

Survey of CDFIs to Gather Feedback on the Effectiveness of the Programs of the CDFI Fund of the U.S. Department of the Treasury

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 1559-XXXXX

Survey of Community Development Financial Institutions to Gather Feedback on the Effectiveness of the CDFI Fund of the U.S. Department of the Treasury

Prepared by Abt Associates Inc.

Introduction

Thank you very much for participating in this important study of Community Development Financial Institutions. Your participation in this study will provide important information that will be used to evaluate the effectiveness of Financial and Technical Assistance provided by the CDFI Fund (the "Fund") of the U.S. Department of the Treasury, through its CDFI Program, and may also help shape future efforts undertaken by the CDFI Fund.

This survey is being conducted by Abt Associates Inc. under contract with the CDFI Fund. The questions included in the survey have been reviewed by the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1965 (OMB Control # _____, expiration date _____). The estimated time to complete this survey is 30 to 60 minutes, depending upon the degree of your prior involvement with the CDFI Fund. Participation in this Government-sponsored survey is voluntary. It is the intent of the CDFI Fund to encourage open and candid responses. Therefore, subject to applicable law, the CDFI Fund intends that Abt Associates not release identifying information about respondents to the CDFI Fund. Further, subject to applicable law, the CDFI Fund will not release the names or other identifying information, or confidential commercial or financial information, for either individuals or organizations that respond to this survey.

To begin the survey, simply click the "Next" button below. Each screen will provide you with an opportunity to save your results and to complete the survey at a later time. To resume the survey you will be asked to re-enter your username and password. If you would like to review or complete the survey on paper, please print off the pdf version attached below.

If you have any questions regarding the study please contact the CDFI Study at Abt Associates Inc. by phone at 1-800-xxx-xxxx or by e-mail at: studyemail@abtassoc.com.

[PROGRAMMER: INSERT "NEXT" BUTTON HERE, AND ADD PDF FILE AT BOTTOM OF SCREEN]

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Section A. Basic Respondent and Organization Information

- A1. In case we need to follow up with you to clarify any responses, please provide the following contact information:
- a. Name of person completing the survey: _____
 - b. Title: _____
 - c. Organization Name: _____
 - d. Phone number: _____
 - e. E-mail address: _____

- A2. Which of the following best describes your position in the organization?
- Executive Director/Director/President/CEO
 - Board Member
 - Other Full-time staff
 - Part-time staff
 - Volunteer
 - Consultant
 - Other - Please describe: _____

The following questions will be used to create categories of organizations for purposes of analyzing survey results.

- A3. Type of Entity (select one):

[PROGRAMMER: PREFILL IF AVAILABLE, ASK RESPONDENT TO VERIFY.]

- For-Profit
- Non-Profit

- A4. Type of Financial Institution:

[PROGRAMMER: PREFILL IF AVAILABLE, ASK RESPONDENT TO VERIFY.]

- Loan Fund
- Depository Institution Holding Company
- Credit Union
- Bank or Thrift (National)
- Bank or Thrift (State Chartered)
- Bank or Thrift (Federal Association or Savings Bank)
- Venture Capital Fund
- Other - Please describe: _____

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A5. Please list up to three **affiliated** or subsidiary organizations that are under the control of the responding organization:

Name Affiliate 1: _____

Name Affiliate 2: _____

Name Affiliate 3: _____

DEFINITION: An affiliated organization is any company or entity that controls or is controlled by your organization or is under common control with your organization.

A6. Year in which your organization was founded (please enter four-digit year):

A7. Earliest year in which your organization made its first loan or investment, or first provided banking or credit union services (please enter four-digit year):

A8. Please indicate the date of the end of your most recent fiscal year.

_____/_____/_____

A8a. Total assets of your organization at end of most recent fiscal year (Please enter a whole number without any abbreviation. For example, enter \$1,100,000 not \$1.1 million):

\$_____

A9. Total net assets of your organization at end of most recent fiscal year (Please enter a whole number without any abbreviation. For example, enter \$1,100,000 not \$1.1 million):

\$_____

A10. Total portfolio outstanding of your organization at end of most recent fiscal year (Please enter a whole number without any abbreviation. For example, enter \$1,100,000 not \$1.1 million):

\$ _____

A11. Total **full-time equivalent employees** at end of most recent fiscal year (including consultant/contractor FTEs):

DEFINITION: A full-time employee is anyone that works at least a 35-hour workweek. In calculating the number of full-time equivalents, part-time employees should be aggregated to full-time equivalents. For example, two part-time employees that each work 17.5 hours/week should be aggregated to count as one full-time equivalent. Include volunteers who fill regular staff positions. Exclude temporary staff and professional services conducted by third parties such as accounting, bookkeeping, and legal counsel.

A12. Please estimate the percents of the geographic area(s) served that are located in:

Major urban market (population of more than 1 million)	_____ %
Minor urban market (population of 1 million or less)	_____ %
Rural	_____ %
Total	100%

[PROGRAMMER: CHECK THAT SUM EQUALS 100. IF NOT, PROVIDE AN ERROR MESSAGE THAT TOTAL SHOULD EQUAL 100 AND INDICATE WHAT CURRENT TOTAL IS. FOR EXAMPLE: Total should equal 100%. Entered responses currently total 105%. Please review your responses.]

A13. Please estimate the percent of clients served in following categories (enter percent of clients; sum may exceed 100%):

Low-income	_____ %
Racial or ethnic minority	_____ %
Female	_____ %

DEFINITION: "Low income" is an income, adjusted for family size, of not more than: for metropolitan areas, 80 percent of the area median family income; and for non-metropolitan areas, the greater of: (i) 80 percent of the area median family income; or (ii) 80 percent of the statewide non-metropolitan area median family income.

A14. Please specify loans/investments originated during the year by value (dollar amount) for the most recent fiscal year completed or portfolio outstanding at year end across the following types of activities. The estimates shares should sum to 100%.

Business	___%
Home purchase or improvement	___%
Consumer	___%
Residential real estate	___%
Commercial real estate	___%
Community facilities	___%
Other	___%
Total	100%

[PROGRAMMER: CHECK THAT SUM EQUALS 100. IF NOT, PROVIDE AN ERROR MESSAGE THAT TOTAL SHOULD EQUAL 100 AND INDICATE WHAT CURRENT TOTAL IS. FOR EXAMPLE: Total should equal 100%. Entered responses currently total 105%. Please review your responses.]

Section B. Applications for Financial Assistance

The following questions request information regarding your organization's experience in applying for Financial Assistance from the CDFI Fund, through its CDFI Program (including the Core, SECA, or Financial Assistance components). Financial Assistance is funds provided in the form of an equity investment (including, in the case of insured credit unions, secondary capital accounts), grant, loan, deposit, credit union shares, or any combination of these. (A separate section will ask about your organization's experience in applying for Technical Assistance from the CDFI Fund.)

B1. Has your organization ever applied for Financial Assistance from the CDFI Fund?

- Yes → **Skip to B2**
- No

B1a. Why hasn't your organization ever applied for Financial Assistance from the CDFI Fund? **(Check all that apply.)**

[PROGRAMMER: THE FOLLOWING RESPONSES SHOULD BE RANDOMIZED (EXCEPT "NOT ELIGIBLE" AND "OTHER".)]

- Not aware of the availability of funding
- Use of funds is too restrictive
- Could not meet matching fund requirements
- Other sources of funds were available and easier to obtain
- Our staff did not have the skills needed to complete the application
- The level of effort required to complete the application was too high
- Felt there was too low a probability of receiving an award
- Did not need funding
- Future reporting requirements were too burdensome
- Other Please describe: _____

Skip to B1c

- Not eligible for funding → **Continue to B1b**

B1b. Why did you feel you were not eligible for funding **(Check all that apply.)**:

[PROGRAMMER: THE FOLLOWING RESPONSES SHOULD BE RANDOMIZED (EXCEPT "OTHER.")]

- Not a valid, legal, non-governmental entity
- Could not demonstrate a primary mission of promoting community development
- Do not serve an investment area or target population as required
- Could not demonstrate that the organization maintains community accountability
- Could not demonstrate development services
- Could not meet requirements to be deemed a financing entity
- Could not demonstrate that other affiliated parts of our organization met these requirements
- Other Please describe: _____

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B1c. Of the reasons you selected for not applying, which is the primary reason you did not apply? **(Select one)**

[PROGRAMMER: SHOW LIST OF RESPONSES SELECTED IN B1a.]

- Not aware of the availability of funding
- Use of funds is too restrictive
- Could not meet matching fund requirements
- Other sources of funds were available and easier to obtain
- Our staff did not have the skills needed to complete the application
- The level of effort required to complete the application was too high
- Felt there was too low a probability of receiving an award
- Did not need funding
- Future reporting requirements were too burdensome
- Other Please describe: _____
- Not eligible for funding

Skip to B20

B2. Was your organization ever successful in an application for Financial Assistance from the CDFI Fund?

- Yes
- No → **Skip to B14**

B3. We would like to ask a few questions about the effects that Financial Assistance from the CDFI Fund has had on your organization. If you have received multiple awards, it would be most useful to focus your responses on the earliest award received. If you cannot separate activities supported by different awards, you can base your response on the effects associated with all of your awards.

In what year or years was the Financial Assistance from the CDFI Fund awarded that you will focus your responses on? **(Check all that apply)**

- 1996
- 1997
- 1998
- 1999
- 2000
- 2001
- 2002
- 2003
- 2004
- 2005

B3a. Estimate the share of your Financial Assistance award(s) that was intended for each of the following uses (enter percentages in whole numbers; total should sum to 100%).

	Enter % Below ...
Capital for loans and investments	_____ %
Loan loss reserve	_____ %
Reserve capital	_____ %
Development Services	_____ %
Operating expenses/overhead	_____ %
Other	_____ %
Total	100%

[PROGRAMMER: CHECK THAT SUM EQUALS 100. IF NOT, PROVIDE AN ERROR MESSAGE THAT TOTAL SHOULD EQUAL 100 AND INDICATE WHAT CURRENT TOTAL IS. FOR EXAMPLE: Total should equal 100%. Entered responses currently total 105%. Please review your responses.]

B4. Please estimate the share of your planned and actual use of Financial Assistance across the following types of activities. The estimated shares should sum to 100%.

	Application Enter % for each below ...	Actual (to date) Enter % for each below ...
Business	_____ %	_____ %
Home purchase or improvement	_____ %	_____ %
Consumer	_____ %	_____ %
Residential real estate	_____ %	_____ %
Commercial real estate	_____ %	_____ %
Community facilities	_____ %	_____ %
Other	_____ %	_____ %
Total	100%	100%

[PROGRAMMER: CHECK THAT SUM EQUALS 100. IF NOT, PROVIDE AN ERROR MESSAGE THAT TOTAL SHOULD EQUAL 100 AND INDICATE WHAT CURRENT TOTAL IS. FOR EXAMPLE: Total should equal 100%. Entered responses currently total 105%. Please review your responses.]

B5. What were the intended goals for the awards **(Check all that apply)**:

[PROGRAMMER: THE FOLLOWING RESPONSES EXCEPT "OTHER" SHOULD BE RANDOMIZED.]

- Expand the scale of an existing lending or investment program
- Develop a new loan or investment product
- Expand the scale of services, such as counseling, financial literacy, or technical assistance
- Develop new services, such as counseling, financial literacy, or technical assistance
- Serve a new geographic market
- Serve a new client population
- Other, Please describe: _____

B6. What were the outcomes of the Financial Assistance from the CDFI Fund that you received in the three years following receipt of the award:

[PROGRAMMER: INCLUDE ONLY THOSE ITEMS CHECKED OFF IN B5.]

			[PROGRAMMER: IF EITHER OF THESE ARE CHECKED OFF ASK B7 (AFTER B6a).]		Too early to tell → Skip to B8	Don't know
	We exceeded our goals	We met our goals	We fell slightly short of our goals	We fell well short of our goals		
Expand the scale of an existing lending or investment program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Develop a new product	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Expand the scale of services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Develop new services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Serve a new geographic market	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Serve a new client population	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B6a. How important was the Financial Assistance from the CDFI Fund in meeting or exceeding your goals? Would you say CDFI assistance was ...

[PROGRAMMER: INCLUDE ONLY THOSE ITEMS CHECKED OFF IN B5.]

	<u>Critically important</u> – we could not have achieved our goals without this assistance	<u>Very important</u> – could have achieved some, but not all of our goals eventually without this assistance	<u>Was somewhat helpful</u> – we may have achieved our goals eventually, but it would have taken longer	<u>Was of limited help</u> – would have been able to achieve our goals for other reasons	Don't know
Expand the scale of an existing lending or investment program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Develop a new product	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Expand the scale of services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Develop new services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Serve a new geographic market	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Serve a new client population	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B7. **[PROGRAMMER: ASK IF ANY OF B6 = “FELL SHORT OF GOALS” OTHERWISE SKIP TO B8.]** Were there any issues associated with the Financial Assistance from the CDFI Fund that contributed to your *inability* to achieve all of your goals? **(Check all that apply):**

[PROGRAMMER: THE FOLLOWING RESPONSES EXCEPT “OTHER” SHOULD BE RANDOMIZED.]

- Restrictions on the use of CDFI Funds were partly to blame for our failure to meet our goals
- We were unable to acquire all of the matching funds we had anticipated and so were unable to make full use of our CDFI Fund award
- The length of time required to negotiate our Assistance Agreement resulted in delays in obtaining CDFI Funds that impeded progress toward our goals
- We experienced operational challenges that prevented full use of our CDFI Fund award
- Demand for the products and services supported by the CDFI Fund award was not as strong as anticipated
- We made full use of our CDFI Fund award, but experienced other challenges that impeded our progress toward our goals
- Significant market or environmental changes occurred between the time of application and receipt of the award
- We did not receive the full amount requested
- Other, Please describe: _____

B7a. Of the issues you listed that contributed to your inability to achieve your goal, which is the primary factor? **(Select one)**

[PROGRAMMER: SHOW LIST OF RESPONSES SELECTED IN B7.]

- Restrictions on the use of CDFI Funds were partly to blame for our failure to meet our goals
- We were unable to acquire all of the matching funds we had anticipated and so were unable to make full use of our CDFI Fund award
- The length of time required to negotiate our Assistance Agreement resulted in delays in obtaining CDFI Funds that impeded progress toward our goals
- We experienced operational challenges that prevented full use of our CDFI Fund award
- Demand for the products and services supported by the CDFI Fund award was not as strong as anticipated
- We made full use of our CDFI Fund award, but experienced other challenges that impeded our progress toward our goals
- Significant market or environmental changes occurred between the time of application and receipt of the award
- We did not receive the full amount requested
- Other, Please describe: _____

B8. How much funding would you estimate your organization was able to secure as a result of the Financial Assistance you received from the CDFI Fund in **[PROGRAMMER: FILL IN YEAR FROM ITEM B3]** (that is, over and above the matching funds required as part of your assistance from the CDFI Fund):

\$_____ **[PROGRAMMER: DO NOT ALLOW ENTRIES WITH PERIODS, LETTERS, OR SYMBOLS OTHER THAN "\$" AND ",". IF ENTRIES CONTAIN THESE SYMBOLS GIVE ERROR MESSAGE OF: Please enter a whole number without any abbreviation. For example, enter \$1,100,000 not \$1.1 million.]**

B9. Do you think the CDFI Fund should have performance goals associated with Financial Assistance awards?

- Yes → **Skip to B10**
- No
- Don't know

B9a. What means should the CDFI Fund use to hold awardees accountable to their business plans?

- B10. How appropriate were the performance goals and measures established by the CDFI Fund for your organization?
- Very appropriate
 - Somewhat appropriate
 - Not appropriate
 - Don't know
- B11. Was the level of reporting appropriate?
- Too Much
 - Just right
 - Too Little
 - Don't know
- B12. Was the frequency of reporting appropriate?
- Too Much
 - Just right
 - Too Little
 - Don't know
- B13. Did your organization ever submit an application for Financial Assistance from the CDFI Fund that was denied?
- Yes
 - No → **Skip TO B20**

B14. We would like to ask a few questions about the implications for your organization of having been denied Financial Assistance from the CDFI Fund. If you have been denied more than once, it would be most useful to focus your responses on an application that was denied several years ago so that your organization has had time to adjust to this denial for funding. (For example, denials made between 2000 and 2003.) If your Financial Assistance applications were denied either more recently or further in the past, you can focus your responses on those decisions. If you cannot separate the effects of multiple denials, you can base your response on the effects associated with all of these decisions.

In what year or years was the Financial Assistance from the CDFI Fund denied that you will focus your responses on? **(Check all that apply)**

- 1996
- 1997
- 1998
- 1999
- 2000
- 2001
- 2002
- 2003
- 2004
- 2005

B14a. Estimate the share of your award that was intended for each of the following uses (enter percentages in whole numbers; must total 100%):

	Enter % for each below ...
a. Capital for loans and investments	_____ %
b. Loan loss reserve	_____ %
c. Reserve capital	_____ %
d. Development Services	_____ %
e. Other	_____ %
Total	100%

[PROGRAMMER: CHECK THAT SUM EQUALS 100. IF NOT, PROVIDE AN ERROR MESSAGE THAT TOTAL SHOULD EQUAL 100 AND INDICATE WHAT CURRENT TOTAL IS. FOR EXAMPLE: Total should equal 100%. Entered responses currently total 105%. Please review your responses.]

B15. Please estimate the share of your planned use of Financial Assistance across the following types of activities. The estimated shares must total 100%.

	Enter % for each below ...
Business	_____ %
Home purchase or improvement	_____ %
Consumer	_____ %
Residential real estate	_____ %
Commercial real estate	_____ %
Community facilities	_____ %
Other	_____ %
Total	100%

[PROGRAMMER: CHECK THAT SUM EQUALS 100. IF NOT, PROVIDE AN ERROR MESSAGE THAT TOTAL SHOULD EQUAL 100 AND INDICATE WHAT CURRENT TOTAL IS. FOR EXAMPLE: Total should equal 100%. Entered responses currently total 105%. Please review your responses.]

B16. What were the intended uses of the funding? **(Check all that apply)**

[PROGRAMMER: THE FOLLOWING RESPONSES EXCEPT "OTHER" SHOULD BE RANDOMIZED.]

- Expand the scale of an existing lending or investment program
- Develop a new loan or investment product
- Expand the scale of services, such as counseling, financial literacy, or technical assistance
- Develop new services, such as counseling, financial literacy, or technical assistance
- Serve a new geographic market
- Serve a new client population
- Other, Please describe: _____

B17. Despite not receiving Financial Assistance from the CDFI Fund, was your organization able to achieve its goals (as outlined in the Financial Assistance application) for these activities in the three years following your application?

[PROGRAMMER: INCLUDE ONLY THOSE ITEMS CHECKED OFF IN B16.]

	We		[PROGRAMMER: IF EITHER OF THESE ARE CHECKED OFF ASK B17]		Too early to tell
	exceeded our goals	We met our goals	We fell slightly short of our goals	We fell well short of our goals	
Expand the scale of an existing lending or investment program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Develop a new product	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Expand the scale of services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Develop new services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Serve a new geographic market	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Serve a new client population	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

[PROGRAMMER: COPY LIST FOR ALL ITEMS WHERE EXCEEDED OR MET GOALS IN B17.]

B17a. How were you able to meet your goals despite not having received Financial Assistance from the CDFI Fund?

- We received a comparable level of funding from other sources
- Through efficient management of existing resources
- We partnered or collaborated with another organization(s) and pooled resources
- Other, Please describe: _____ →

[PROGRAMMER: INCLUDE ONLY ITEMS CHECKED AS “FELL SHORT OF GOALS” IN B17.]

B18. How important was the failure to obtain Financial Assistance from the CDFI Fund in failing to meet your goals? Not receiving the CDFI Funds was ...

	<u>Critically important</u> – the primary cause of our inability to meet our goals	<u>Very important</u> – an important contributing factor in our inability to meet our goals	<u>Somewhat important</u> – one of several contributing factors in our inability to meet our goals	<u>Not important</u> – not an important reason for our inability to meet our goals
Expand the scale of an existing lending or investment program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Develop a new product	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Expand the scale of services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Develop new services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Serve a new geographic market	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Serve a new client population	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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B19. When the CDFI Fund highlighted areas of organizational weakness through a provided debriefing, did the failure to obtain Financial Assistance lead to any changes in your organization?

- Yes
- No → **Skip to B20**
- Never had a debriefing → **Skip to B20**

B19a. What types of changes were made to your organization? **(Check all that apply.)**

[PROGRAMMER: THE FOLLOWING RESPONSES EXCEPT "OTHER" SHOULD BE RANDOMIZED.]

- Added more experienced staff
- Provided existing staff with training
- Developed or improved organization's business plan
- Developed or improved market analysis
- Developed or improved management controls
- Improved risk management
- Found additional sources of capital to improve financial health
- Invested in new management information systems or other technology to improve organizational capabilities
- Developed partnerships or collaborations with organizations whose expertise complemented that of our organization
- Developed new strategies – such as marketing or communications – to better educate and reach our customers
- Were able to successfully apply for assistance in a later round
- Other - Please describe: _____

B19b. After making these changes, were you successful in a subsequent application for Financial Assistance from the CDFI Fund?

- Yes
- No
- Don't know

B20. Which of the following uses of funds do you think would be most important for the CDFI Fund to allow through its Financial Assistance efforts over the next few years? **(Check all that apply.)**

[PROGRAMMER: THE FOLLOWING RESPONSES EXCEPT "OTHER" SHOULD BE RANDOMIZED.]

- Investment capital
- Loan capital
- Loan loss reserves
- Unrestricted net assets
- Development services
- Financial services
- Cost of merger or acquisition
- Support for financially troubled institutions
- Credit enhancement
- Other - Please describe: _____

B21. Of the uses of funds you just identified, which do you think would be most important for the CDFI Fund to support? **(Select one)**

[PROGRAMMER: LIST ONLY ITEMS CHECKED OFF IN B20.]

- Investment capital
- Loan capital
- Loan loss reserves
- Unrestricted net assets
- Development services
- Financial services
- Cost of merger or acquisition
- Support for financially troubled institutions
- Credit enhancement
- Other - Please describe: _____

B22. Which of the following improvements to the Financial Assistance from the CDFI Fund application and awards process are needed?

[PROGRAMMER: THE FOLLOWING RESPONSES EXCEPT "OTHER" SHOULD BE RANDOMIZED.]

- Simplify the amount of information required
- Provide greater technical support for applicants
- Create a streamlined application for small or emerging CDFIs
- Reduce reporting requirements for those receiving funding
- Support CDFI's overall strategy instead of requiring them to designate specific plans for and tracking of the funds
- Provide a longer application period
- Other - Please describe: _____

B23. Please provide any other recommendation for ways in which the CDFI Fund's Financial Assistance program could be improved:

Please describe: _____

Section C. Applications for Technical Assistance

The following questions will gather information on your organization's experience in applying for Technical Assistance from the CDFI Fund, through the CDFI Program (including the Technical Assistance Component or in conjunction with the Core, SECA, or Financial Assistance Components).

C1. Has your organization ever applied for Technical Assistance from the CDFI Fund?

- Yes → **Skip to C2**
- No

C1a. Why hasn't your organization ever applied for Technical Assistance from the CDFI Fund? **(Check all that apply.)**

[PROGRAMMER: THE FOLLOWING RESPONSES EXCEPT "OTHER", "DON'T KNOW" AND "NOT ELIGIBLE" SHOULD BE RANDOMIZED.]

- Not aware of the availability of funding
- Use of funds is too restrictive
- Other sources of funds were available and easier to obtain
- Organization staff did not have the skills needed to complete the application
- The level of effort required to complete the application was too high
- Felt there was too low a probability of receiving an award
- Did not need funding
- Future reporting requirements were too burdensome
- Other describe: _____
- Don't know

Skip to C1c

- Not eligible for funding → **Continue to C1b**

C1b. Why did you feel you were **not eligible** for funding **(Check all that apply.)**:

[PROGRAMMER: THE FOLLOWING RESPONSES EXCEPT "OTHER" SHOULD BE RANDOMIZED.]

- Not a valid, legal, non-governmental entity
- Could not demonstrate a primary mission of promoting community development
- Do not serve an investment area or target population as required
- Could not demonstrate that the organization maintains community accountability
- Could not demonstrate development services
- Could not meet requirements to be deemed a financing entity
- Could not demonstrate that other affiliated parts of our organization met these requirements
- Other please describe: _____

C1c. Of the reasons you selected for not applying, which is the primary reason you did not apply? (Select one) **[PROGRAMMER: SHOW LIST OF RESPONSES SELECTED IN C1a.]**

- Not aware of the availability of funding
- Not eligible for funding
- Use of funds is too restrictive
- Other sources of funds were available and easier to obtain
- Organization staff did not have the skills needed to complete the application
- The level of effort required to complete the application was too high
- Felt there was too low a probability of receiving an award
- Did not need funding
- Future reporting requirements were too burdensome
- Other describe: _____

Skip to C18

C2. Was your organization ever successful in an application for Technical Assistance from the CDFI Fund?

- Yes
- No → **Skip to C15**

C3. We would like to ask a few questions about the effects that Technical Assistance from the CDFI Fund has had on your organization. If you have received multiple awards, it would be most useful to focus your responses on the earliest award received. If you cannot separate activities supported by different awards, you can base your response on the effects associated with all of your awards.

In what year or years was Technical Assistance from the CDFI Fund awarded that you will focus your responses on? **(Check all that apply)**

- 1996
- 1997
- 1998
- 1999
- 2000
- 2001
- 2002
- 2003
- 2004
- 2005

- C3a. Estimate the share of your Technical Assistance award(s) that was intended for each of the following uses (enter percentages in whole numbers; must total 100%):

	Enter % for each row below ...
Hiring consultants	_____ %
Purchasing technology	_____ %
Providing staff with training	_____ %
Paying staff salaries	_____ %
Other	_____ %
Total	100%

[PROGRAMMER: CHECK THAT SUM EQUALS 100. IF NOT, PROVIDE AN ERROR MESSAGE THAT TOTAL SHOULD EQUAL 100 AND INDICATE WHAT CURRENT TOTAL IS. FOR EXAMPLE: Total should equal 100%. Entered responses currently total 105%. Please review your responses.]

- C4. Please indicate what types of initiatives or outcomes were supported by the Technical Assistance award. **(Check all that apply.)**

[PROGRAMMER: THE FOLLOWING RESPONSES EXCEPT "OTHER" SHOULD BE RANDOMIZED.]

- Develop/improve a business or strategic plan
- Develop/improve lending policies or procedures
- Develop/improve product or service
- Develop/improve market analysis
- Improve organizational management
- Improve portfolio management
- Improve risk management
- Improve marketing of products and services
- Improve client services
- Improve fundraising capabilities
- Undertake audit or financial analysis of the organization
- Undertake a social or financial impact analysis of organizational activity
- Upgrade computer hardware or software
- Other – Please describe: _____

C5. How important was the Technical Assistance award from the CDFI Fund for undertaking the funded activity?

[PROGRAMMER: INCLUDE ONLY THOSE ITEMS CHECKED OFF IN C4.]

	<u>Critically important</u> – without this funding we would not have been able to engage in this activity	<u>Very important</u> – without this funding we may not have been able to engage in this activity	<u>Somewhat important</u> – without this funding we probably would have undertaken this activity, but it may have taken longer to achieve	<u>Not important</u> – we would have found a way to undertake this activity even without funding	Too early to tell
Develop/improve a business or strategic plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Develop/improve lending policies or procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Develop/improve product or service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Develop/improve market analysis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Improve organizational management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Improve portfolio management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Improve risk management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Improve marketing of products and services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Improve client services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Improve fundraising capabilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Undertake audit or financial analysis of the organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Undertake a social or financial impact analysis of organizational activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Upgrade computer hardware or software	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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C6. How **significant an impact** did the activity funded through Technical Assistance have on your organization? Would you say the Technical Assistance was ...

[PROGRAMMER: INCLUDE ONLY THOSE ITEMS CHECKED OFF IN C4.]

	Very significant – fostered a marked improvement in at least one dimension of our organization's effectiveness	Somewhat significant – fostered some improvement in at least one dimension of our organization's effectiveness	Not significant – did not lead to any improvement in our organization's effectiveness	Too early to tell
Develop/improve a business or strategic plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Develop/improve lending policies or procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Develop/improve product or service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Develop/improve market analysis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Improve organizational management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Improve portfolio management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Improve risk management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Improve marketing of products and services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Improve client services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Improve fundraising capabilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Undertake audit or financial analysis of the organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Undertake a social or financial impact analysis of organizational activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Upgrade computer hardware or software	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C7. Do you think the receipt of the Technical Assistance award contributed to your organization being able to receive Financial Assistance from the CDFI Fund in subsequent years?

- Yes
- No
- N/A – organization has not received Financial Assistance from the CDFI Fund in subsequent years.
- Don't know

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- C8. Do you think the receipt of the Technical Assistance award contributed to your organization being able to receive funding from sources other than the CDFI Fund in subsequent years?
- Yes
 - No
 - Too early to tell
 - N/A – organization has not received funding from sources other than the CDFI Fund in subsequent years
 - Don't know

- C9. Do you think the CDFI Fund should have performance goals associated with Technical Assistance awards?
- Yes → **Skip to C10**
 - No
 - Don't know

C9a. What means should the CDFI Fund use to hold awardees accountable to their business plan?

- C10. How appropriate were the performance goals and measures established by the CDFI Fund for your organization?
- Very appropriate
 - Somewhat appropriate
 - Not appropriate
 - Don't know

- C11. Was the level of reporting appropriate?
- Too much
 - Just right
 - Too Little
 - Don't know

- C12. Was the frequency of reporting appropriate?
- Too much
 - Just right
 - Too Little
 - Don't know

- C13. Should the reporting requirements vary by Financial Assistance or Technical Assistance?
- Yes
 - No → **Skip to C14**
 - Don't know → **Skip to C14**

C13a. If there should be separate reporting requirements, how should they differ?

- C14. Did your organization ever submit an application for Technical Assistance from the CDFI Fund that was denied?
- Yes
 - No → **Skip to C18**

- C15. We would like to ask a few questions about the implications for your organization of having been denied Technical Assistance from the CDFI Fund. If you have been denied more than once, it would be most useful to focus your responses on an application that was denied longest ago or at least three years ago. If your Technical Assistance application was denied either more recently or further in the past, you can focus your responses on those decisions. If you cannot separate the effects of multiple denials, you can base your response on the effects associated with all of these decisions.

In what year or years was your application for Technical Assistance from the CDFI Fund denied that you will focus your responses on? (**Check all that apply**)

- 1996
- 1997
- 1998
- 1999
- 2000
- 2001
- 2002
- 2003
- 2004
- 2005

C15a. Estimate the share of your award that would have been intended for each of the following uses (enter percentages in whole numbers; total should sum to 100%):

	Enter % for each row below ...
Hiring consultants	_____ %
Purchasing technology	_____ %
Providing staff with training	_____ %
Paying staff salaries	_____ %
Other	_____ %
Total	100%

[PROGRAMMER: CHECK THAT SUM EQUALS 100. IF NOT, PROVIDE AN ERROR MESSAGE THAT TOTAL SHOULD EQUAL 100 AND INDICATE WHAT CURRENT TOTAL IS. FOR EXAMPLE: Total should equal 100%. Entered responses currently total 105%. Please review your responses.]

C16. Please indicate what types of initiatives or outcomes were to have been supported by the Technical Assistance award. **(Check all that apply.)**

[PROGRAMMER: THE FOLLOWING RESPONSES EXCEPT “OTHER” and “don’t know” SHOULD BE RANDOMIZED.]

- Develop/improve a business or strategic plan
- Develop/improve lending policies or procedures
- Develop/improve product or service
- Develop/improve market analysis
- Improve organizational management
- Improve portfolio management
- Improve risk management
- Improve marketing of products and services
- Improve client services
- Improve fundraising capabilities
- Undertake audit or financial analysis of the organization
- Undertake a social or financial impact analysis of organizational activity
- Upgrade computer hardware or software
- Other - Please describe: _____
- Don't know

C17. Despite not receiving Technical Assistance funding from the CDFI Fund, was your organization able to undertake this activity planned for the Technical Assistance grant within the planned time period?

[PROGRAMMER: INCLUDE ONLY THOSE ITEMS CHECKED OFF IN C16.]

	Yes, we found an alternative external funding source	Yes, we diverted resources from other parts of our organization	Not within the planned time period, but we ultimately found an alternative funding source or freed up other resources	No, we never undertook the planned activity	Too early to tell
Develop/improve a business or strategic plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Develop/improve lending policies or procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Develop/improve product or service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Develop/improve market analysis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Improve organizational management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Improve portfolio management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Improve risk management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Improve marketing of products and services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Improve client services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Improve fundraising capabilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Undertake audit or financial analysis of the organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Undertake a social or financial impact analysis of organizational activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Upgrade computer hardware or software	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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C17a. How important was the inability to undertake the planned activity for your organization?

[PROGRAMMER: INCLUDE ONLY THOSE ITEMS CHECKED AS NO IN C17.]

	<u>Very significant</u> – the development of the organization was significantly hampered by the inability to undertake the planned activity	<u>Somewhat significant</u> – the inability to undertake the planned activity had some negative impact on the organization’s development	<u>Not significant</u> – the failure to undertake the planned activity has had no obvious impact on the organization	Too early to tell
Develop/improve a business or strategic plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Develop/improve lending policies or procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Develop/improve product or service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Develop/improve market analysis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Improve organizational management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Improve portfolio management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Improve risk management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Improve marketing of products and services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Improve client services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Improve fundraising capabilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Undertake audit or financial analysis of the organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Undertake a social or financial impact analysis of organizational activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Upgrade computer hardware or software	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 1559-XXXXX

C18. What do you think are the most important types of activities for the CDFI Fund to support through its Technical Assistance program? **(Check all that apply.)**

[PROGRAMMER: THE FOLLOWING RESPONSES EXCEPT "OTHER" SHOULD BE RANDOMIZED.]

- Develop/improve a business or strategic plan
- Develop/improve lending policies or procedures
- Develop/improve product or service
- Develop/improve market analysis
- Improve organizational management
- Improve portfolio management
- Improve risk management
- Improve marketing of products and services
- Improve client services
- Improve fundraising capabilities
- Undertake audit or financial analysis of the organization
- Undertake a social or financial impact analysis of organizational activity
- Upgrade computer hardware
- Other - Please describe: _____

C18a. Of the uses of funds you just identified, which do you think would be most important for the CDFI Fund to support? **(Select one)**

[PROGRAMMER: SHOW ONLY THE LIST OF RESPONSES SELECTED IN C18.]

- Develop/improve a business or strategic plan
- Develop/improve lending policies or procedures
- Develop/improve product or service
- Develop/improve market analysis
- Improve organizational management
- Improve portfolio management
- Improve risk management
- Improve marketing of products and services
- Improve client services
- Undertake audit or financial analysis of the organization
- Undertake a social or financial impact analysis of organizational activity
- Upgrade computer hardware or software
- Other: Please describe: _____
- None

C19. Which of the following improvements to the Technical Assistance application and award process are needed?

[PROGRAMMER: THE FOLLOWING RESPONSES EXCEPT "OTHER" and "none" SHOULD BE RANDOMIZED.]

- Simplify the amount of information required
- Provide greater technical support for applicants
- Create a streamlined application for small or emerging CDFIs
- Reduce reporting requirements for those receiving funding
- Provide a longer application period
- Other - Please describe: _____
- None

C20. Please describe any recommendations you would make for improvements to the CDFI Fund's Technical Assistance efforts.

Describe: _____

Section D. CDFI Certification

This set of questions relate to your organization's experience in applying to the CDFI Fund for Certification as a CDFI (Community Development Financial Institution).

- D1. The CDFI Fund wants to understand how well it is communicating its goals for the CDFI certification designation. What do you understand to be the CDFI Fund's goals for the CDFI certification process? **(Check all that apply.)**

[PROGRAMMER: THE FOLLOWING RESPONSES EXCEPT "OTHER" and "unaware" SHOULD BE RANDOMIZED.]

- Certification is needed to be eligible to receive Technical Assistance (TA) from the CDFI Fund
- Certification is needed to receive Financial Assistance (FA) from the CDFI Fund
- Certification means you will definitely get funding from the CDFI Fund
- Certification allows you to access other federal funding sources
- Certification means your organization has been determined to be financially sound
- Certification lets other funders know that your organization is committed to community and economic development
- Certification shows your organization has strong risk management and mitigation systems in place
- Certification shows that your organization is well-managed
- Certification is designed to weed out small organizations that cannot handle big grants
- Certification is available to all sizes of organizations that meet the basic requirements
- Certification is limited to a fixed number of organizations each year
- Other, Please describe: _____
- I was unaware of the CDFI Fund's certification process

- D2. Has your organization ever applied for CDFI Certification by the CDFI Fund?

- Yes → **Skip to D3**
- No

- D2a. Why hasn't your organization ever applied for CDFI Certification by the CDFI Fund? **(Check all that apply.)**

[PROGRAMMER: THE FOLLOWING RESPONSES EXCEPT "OTHER" AND "UNAWARE" SHOULD BE RANDOMIZED.]

- Was not interested in seeking funding from the CDFI Fund
- Did not see any benefit from being certified aside from being eligible for funding from the CDFI Fund
- Did not believe we would meet the criteria required for certification → **Ask D2b**
- The application was too difficult or time consuming to complete → **Ask D2c**
- Would have had to alter our organization's legal structure or board or create a new entity to meet certification requirements
- Would like to have applied, but did not have time to pursue this
- The CDFI Fund imposed a moratorium on accepting new CDFI Certification applications
- Unaware of the certification process
- Other, Specify _____

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D2b. **[PROGRAMMER: ONLY ASK IF, IN D2a “DID NOT BELIEVE WOULD MEET ELIGIBILITY CRITERIA” WAS CHECKED.]** Why did you feel you were not eligible for certification? **(Check all that apply.):**

[PROGRAMMER: THE FOLLOWING RESPONSES EXCEPT “OTHER” SHOULD BE RANDOMIZED.]

- Could not demonstrate a primary mission of promoting community development
- The organization’s predominant business activity is not the provision of financial products and development services
- Do not serve an investment area or target population as required
- Could not demonstrate that the organization maintains community accountability
- Could not meet requirements to be deemed a financing entity
- Do not provide development services in conjunction with financial products
- Not a valid, legal, non-governmental entity
- Could not demonstrate that other affiliated parts of our organization met these requirements

D2c. **[PROGRAMMER: ONLY ASK IF, IN D2a “THE APPLICATION WAS TOO DIFFICULT...” WAS CHECKED.]** Why did you feel the application was too difficult to complete? **(Check all that apply)**

[PROGRAMMER: THE FOLLOWING RESPONSES EXCEPT “OTHER” SHOULD BE RANDOMIZED.]

- Organization staff did not have the skills needed to complete the application
- The level of effort required to complete the application was too high
- Attempted to complete the application, but experienced technical difficulties with electronic portions
- The CDFI Fund’s mapping and geocoding systems are cumbersome or difficult to use
- Would have required that we report or collect information that is not currently tracked
- Other reason, Please describe: _____

D2d. Of the reasons you selected above for not applying, which is the primary reason you did not apply? **(Select one)**

[PROGRAMMER: SHOW ONLY THE LIST OF RESPONSES SELECTED IN D2a.]

- Was not interested in seeking funding from the CDFI Fund
- Did not see any benefit from being certified aside from being eligible for funding from the CDFI Fund
- Did not believe we would meet the criteria required for certification
- The application was too difficult to complete
- Unaware of the certification process
- Would like to have applied, but did not have time to pursue this
- The CDFI Fund imposed a moratorium on accepting new CDFI Certification applications
- Other

D2e. Which of the following changes, if any, would lead you to decide to apply for CDFI certification? **(Check all that apply.)**

[PROGRAMMER: THE FOLLOWING RESPONSES EXCEPT "OTHER" SHOULD BE RANDOMIZED.]

- If the application became entirely electronic
- If the CDFI Fund posted on its website copies of successful certification applications from a variety of organizations
- If there was more on-line assistance with the application process
- If there was more telephone assistance with the application process
- If we could get in-person assistance with the application
- If a less burdensome process was developed for small organizations
- If the re-certification process was streamlined
- If changes were made to the Financial Assistance (FA) program to make it more attractive by (explain): _____
- If changes were made to the Technical Assistance (TA) program to make it more attractive by (explain): _____
- Other reason, Please describe: _____

Skip To D7

D3. Why did you apply for Certification from the CDFI Fund? **(Check all that apply.):**

[PROGRAMMER: THE FOLLOWING RESPONSES EXCEPT "OTHER" SHOULD BE RANDOMIZED.]

- To be eligible to apply for Technical Assistance from the CDFI Fund
- To be eligible to apply for Financial Assistance from the CDFI Fund
- To be an eligible partner for a Bank Enterprise Award applicant
- To be eligible for loans, investments, or services from Bank Enterprise Award recipients
- Because certification is looked on favorably by funders other than the CDFI Fund
- Because certification is a requirement for funding from sources other than the CDFI Fund
- To enhance our organization's credentials
- To satisfy a requirement of our Board of Directors
- Because certification is looked on favorably by regulatory agencies we report to
- Other reason, Please describe: _____

D3a. Was the process of filling out the certification application informative or helpful to your organization in any way?

- Yes
- No → **Skip to D4**
- Don't know → **Skip to D4**

D3b. How was the process of filling out the certification application informative or helpful to your organization **(Check all that apply.)**

[PROGRAMMER: THE FOLLOWING RESPONSES EXCEPT "OTHER" SHOULD BE RANDOMIZED.]

- It helped us clarify our mission statement and/or goals as an organization
- It helped us to become more accountable to our community by making changes in our board
- It helped us define the group of people we want to serve (i.e., a target population)
- It helped us define the geographic area we want to serve (i.e., a target area)
- It helped us identify areas where help was most needed (i.e., hot zones)
- It helped us clarify our programmatic priorities
- It helped us quantify the services we provide in dollars
- It helped us define our staffing structure
- It helped us collect more data on a more regular basis
- It motivated us to get an annual audit
- It encouraged us to invest in our infrastructure (office, technology, etc.)
- It encouraged us to invest in training
- Other reason, Please describe: _____

D4. Was your organization ever successful in an application for CDFI Certification from the CDFI Fund?

- Yes → **Skip to D5**
- No

D4a. What were the impacts on your organization of not receiving certification?
(Check all that apply.)

[PROGRAMMER: THE FOLLOWING RESPONSES EXCEPT “no impact” and “OTHER” SHOULD BE RANDOMIZED.]

- We were unable to receive Technical Assistance from the CDFI Fund as hoped
- We were unable to receive Financial Assistance from the CDFI Fund as hoped
- We were unable to receive loans, investments, or services from Bank Enterprise Award recipients as hoped
- We were unable to receive funding from sources in addition to the CDFI Fund that require certification
- It has made less competitive for funding from sources of funding that do not require certification
- It has limited our credibility with the community we serve
- There has been no significant impact on our organization of failing to be certified
- Other reason, Please describe: _____ → **Skip to D7**

D5. Did certification have any positive impacts on your organization?

- Yes
- No → **Skip to D6**
- Don't know → **Skip to D6**

D5a. Which of the following impacts did certification have on your organization?
(Check all that apply.)

[PROGRAMMER: RANDOMIZE EXCEPT “OTHER.”]

- It supported a successful application for Technical Assistance from the CDFI Fund
- It supported a successful application for Financial Assistance from the CDFI Fund
- It supported a successful application for a Bank Enterprise Award from the CDFI Fund
- It helped us obtain loans, investments, or services from a Bank Enterprise Award recipient
- It helped us obtain financing from sources that require CDFI certification
- It helped us obtain financing from sources that do not require CDFI certification
- It enhanced the reputation of our organization in our community
- It supported higher ratings by our regulator
- It fulfilled a goal established by our Board
- Other reason, Please describe: _____

D6. Has your organization ever received funding from sources other than the CDFI Fund that **require CDFI certification**?

- Yes
- No → **Skip to D7**
- Don't know → **Skip to D7**

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D6a. What types of organizations (other than the CDFI Fund) have you received funding from that require certification? **(Check all that apply.)**

- Public-federal
- Public-state
- Public-local
- Foundation /philanthropic organization
- Religious
- Corporation
- Individual
- For-profit financial organization
- Non-profit financial organization
- Other

D6b. Please list the names and location of your three largest funding sources that require certification for funding as well as the amount of funding you have received from these sources for each year received since becoming certified:

Organization	Location	Year	Amount of Funding
_____	_____	____	\$ _____
_____	_____	____	\$ _____
_____	_____	____	\$ _____
_____	_____	____	\$ _____
_____	_____	____	\$ _____
_____	_____	____	\$ _____
_____	_____	____	\$ _____
_____	_____	____	\$ _____
_____	_____	____	\$ _____
_____	_____	____	\$ _____

[PROGRAMMER: PROVIDE SPACE TO ENTER AN ORGANIZATION NAME WITH ACCOMPANYING CITY, STATE, YEAR, AND FUNDING AMOUNT. FOR FUNDING AMOUNTS DO NOT ALLOW DECIMALS OR LETTERS. PROMPT FOR WHOLE DOLLAR AMOUNTS WITHOUT ABBREVIATION IF DECIMALS OR LETTERS USED.]

D7. Does your organization provide services or products aimed at serving people who do not have formal relationships with traditional financial or banking institutions (the “unbanked”)?

- Yes
- No → **Skip to D8**
- Don't know → **Skip to D8**

D7b. Which of the following activities are you engaged in? **(Check all that apply.)**

- Financial education
- Target unbanked – to get them banked
- IDAs, matched savings accounts

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- Check cashing, money transfers
- Other, Describe: _____

- D8. Do you think the CDFI Fund should continue to offer certification to the community development industry, or should it only be a prerequisite to accessing funding from the CDFI Fund?
- Fund should continue to certify all eligible applicants regardless of whether they seek funding from the CDFI Fund
 - Certification should only be used for accessing funding from the CDFI Fund
 - Other, Specify _____

- D9. Do you have other ideas for how the CDFI certification process can be improved?

Please specify: _____ **[PROGRAMMER: ALLOW TEXT OF ANY LENGTH]**

- D10. Assuming adequate funding for the CDFI Financial Assistance and Technical Assistance, Native Initiatives and BEA programs, what additional activities would you want the CDFI Fund to engage in (e.g. identify and disseminate best practices and trends in the CDFI industry, provide guidance and funding to support CDFI mergers, acquisitions or strategic partnerships, support the developments or operation of programs that enhance the liquidity of CDFIs through loan purchases or otherwise.)?

Section E. CDFI Fund-Sponsored Training

The following questions will gather information on training that you or persons within your organization may have received through the CDFI Fund. Between 2000 and 2004, the CDFI Fund sponsored training in three areas: market analysis, financial projections, and community development lending.

Market Analysis Training

- E1. Did you or anyone else from your organization take a training course sponsored by the CDFI Fund in market analysis? (**Select one**)
- I took the training
 - I took the training and one or more other staff in my organization took the training
 - I did not take the training but one or more other staff in my organization took the training → **Skip to E9**
 - As far as I know, no one in my organization has taken the training → **Skip to E16**

Satisfaction with Market Analysis Training

Please answer the following questions based on your personal experience with the market analysis training:

- E2. Which organization(s) provided the market analysis training that you took?
- Southern New Hampshire University (SNHU) (Online training)
 - National Community Capital Association (NCCA, now known as Opportunities Finance Network) (Online training)
 - National Community Capital Association (NCCA now known as Opportunities Finance Network) (In-person training)
 - National Federation of Community Development Credit Unions (NFCDCU) (In-person training)
 - Other organization (specify): _____
 - Don't know / unsure
- E3. Did you complete the market analysis training?
- I participated in some, but not all, of the training
 - I completed all of the training
 - Don't know
- E4. How satisfied were you with the topics covered in the market analysis training?
- Mostly satisfied → **Skip to E5**
 - Not satisfied
 - Don't know → **Skip to E5**

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E4a. Why were you not satisfied with the topics covered in the training? **(Check all that apply.)**

- The coverage of topics was too complex for my knowledge and experience at that time → **Skip to E5**
- The coverage of my topics was too basic for my needs → **Skip to E5**
- Not all of the topics I wanted to learn about were covered
- The topics were not well-organized → **Skip to E5**
- Other (Explain): _____ → **Skip to E5**

E4a1. What additional topics would you like to have seen covered?

Describe:

E5. How satisfied were you with the pace of the market analysis training?

- Mostly satisfied
- The training moved too quickly for my needs
- The training moved too slowly for my needs
- Don't know

E6. How satisfied were you with the instructor for the market analysis training?

- Mostly satisfied → **Skip to E7**
- Not satisfied
- Don't know → **Skip to E7**

E6a. Why were you not satisfied with the instructor? **(Check all that apply.)**

- The instructor was not sufficiently knowledgeable on the topic
- The instructor was not sufficiently organized or did not present well
- The instructor was not responsive to questions or comments
- Other (Explain): _____

E7. How satisfied were you with the instructional materials for the market analysis training?

- Mostly satisfied → **Skip to E8**
- Not satisfied
- Don't know → **Skip to E8**

E7a. Why were you not satisfied with the instructional materials? **(Check all that apply.)**

- The materials were not clear
- The materials were too detailed
- The materials were not detailed enough
- The materials were not available to take home with me
- Other (Explain): _____

E8. How satisfied were you with the format/method (e.g., classroom or internet-based) of the market analysis training?

- Mostly satisfied → **Skip to E9**
- Not satisfied
- Don't know → **Skip to E9**

E8a. What is the main reason you were not satisfied?

Explain: _____

Impact of Market Analysis Training

E9. Did the market analysis training **improve your organization's ability to do** any of the following:

	Greatly improved our ability to ...	Somewhat improved our ability to ...	Did not improve our ability to ...	Unsure
a. Collect census and other data demonstrating the level of distress in my community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Collect information on potential borrowers and customers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Collect information on potential partners and collaborators	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Collect information on competitors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Analyze how my CDFI is positioned in the market and perceived by its customers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Identify and measure the demand for my CDFI's products and services, as distinct from need	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Develop realistic economic assumptions about market trends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

E10. Did your organization either conduct a new market analysis or revise its existing market analysis after receiving the training?

- Yes → **Skip to E11**
- No
- Don't know / unsure → **Skip to E13**

E10a. If your organization did not conduct a new market analysis or revise your existing market analysis after receiving the training, was it because the training helped you to determine that your organization's existing market analysis was sufficient?

- Yes → **Skip to E13**
- No → **Skip to E13**
- Don't know / unsure → **Skip to E13**

E11. Did the market analysis training influence your organization's decision to conduct the new/revised market analysis?

- Yes
- No
- Don't know / unsure

E12. Did the market analysis training enable your organization to complete the new/revised market analysis more effectively?

- Yes → **Skip to E13**
- No
- Don't know / unsure → **Skip to E13**

E12a. **[PROGRAMMER: IF E11 OR E12=2, ASK. ELSE, SKIP TO E13.]** If the market analysis training did not either (a) influence your organization's decision to conduct the new/revised market analysis or (b) enable your organization to complete the new/revised market analysis more effectively, why not? **(Check all that apply)**

- The person who took the training did not complete the training
- The person who took the training left the organization before any changes could be implemented
- The person who took the training did not have the skills or knowledge to benefit from it
- The training was of poor overall quality
- The training was not specific enough to be useful to my organization
- Other reason: _____
- Don't know / unsure

E13. Did the market analysis training benefit your organization in any other way?

- Yes (Describe) _____
- No
- Don't know / unsure

- E14. Was the market analysis training worth the cost to your organization in terms of money and staff time? (Please include travel and other indirect costs.)
- Yes
 - No
 - Somewhat (Explain) _____
 - Don't know / unsure
- E15. Would you recommend the market analysis training to other staff in your organization or to other organizations in the CDFI industry?
- I would recommend the training
 - I would not recommend the training
 - Don't know / unsure

Financial Projections Training

- E16. Within the past five years, did you or anyone else from your organization take a training course in financial projections? **(Select one)**
- I took the training
 - I took the training and one or more other staff in my organization took the training
 - I did not take the training but one or more other staff in my organization took the training → **Skip to E24**
 - As far as I know, no one in my organization has taken the training → **Skip to E31**

Satisfaction with Financial Projections Training

Please answer the following questions based on your personal experience with the financial projections training:

- E17. Which organization(s) provided the financial projections training that you took?
- Southern New Hampshire University (SNHU) (Online training)
 - National Community Capital Association (NCCA now known as Opportunities Finance Network) (Online training)
 - National Community Capital Association (NCCA now known as Opportunities Finance Network) (In-person training)
 - National Federation of Community Development Credit Unions (NFCDCU) (In-person training)
 - Dickerson Knight Group, Inc. (in-person training)
 - Other organization (specify): _____
 - Don't know / unsure

- E18. Did you complete the financial projections training?
- I participated in some, but not all, of the training
 - I completed all of the training
 - Don't know

- E19. How satisfied were you with the topics covered in the financial projections training?
- Mostly satisfied → **Skip to E20**
 - Not satisfied
 - Don't know → **Skip to E20**

E19a. Why were you not satisfied with the topics covered in the training? **(Check all that apply.)**

- The coverage of topics was too complex for my knowledge and experience at that time → **Skip to E20**
- The coverage of my topics was too basic for my needs → **Skip to E20**
- Not all of the topics I wanted to learn about were covered
- The topics were not well-organized → **Skip to E20**
- Other (Explain): _____ → **Skip to E20**

E19a1. What additional topics would you like to have seen covered?

Describe: _____

- E20. How satisfied were you with the pace of the financial projections training?
- Mostly satisfied
 - The training moved too quickly for my needs
 - The training moved too slowly for my needs
 - Don't know

- E21. How satisfied were you with the instructor for the financial projections training?
- Mostly satisfied → **Skip to E22**
 - Not satisfied
 - Don't know → **Skip to E22**

E21a. Why were you not satisfied with the instructor? **(Check all that apply.)**

- The instructor was not sufficiently knowledgeable on the topic
- The instructor was not sufficiently organized or did not present well
- The instructor was not responsive to questions or comments
- Other (Explain): _____

- E22. How satisfied were you with the instructional materials for the financial projections training?
- Mostly satisfied → **Skip to E23**
 - Not satisfied
 - Don't know → **Skip to E23**

E22a. Why were you not satisfied with the instructional materials? Were the materials

... **(Check all that apply)**

- The materials were not clear
- The materials were too detailed
- The materials were not detailed enough
- The materials were not available to take home with me
- Other (Explain): _____

- E23. How satisfied were you with the format/method (e.g., classroom or internet-based) of the financial projections training?

- Mostly satisfied → **Skip to E24**
- Not satisfied
- Don't know → **Skip to E24**

E23a. What is the main reason you were not satisfied?

Explain: _____

Impact of Financial Projections Training

- E24. Did the financial projections training **improve your organization's ability** to do any of the following:

	Greatly improved our ability to...	Somewhat improved our ability to...	Did not improve our ability to...	Unsure
a. Understand how to read, interpret, and analyze the key financial statements used by CDFIs (statement of financial position, statement of activity, cash flow statement)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Understand what types of financial information my CDFI needs to collect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Calculate and interpret the financial ratios used in assessing CDFI financial performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Develop reasonable and justifiable assumptions for projecting the financial statements of a CDFI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Use appropriate tools and techniques to project the key accounts of the statement of financial position and the statement of activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Use projections as a management and planning tool	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Use key financial statements to analyze and enhance the financial performance of my CDFI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Other describe _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- E25. Did your organization either create new financial projections or revise its existing financial projections after receiving the training?

- Yes → **Skip to E26**
- No
- Don't know / unsure → **Skip to E28**

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- E25a. Did the training help you to determine that your organization's existing financial projections were sufficient?
- Yes → **Skip to E28**
 - No → **Skip to E28**
 - Don't know / unsure → **Skip to E28**
- E26. Did the financial projections training influence your organization's decision to create the new/revised financial projections?
- Yes
 - No
 - Don't know / unsure
- E27. Did the financial projections training enable your organization to create the new/revised financial projections more effectively?
- Yes → **Skip to E28**
 - No
 - Don't know / unsure → **Skip to E28**

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- E27a. **[PROGRAMMER: IF E26 OR E27 = 2, ASK. ELSE, SKIP TO E28.]** If the financial projections training did not either (a) influence your organization's decision to create the new/revised financial projections or (b) enable your organization to create the new/revised financial projections more effectively, why not? **(Check all that apply)**
- The person who took the training did not complete the training
 - The person who took the training left the organization before any changes could be implemented
 - The person who took the training did not have the skills or knowledge to benefit from it
 - The training was of poor overall quality
 - The training was not specific enough to be useful to my organization
 - Other reason: _____
 - Don't know / unsure

- E28. Did the financial projections training benefit your organization in any other way?
- Yes (Describe): _____
 - No
 - Don't know / unsure

- E29. Was the financial projections training worth the cost to your organization in terms of money and staff time? (Please include travel and other indirect costs.)
- Yes
 - No
 - Somewhat (Explain) _____
 - Don't know / unsure

- E30. Would you recommend the financial projections training to other staff in your organization or to other organizations in the CDFI industry?
- I would recommend the training
 - I would not recommend the training
 - Don't know / unsure

Community Development Lending Training

- E31. Within the past five years, did you or anyone else from your organization take a training course in community development lending? **(Select one)**
- I took the training
 - I took the training and one or more other staff in my organization took the training
 - I did not take the training but one or more other staff in my organization took the training → **Skip to E39**
 - As far as I know, no one in my organization has taken the training → **Skip to E45**

Satisfaction with Community Development Lending Training

Please answer the following questions based on your personal experience with the community development lending training:

- E32. Which organization(s) provided the community development lending training that you took?
- Southern New Hampshire University (SNHU) (Online training)
 - National Community Capital Association (NCCA now known as Opportunities Finance Network) (Online training)
 - National Community Capital Association (NCCA now known as Opportunities Finance Network) (In-person training)
 - National Federation of Community Development Credit Unions (NFCDCU) (In-person training)
 - Dickerson Knight Group, Inc. (in-person training)
 - Other organization (specify): _____
 - Don't know / unsure
- E33. Did you complete the community development lending training?
- I participated in some, but not all, of the training
 - I completed all of the training
 - Don't know
- E34. How satisfied were you with the topics covered in the community development lending training?
- Mostly satisfied → **Skip to E35**
 - Not satisfied
 - Don't know → **Skip to E35**

- E34a. Why were you not satisfied with the topics covered in the training?
- The coverage of topics was too complex for my knowledge and experience at that time → **Skip to E35**
 - The coverage of my topics was too basic for my needs → **Skip to E35**
 - Not all of the topics I wanted to learn about were covered
 - The topics were not well-organized → **Skip to E35**
 - Other (Explain): _____ → **Skip to E35**

E34a1. What additional topics would you like to have seen covered?

(Explain): _____

- E35. How satisfied were you with the pace of the community development lending training?
- Mostly satisfied
 - The training moved too quickly for my needs
 - The training moved too slowly for my needs
 - Don't know
- E36. How satisfied were you with the instructor for the community development lending training?
- Mostly satisfied → **Skip to E37**
 - Not satisfied
 - Don't know → **Skip to E37**

E36a. Why were you not satisfied with the instructor? **(Check all that apply)**

- The instructor was not sufficiently knowledgeable on the topic
- The instructor was not sufficiently organized or did not present well
- The instructor was not responsive to questions or comments
- Other (Explain): _____

- E37. How satisfied were you with the instructional materials for the community development lending training?
- Mostly satisfied → **Skip to E38**
 - Not satisfied
 - Don't know → **Skip to E38**

E37a. Why were you not satisfied with the instructional materials? **(Check all that apply)**

- The materials were not clear
- The materials were too detailed
- The materials were not detailed enough
- The materials were not available to take home with me
- Other (Explain): _____

- E38. How satisfied were you with the format/method (e.g., classroom or internet-based) of the community development lending training?
- Mostly satisfied → **Skip to E39**
 - Not satisfied
 - Don't know → **Skip to E39**

E38a. What is the main reason you were not satisfied?

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Explain: _____

Impact of Community Development Lending Training

E39. Did the community development lending training improve your organization’s ability to do any of the following:

	greatly improved our ability to...	somewhat improved our ability to...	did not improve our ability to...	Unsure
a. Measure or assess market demand – Is this relevant to this training?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Design products and services for the target market	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Understand and develop loan pricing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Develop procedures for servicing, monitoring, and collecting loans, if done in house	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Make use of portfolio management tools and techniques	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Communicate and market effectively to customers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

E40. Did your organization either develop a new community development lending product or enhance an existing community development lending product after receiving the training?

- Yes → **Skip to E41**
- No
- Don't know / unsure → **Skip to E42**

E40a. Did the training help you to determine that your organization's existing community development lending products were sufficient?

- Yes → **Skip to E43**
- No → **Skip to E43**
- Don't know / unsure → **Skip to E43**

E41. Did the community development lending training influence your organization's decision develop a new program or enhance an existing program?

- Yes
- No → **Skip to E41b**
- Don't know / unsure → **Skip to E43**

E41a. What specific changes did your organization make as a result of the training?

(Check all that apply)

- Developed a new loan product
- Increased or enhanced marketing of existing product(s)
- Changed pricing of existing product(s)
- Acquired or changed partners
- Created or revised servicing policies or procedures
- Created or revised underwriting policies or procedures
- Other changes (Describe) _____
- Don't know / unsure

Skip to E42

E41b. If the community development lending training did not influence your organization's decision to develop a new program or enhance an existing program, why not?

(Check all that apply)

- The person who took the training did not complete the training
- The person who took the training left the organization before any changes could be implemented
- The person who took the training did not at the time have the skills or knowledge to benefit from it
- The training was of poor overall quality
- The training was not specific enough to be useful to my organization
- Other reason: _____
- Don't know / unsure

E42. Did the community development lending training benefit your organization in any other way?

- Yes (Describe): _____
- No
- Don't know / unsure

E43. Was the community development lending training worth the cost to your organization in terms of money and staff time? (Please include travel and other indirect costs.)

- Yes
- No
- Somewhat (Explain) _____
- Don't know / unsure

- E44. Would you recommend the community development lending training to other staff in your organization or to other organizations in the CDFI industry?
- I would recommend the training
 - I would not recommend the training
 - Don't know / unsure

Training Needs

The following questions request information on your organization's current and future training needs. In this survey, we use "training" to describe any type of knowledge transfer activity that helps your organization to operate effectively and/or build capacity, including activities commonly referred to as "Technical Assistance."

- E45. In which of the following areas does your organization need training and/or Technical Assistance (service not funding) in order to operate effectively and grow its capacity? **(Check all that apply.)**

[PROGRAMMER: RANDOMIZE ORDER OF ALL RESPONSES EXCEPT "OTHER."]

<input type="checkbox"/> Applying for CDFI Fund Technical Assistance and Financial Assistance awards <input type="checkbox"/> CDFI certification <input type="checkbox"/> Preparing a market analysis <input type="checkbox"/> Preparing financial projections <input type="checkbox"/> Operating a community development lending program <input type="checkbox"/> Developing loan policies and procedures <input type="checkbox"/> CDFI marketing and branding <input type="checkbox"/> Developing new products and services for unbanked populations <input type="checkbox"/> Strategic planning <input type="checkbox"/> Evaluating my CDFI's capital structure and identifying the optimal capital structure for my CDFI <input type="checkbox"/> Accessing new and traditional sources of capital <input type="checkbox"/> Fundraising <input type="checkbox"/> Accessing the secondary market for loans	<input type="checkbox"/> Improving my CDFI's asset and liability management strategies <input type="checkbox"/> Accessing and using the New Market Tax Credit Program <input type="checkbox"/> Accessing and using new technology that is relevant to the CDFI industry <input type="checkbox"/> Assessing individual and community impact <input type="checkbox"/> Training on federal programs <input type="checkbox"/> Training specific to organizations serving rural areas <input type="checkbox"/> Training specific to organizations serving Native American communities <input type="checkbox"/> Training specific to community development venture capital organizations <input type="checkbox"/> Training specific to micro enterprise organizations <input type="checkbox"/> Other (specify)_____
---	--

E46. Which of the training areas identified above are of highest priority to your organization? Identify up to three, where "1" is a top priority and "3" the lowest priority of the 3 priority training areas selected.

[PROGRAMMER: DISPLAY ONLY ITEMS SELECTED BY RESPONDENT IN ITEM TR67]

<input type="checkbox"/>	Applying for CDFI Fund Technical Assistance and Financial Assistance awards	<input type="checkbox"/>	Strategic planning
<input type="checkbox"/>	CDFI certification	<input type="checkbox"/>	Evaluating my CDFI's capital structure and identifying the optimal capital structure for my CDFI
<input type="checkbox"/>	Preparing a market analysis	<input type="checkbox"/>	Accessing new and traditional sources of capital
<input type="checkbox"/>	Preparing financial projections	<input type="checkbox"/>	Fundraising
<input type="checkbox"/>	Operating a community development lending program	<input type="checkbox"/>	Accessing the secondary market for loans
<input type="checkbox"/>	Developing loan policies and procedures	<input type="checkbox"/>	Improving my CDFI's asset and liability management strategies
<input type="checkbox"/>	CDFI marketing and branding	<input type="checkbox"/>	Accessing and using the New Market Tax Credit Program
<input type="checkbox"/>	Developing new products and services for unbanked populations	<input type="checkbox"/>	Accessing and using new technology that is relevant to the CDFI industry
<input type="checkbox"/>	Assessing individual and community impact	<input type="checkbox"/>	Training specific to organizations serving Native American communities
<input type="checkbox"/>	Training on federal programs	<input type="checkbox"/>	Training specific to community development venture capital organizations
<input type="checkbox"/>	Training specific to organizations serving rural areas	<input type="checkbox"/>	Training specific to microenterprise organizations
<input type="checkbox"/>	Other (specify)		

E47. For **[PROGRAMMER – FILL ITEM SELECTED AS “1” IN ITEM ABOVE - TRAINING AREA 1]**, what are the specific topics on which you would like to receive training and/or Technical Assistance?

Describe: _____

E48. For **[PROGRAMMER – FILL ITEM SELECTED AS “2” IN ITEM ABOVE - TRAINING AREA 2]**, what are the specific topics on which you would like to receive training and/or Technical Assistance?

Describe: _____

E49. For **[PROGRAMMER – FILL ITEM SELECTED AS “3” IN ITEM ABOVE - TRAINING AREA 3]**, what are the specific topics on which you would like to receive training and/or Technical Assistance?

Describe: _____

Methods of Receiving Training

E50. How would your organization prefer to receive training in **[PROGRAMMER – FILL: TRAINING AREA 1]**? Please identify your top three choices by inserting 1, 2, and 3 into the boxes below. If your preferred method of receiving training is not included on this list, please write it in.

[PROGRAMMER: RANDOMIZE ORDER OF ALL RESPONSES EXCEPT “OTHER.”]

- Traditional classroom training at an off-site location
- Internet/web-based training that allows interaction with the instructor and with other training participants
- Self-study through internet or CD ROM
- Conferences and other opportunities for in-person information exchange
- Regional or national teleconferences
- Individualized training / technical assistance received on-site at your organization
- Other (Describe): _____

E51. Which training methods/formats would not be acceptable to your organization for **[PROGRAMMER – FILL: TRAINING AREA 1]**? (Check all that apply.)

[PROGRAMMER: RANDOMIZE ORDER OF ALL RESPONSES EXCEPT “OTHER.”]

- Traditional classroom training at an off-site location
- Internet/web-based training that allows interaction with the instructor and with other training participants
- Self-study through internet or CD ROM
- Conferences and other opportunities for in-person information exchange
- Regional or national teleconferences
- Individualized training / technical assistance received on-site at your organization
- Other (Describe): _____

E52. How would your organization prefer to receive training in **[PROGRAMMER – FILL: TRAINING AREA 2]**? Please identify your top three choices by inserting 1, 2, and 3 into the boxes below. If your preferred method of receiving training is not included on this list, please write it in.

[PROGRAMMER: RANDOMIZE ORDER OF ALL RESPONSES EXCEPT “OTHER.”]

- Traditional classroom training at an off-site location
- Internet/web-based training that allows interaction with the instructor and with other training participants
- Self-study through internet or CD ROM
- Conferences and other opportunities for in-person information exchange
- Regional or national teleconferences
- Individualized training / technical assistance received on-site at your organization
- Other (Describe): _____

E53. Which training methods/formats would not be acceptable to your organization for **[PROGRAMMER – FILL: TRAINING AREA 2]**? (Check all that apply.)

[PROGRAMMER: RANDOMIZE ORDER OF ALL RESPONSES EXCEPT “OTHER.”]

- Traditional classroom training at an off-site location
- Internet/web-based training that allows interaction with the instructor and with other training participants
- Self-study through internet or CD ROM
- Conferences and other opportunities for in-person information exchange
- Regional or national teleconferences
- Individualized training / technical assistance received on-site at your organization
- Other (Describe): _____

E54. How would your organization prefer to receive training in **[PROGRAMMER – FILL: TRAINING AREA 3]**? Please identify your top three choices by inserting 1, 2, and 3 into the boxes below. If your preferred method of receiving training is not included on this list, please write it in.

[PROGRAMMER: RANDOMIZE ORDER OF ALL RESPONSES EXCEPT “OTHER.”]

- Traditional classroom training at an off-site location
- Internet/web-based training that allows interaction with the instructor and with other training participants
- Self-study through internet or CD ROM
- Conferences and other opportunities for in-person information exchange
- Regional or national teleconferences
- Individualized training / technical assistance received on-site at your organization
- Other (Describe): _____

E55. Which training methods/formats would not be acceptable to your organization for [PROGRAMMER – FILL: TRAINING AREA 3]? (Check all that apply.)

[PROGRAMMER: RANDOMIZE ORDER OF ALL RESPONSES EXCEPT "OTHER."]

- Traditional classroom training at an off-site location
- Internet/web-based training that allows interaction with the instructor and with other training participants
- Self-study through internet or CD ROM
- Conferences and other opportunities for in-person information exchange
- Regional or national teleconferences
- Individualized training / technical assistance received on-site at your organization
- Other (Describe): _____

Impediments to Receiving Training

E56. What impediments or barriers have prevented your organization from receiving training or Technical Assistance in the areas where you have identified a need? (Check all that apply)

[PROGRAMMER: RANDOMIZE ORDER OF ALL RESPONSES EXCEPT "OTHER."]

- Direct cost of training (e.g., registration fees)
- Direct cost of Technical Assistance (e.g., consultant fees)
- Travel and other indirect costs
- Small staff size
- Lack of time to take training
- Lack of time to find out about training opportunities
- Lack of information about training opportunities
- Lack of relevant course topics/subjects
- Training currently offered is too advanced or too basic
- Training currently offered is of poor quality
- Lack of available internet/web-based training
- My organization lacks the technology (e.g., internet access) to participate in training currently offered
- Other barriers (Specify): _____

E56a. How would your organization prefer to obtain information about training?

[PROGRAMMER: RANDOMIZE ORDER OF ALL RESPONSES EXCEPT

“OTHER.”]

- Mailings from vendors other than trade associations
- Mailings from trade associations
- Trade association conferences
- Trade association or other publications
- Internet/web sites
- E-mail
- Word of mouth
- Other (specify): _____

E57. Does your organization have a **budget** for training?

- Yes
- No → **Skip to E60**
- Don't know / unsure → **Skip to E60**

E57a. What is the approximate size of the training budget?

- Less than \$1,000 per year
- \$1,000 to \$5,000 per year
- \$5,000 to \$10,000 per year
- More than \$10,000 per year
- Don't know / unsure

E58. What sources of funding does your organization use for training?

- Grants from government agencies
- Grants from foundations and other philanthropic institutions
- Private fundraising
- Internally generated funds
- Other (specify): _____
- Don't know / unsure

E59. How has your organization's training budget changed over the past five years?

- Increased → **Skip to E60**
- Decreased
- Stayed about the same → **Skip to E60**
- Don't know / unsure → **Skip to E60**

