we argue that it is crucial to understand the relevant policy environment if we want to understand the conditions under which NPOs engage in political advocacy generally and, choose to occupy the role of funding intermediary specifically. And finally, the paper offers a causal analysis of the impact of NPOs engaging in this type of advocacy.

The paper focuses on the distribution of title X Family Planning grants to the American states and, specifically, on the variation across states in the recipients of these funds. Central to this paper is the argument that, when 501(c)(3) organizations choose to become the state entity for receiving and distributing Title X funds within a state, it is a form of political advocacy. That argument will be built primarily from qualitative evidence regarding domestic reproductive

health NPOs that have chosen to occupy this role. It will then analyze data from the American states between 1995 and 2014 to test the 1) impact of the reproductive health policy environment on the likelihood that a nonprofit organization takes over the role of primary Title X recipient and 2) the impact of nonprofit intermediaries on the total amount of Title X funding received by each state annually.

Advocacy in the Literature

As noted above, how to define nonprofit “advocacy” has been an ongoing discussion in the literature. Pekkanen and Smith (2014) define it as “the attempt to influence policy either directly or indirectly.” Others offer a conscientiously broader definition suggesting that it is “any attempt to influence the decision of any institutional elite on behalf of a collective interest” (Jenkins 2006). Schmid et al. (2008) cast an even wider net, “suggesting that advocacy encompasses activities aimed at influencing the social and civic agenda and at gaining access to the arena where decisions that affect social and civil life are made, as well as activities aimed at persuading policy makers to support favorable policies.”

Regardless of the assumed motive (agenda setting, policy change, etc.), scholars have classified a fairly variety of activities as “advocacy.” These can include activities identified by the IRS as lobbying, such as directly contacting lawmakers or mobilizing citizens for policy change. It could also include contacting agency officials in what is often termed administrative lobbying (Nicholson-Crotty 2009). It encompasses activities such as testimony at state and federal legislative hearings (Goss 2014) and less targeted activities, such as “conducting research on public problems” or “writing op-ed pieces on issues of public policy” (Salamon and Gellar 2008). Coalition formation and collaborations among nonprofit organizations have also received attention as a form of advocacy (see Boris and Krehely 2002; Boris 2012). These activities are

used to garner funds and attention, provide legitimacy, and protect organizations from political and economic hardship (Alexander 2000; Kramer 2000; Smith 2010). Public education and outreach efforts are also considered advocacy, though the degree to which they are directly focused on policy change influences how easily they fit into the various definitions used by authors (Devita et al 2014). Research does suggest, however, that these are the types of activity that nonprofits are most comfortable admitting to (Berry and Arons 2003).

Additionally, previous work has suggested a relationship between government grants and advocacy activity. Some of this research has focused on the degree to which the receipt of grants increases the incentives for NPOs to advocate (Chavez et al. 2004; Mosley 2010; Mosley 2014). Other work has investigated the ways that advocacy coalitions attempt to change the character and requirements of grant awards by negotiating with and providing feedback to grant makers (Boris and Maronick 2014). Finally, Mosley (2012) has examined the ways in which intermediaries, defined as organizations that coordinate activities and distribute resources and information (Shea 2011), structure advocacy opportunities for other organizations.

This paper attempts to extend this focus on grants and advocacy by exploring the degree to which nonprofit organizations take on the role of funding intermediary between federal granting agencies and local 501(c)(3) and government service providers in order to increase access to services for their clients. Despite the fact that the literature has not explored this type of advocacy, there is some evidence that it may be important. A recent article in *Nonprofit Quarterly* highlighted the important role that social service nonprofits play as advocates and intermediaries in politically conservative states that rely heavily on federal grants to fund the social safety net (Cohen 2014). NPQ has also written on the “increasing governmental reliance

on nonprofit intermediaries to deliver big, government-scale programs through networks of local and regional nonprofits” (NPQ 2009).

This paper explicitly focuses on instances when reproductive health NPOs take over the distribution of Title X funding from state agencies, including discussion of the reasons why this type of activity is best understood as advocacy, the influence of the state-level policy environment on these decisions, and the impact nonprofit intermediaries have on the amount of grant funding available within each state. First, however, it is important to describe the programmatic context by reviewing the major features of the Title X Family Planning Program.

Title X Family Planning Program

The Title X program was authorized under the Family Planning Services and Population Research Act of 1970 (Public Law 91-572) “to assist in the establishment and operation of voluntary family planning projects which shall offer a broad range of acceptable and effective family planning methods and services.” The program is designed to provide contraceptive supplies and information to all people who need them, but with priority given to low income persons. Title X funds may not be used in programs where abortion is a method of family planning.

The Title X Family Planning Program is administered by the Office of Population Affairs (OPA), Office of the Assistant Secretary for Health (OASH), within the U.S. Department of Health and Human Services (HHS). OASH is responsible for facilitating the process of evaluating applications and setting funding levels. In fiscal year 2013, the program received approximately \$278.3 million in funding.

Title X grants do not have formal pass-through requirements because they mandate that applicants detail the degree to which funds will be used to deliver services directly or used to

fund activities by subrecipients. The biggest share of these grants, however, are received by a state-level intermediary and sent to subrecipients. State and local governments, regional entities, and public and private nonprofit organizations are eligible to be both prime and sub recipients of these grants. In 2013, OPA awarded funds to 95 grantees who, in turn gave funds to 1181 primarily local government and nonprofits subgrantees. Between 1995 and 2014, a plurality of states received 1 award, though in larger states there were frequently multiple awards. In multiple award states, the biggest number received 1 large award designed to provide services state wide and several smaller awards to local or regional entities. Single large awards were most likely to go to state agencies, particularly early in the study period. In a small number of states, OPA made major awards to both a state agency and nonprofit organizations. Most importantly from the perspective of this study, however, is the fact that between 1995 and 2014 the number of states in which a nonprofit organization became the only major recipient of Title X funds increased by 100%.

Title X and Advocacy

An examination of the accounts of the organizations that took over the role of funding intermediaries from state agencies, leaves little doubt that they view this activity as advocacy. For example, the Missouri Family Health Council (MFHC) was a relatively early mover into the role of Title X intermediary, becoming the only major recipient of these funds in Missouri beginning in 1998. In 2014, MFHC received almost \$5 million in federal funds, which it distributed to 18 “partner organizations” including both county health departments and nonprofit reproductive health providers. The organization’s vision “to be the Missouri leader and advocate that ensures quality comprehensive reproductive health care and education for all those in need

of services” makes it clear how they perceive their role as the state’s Title X funding intermediary (MFHC 2014).

A similar nonprofit takeover recently occurred in Texas. Historically, the Texas State Department of Health distributed both state family planning and Title X dollars to subrecipients around the state. By 2011, however, significant cuts to state funds had caused 60 clinics to close and, at that point, the Women’s Health and Family Planning Association of Texas (WHFPT) applied for the federal dollars arguing that it could provide care to more women given the available funding (WHFPAT 2015). In March 2013, OPA announced that it was awarding the next three year Title X grant to WHFPT instead of the State. Following the award, the CEO of WHFPT told the Austin Chronicle that “money would be allocated based only on the ability to efficiently serve as many women as possible – a strategy that the state seems to have abandoned.” “No one is going to be excluded based on any political consideration,” she continued. “When you're not beholden to the Legislature, or to politicians calling you and saying, 'Do this, do that,' when you don't have anything else to consider, it's pretty simple: getting women served” (Austin Chronicle 2013)

As a final example of nonprofits taking over the role of Title X intermediary to ensure access to reproductive care to women in their states, we can look to the case of New Hampshire. In 2010, OPA awarded a Title X contract to the New Hampshire Department of Health and Human Services (NHDHHS) based on its promise to provide reproductive health services to all counties in the state. The next year, however, the state cancelled its contract with Planned Parenthood of Northern New England (PPNNE), the subrecipient who was the sole provider for over half the state. In turn, PPNNE sought the Title X contract directly from OPA

and was awarded the majority of the funds that had previously gone to the state government (PPFA).

The Importance of the Reproductive Health Policy Environment

These anecdotes suggest not only that nonprofits view the role as Title X intermediaries as advocacy, but also that the policy environment is a significant driver of that activity. The empirical advocacy literature has focused heavily on the role of organizational characteristics in the decision of individual nonprofits to advocate and the capacity and resources that collaboration can contribute to that effort. It has also examined the role of identity and mission in the advocacy decision, as well as the choice of tactics and venues (see Almog-Bar and Schmid 2014 for a review). Interestingly, however, the policy environment has not been a key feature of many empirical studies of advocacy.

This is surprising because scholars have been arguing for some time that variation in the policy environments across nonprofit fields may have a significant impact on activities, including advocacy. For example, Child and Gronbjerg (2007) suggest that fields, such as environmental, characterized by powerful industries and significant regulation should stimulate more advocacy activity. Similarly, Sandfort and Stone (2009) suggest that understanding the “policy field” is crucial to understanding the prevalence and success of advocacy. In very recent work, Pekkanen and Rathgeb Smith (2014) find empirical support for the hypothesis that organizations in the health, education, and professional fields will be more likely to advocate because of the policy and resource environments in those fields.

In addition to differences in policy environment *across* fields there is very likely to be variation *within* a given field depending on the ideological and governance characteristics of a particular location or level of government. Nicholson-Crotty (2007; 2009) has demonstrated that

this within field variation has a significant impact on both legislative and administrative lobbying. Specifically, she finds that reproductive health organizations are more likely to engage in both legislative and administrative lobbying “when the policy environment restricts their ability to deliver services.” Regardless of the definition they are using, scholars consistently assume that advocacy activities are intended to improve services or secure additional benefits for a client group. For this reason, it seems reasonable to argue that such activities, even among organizations in a single field, are more likely to occur in policy environments that threaten those services or benefits.

Based on this argument, we offer the following hypotheses regarding Title X intermediaries. First, nonprofit organizations are more likely to serve as the primary Title X intermediary in states where the policy environment is hostile to reproductive health care for women (Hypothesis 1). If analyses provide support for that assertion, it suggests that nonprofits are more likely to step in in places where the state has a low level of commitment to providing the services funded by federal family planning funds. Because Title X funds are project or application based, rather than formulaic, this suggests that the amount of these dollars awarded to a state should increase when a nonprofit replaces the state as the primary funding intermediary (Hypothesis 2).

Data, Variables, and Methods

We test these hypotheses in analyses of Title X recipients and funding levels in the states between 1995 and 2013. There are two dependent variables, including a dichotomous indicator coded 1 when a nonprofit organization is the only state-wide Title X intermediary within a state and 0 otherwise. The excluded category includes cases where the state is the sole intermediary and where the state and NPOs both control a meaningful portion of Title X dollars. The results

reported below, however, are robust to a coding scheme which includes any state where a nonprofit receives more than 50% of the federal grant as a nonprofit intermediary state.¹ The second dependent variable is the amount of Title X funding per capita awarded to each state annually. Data on Title X funding and recipients is gathered from the *Tracking Accountability in Government Grants System (TAGGS)*. This is a reporting tool developed by the Department of Health and Human Services, Office of Grants and Acquisitions Policy and Accountability. All eleven of the HHS Operating Divisions store their information in this repository.

The key independent variables and estimators differ somewhat depending on the analysis. In the model of Title X recipients, the independent variable needs to capture the policy environment. Because these are reproductive health and family planning organizations, we include an index of state-level reproductive health policies created by the National Abortion Rights Action League (NARAL). NARAL is the leading national interest group concerned with reproductive rights and the index has been validated in previous studies (see for example Nicholson-Crotty 2007; 2009). NARAL's state scoring system is a weighted additive index of state-level reproductive health policies and provides the most comprehensive measure of the reproductive health policy environment within the states.

As an example of the components of the index, NARAL assigned Alabama a failing grade in 2001 because the state had bans on certain reproductive health procedures, mandatory waiting periods, a counseling ban, a physician-only restriction, a public funding restriction, a restriction on minors' access to reproductive health, regulations for reproductive health service providers more stringent than those for other medical professionals, and no institutionalized protections against violence for reproductive health clients. Alternatively, California received an

¹ In this set of years, it was only Ohio and New Jersey where state-wide Title X dollars were awarded to both a state agency and a nonprofit organization.

A because it did not ban any procedures or the dissemination of information, protected clinic patients against violence, publicly funded abortions and other reproductive health services, and offered more specific constitutional protections of a woman's right to choose than does the federal constitution.

The measure is available annually in a report published by the organization and titled "Who Decides: A State-by-State Report on the Status of Women's Reproductive Rights". The report assigns grades from F to A, but the variable included in subsequent models is a count ranging from a value of 1 for the most negative policy environment (F) to 12 for the most positive policy environment (A).² We expect the measure to correlate negatively with probability of a state having a nonprofit as the sole Title X intermediary.

Because the nonprofit recipient variable is dichotomous, this first model is estimated as a random effects probit model, with standard errors robust to heteroskedastic variance. The model also includes the linear and square function of time in order to control for the possibility that nonprofit organizations have become more likely to occupy the role of Title X intermediary over time.

The key independent variable in the model of Title X funding levels is the indicator of an exclusive state-wide nonprofit funding recipient. We expect that Title X funding will go up in states where an NPO takes over as the grant intermediary. In order to test this assertion, we estimate a generalized difference-in-difference model. As is customary in these estimators, the model includes an indicator of the treatment, as well as state and year fixed effects and a vector of controls. In the presence of the 2-way fixed effects, the coefficient on the treatment indicator, in this case nonprofit recipient, represents the impact of the intervention.

² More recent score cards have an A+ grade, but these have been collapsed with A grades to remain consistent across time.

The models discussed above also include a set of control variables in order to account for alternative explanations for the individual dependent variables. The first model includes variables designed to capture the robustness of the third sector generally within a state. Specifically, the model includes measure of the density of nonprofit organizations within a state relative to population and the assets controlled by the third sector, again normalized by state population. The literature on advocacy by individual organizations suggests that capacity is positively related to that activity and we expect that each of these state-level measures of third sector capacity will correlate positively with the likelihood that an NPO will become the state-wide intermediary for Title X funds. That model also includes a measure of state personnel resources, based on the insight from the literature that states might lose the Title X contract because they lack grant application capacity. Specifically, it includes state fulltime equivalent positions per capita, which should be negatively correlated with the presence of an NPO intermediary.

Both models include a standard set of state characteristics including poverty, population, state wealth, and ideology, though these are theoretically more relevant to the model of Title X awards. This grant gives explicit preference to service provision projects targeted at low-income persons. As a result, we expect that states with a higher poverty rate will secure more Title X money, all else equal. Similarly, more liberal states and those with more state wealth will be willing and able to maintain a larger social safety net, including low-income reproductive health care, and are more likely *ceteris paribus* to apply for a great number of federal dollars to augment that more robust system. Alternatively, the biggest states tend to receive the lowest amount of grants per capita across all categories of program; so we expect that total population will be negatively correlated with Title X funds per capita.

Findings and Discussion

The findings from the model of Title X administrators is presented in Table 1. The control variables performed as expected with third sector density and wealth both being positively correlated with the probability that a nonprofit organization would become the only recipient of state-wide Title X dollars. Alternatively, state capacity, measured with personnel resources, was negatively correlated with the presence of a nonprofit intermediary.

The variable measuring the policy environment was also significant and in the expected direction. The negative coefficient suggests that nonprofits become more likely to be the primary Title X recipient in states that restrict access to reproductive health care and family planning services. The size of the coefficient suggests that each 1 letter grade increase in the NARAL score is associated with a .01 drop in the predicted probability of a nonprofit organization being the primary Title X intermediary. A more intuitive way to think about the effect of the reproductive health policy environment is to look at the predicted probability of having a nonprofit intermediary across the range of the NARAL. That plot is presented in Figure 1 and suggests that, in states with very restrictive policy environments, the likelihood of having a nonprofit administering Title X funds is about .25. However, in states that provide the best access to reproductive health and family planning services, that probability drops 45% to .14.

These results provide significant support for the first hypothesis. A restrictive policy environment is associated with a greater likelihood of having a nonprofit organization step in as the primary Title X intermediary within a state. This is consistent with the argument that this activity is a form of advocacy and related, at least in part, to conditions in the policy environment.

The results from the difference-in-difference model of Title X allocations are presented in Table 2. The model performs relatively well, explaining 43% of the variation in the dependent variable. The controls also behaved basically as expected, with the poverty rate and state wealth being positively associated with the amount of grant funding per capita coming into each state annually. In this case, the real coefficient of interest is the one on the indicator of nonprofit grant intermediary. It is positive and significant, suggesting that having a nonprofit as the sole recipient of the state-wide Title X contract increases the amount of grant funding coming into the state. Substantively, the result suggests that an NPO grant intermediary increases the amount of Title X funding by about .25-standard deviation. That translates to an average of \$1.6 million in additional funding per state.

This finding provides strong evidence for the second hypothesis offered above. The difference-in-difference estimator is identifying on only those states where a nonprofit replaces a state as the primary intermediary and suggests that, when that happens, it causes the amount of Title X funding coming into the state to increase. This is consistent with the argument that when these organizations step in to advocate for better access to reproductive care of low income citizens they more actively pursue the grants needed to provide that care than did the state regime they replaced.

Conclusion

The effort to define and classify nonprofit advocacy has intensified in recent years and scholars have gained significant insight into this important function. This paper has sought to contribute to that effort by investigating a potential form of advocacy that has not received significant attention, emphasizing the importance of the policy environment, and offering causal evidence for the impact of advocacy activities. Qualitative evidence from battles over Title X

contracts suggests the nonprofit organizations that replace state agencies as the primary funding intermediary for this federal grant program view themselves as advocates, focused on increasing access to reproductive health and family planning services in their states. Empirical analyses confirm that nonprofits are 1) more likely to step in as grant intermediaries when a restrictive policy environment threatens access to these services and 2) more active in bringing in federal funding once they take control of state-wide Title X contracts from state agencies.

These results extend our understanding of advocacy in a couple of ways. First, they build upon recent work which suggests that NPOs can advocate for client needs by negotiating with state actors to influence the character of grant-in-aid programs. Our findings suggest that, when negotiations break down, nonprofit organizations may just by-pass the state and take over the management of a grant program directly. Second, the results contribute to a growing awareness of the importance of field in the study of nonprofit behavior. Existing work has argued convincingly that things like advocacy look different depending on we are looking at an arts or an environmental organization because, in part, of differences in the policy environment across those fields. This study argued that we should be attuned to differences in the policy environment across place, as well. It demonstrates empirically that these differences have a significant impact on the advocacy behavior of organizations from the same field.

Figure 1: Effect of Policy Environment on Probability of Nonprofit Title X Intermediary

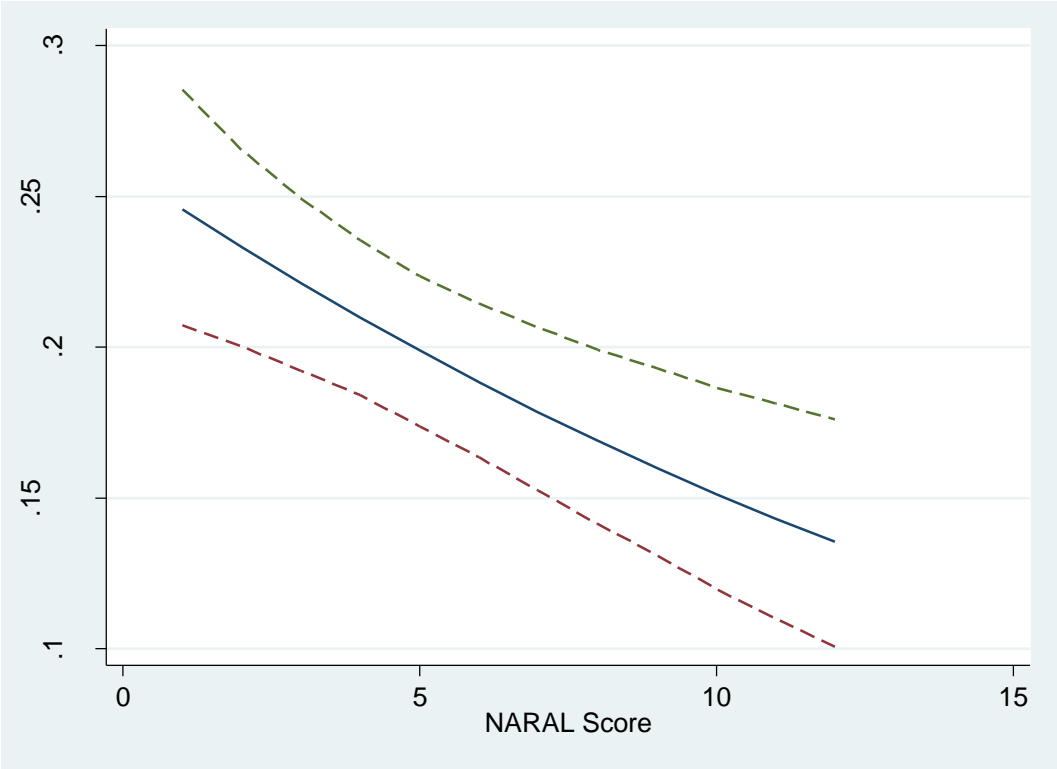


Table 1: Effect of Policy Environment on Probability of having a Nonprofit Title X Intermediary, 1995-2014

	Coefficients
NARAL Score	-0.0369** (-2.80)
Population	2.65e-08** (3.08)
Ideology	-0.0121** (-2.95)
Gross State Product	4.682 (0.62)
NPO Density	915.2*** (6.14)
State Personnel	-98145.8** (-3.25)
NPO Wealth	9.93e-08*** (5.69)
Time	0.00000206 (0.65)
Intercept	-9.781 (-0.77)
N =	987

t statistics calculated with robust standard errors in parentheses

* p<0.05 ** p<0.01 *** p<0.001

Table 2: Effect of Nonprofit Intermediary on Title X Allocations to the States, 1995-2014

	Coefficients
Non Profit Intermediary	0.185* (2.00)
Population	3.21e-08 (1.07)
Ideology	-0.00225 (-0.84)
Gross State Product	21.05*** (3.67)
Poverty	0.0241 (1.91)
Intercept	0.187 (0.60)
N =	987
R ² =	0.43

Model includes state and year fixed effects. t statistics calculated with robust standard errors in parentheses. * p<0.05 ** p<0.01 *** p<0.001

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