

# Compassion Capital Fund Evaluation

## Follow-up Survey

The U.S. Department of Health and Human Services, Administration for Children and Families with its contractor, Abt Associates, is conducting a study of the Compassion Capital Fund (CCF) program. Specifically, it is a study of the financial and technical assistance (TA) provided by intermediary organizations and the effects of those services in improving the organizational capacity of the Faith-based and Community Organizations (FBCOs) they assist. The study is an important component in assessing whether the CCF program is meeting its primary objective of improving the organizational capacity of FBCOs.

As you may recall, your organization became a part of this study approximately 15 months ago when you or someone representing your organization applied for financial or technical assistance services from a CCF funded intermediary and completed a baseline survey. We are seeking your continued cooperation and support and ask that you complete this additional questionnaire to provide us with current, up-to-date information about your organization.

Information provided in this survey will be accessed by staff at the research firms responsible for conducting the evaluation of the Compassion Capital Fund, Abt Associates and Branch Associates. Results of the study will be reported in aggregate only. While completing this survey is voluntary, we strongly encourage your participation so that the study findings reflect the unique experience of your organization over time and so that we are confident that the findings represent organizations such as yours.

### The Paperwork Reduction Act of 1995

**Notice:** The Paperwork Reduction Act of 1995 requires the agency to inform all potential persons who respond to this collection of information that such persons are not required to respond unless it displays a currently valid OMB control number. (See 5 C.F.R. 1320.5(b)(2)(i)). The time required to complete this collection of information is estimated to average 35 minutes per response, including the time to review instructions and complete the information collection.

Responses to this data collection will be used only for statistical purposes. The reports prepared for this study will summarize findings across organizations and will not associate responses with a specific organization or individual. We will not provide information that identifies you or your organization to anyone outside the study team, except as required by law.

Please answer the questions in this survey about the organization that was the primary applicant listed in the application for financial or technical assistance from (the intermediary organization) approximately 15 months ago. Throughout this questionnaire, the unit that was the primary applicant for this previous assistance will be referred to as "your organization". Please answer all questions about the current state of your organization.

**1. Name of your organization:**

\_\_\_\_\_

**2. Street**

\_\_\_\_\_

\_\_\_\_\_

City

\_\_\_\_\_

State

\_\_\_\_\_

Zip Code

**3. Name of individual primarily responsible for completing this questionnaire:**

\_\_\_\_\_

**4. Title:**

\_\_\_\_\_

**5. Phone number:**

\_\_\_\_\_

**Email address:**

\_\_\_\_\_

**6. During the past 12 months, did your organization receive any of the following services/assistance from [The Intermediary]? (Check all that apply.)**

Financial Assistance..... [ ] 01

If financial assistance, what was the total amount of funding you received during the Past 12 months from this source? \$ \_\_\_\_\_

Technical Assistance (TA) (one-on-one consultation tailored to your organization's needs).. [ ] 02

If yes, please characterize the TA received as either:

On-going..... [ ] 03

One-time episode..... [ ] 04

Training through workshops or conferences..... [ ] 05

If yes, please characterize the Training received as either:

- On-going.....[ ] 06
- One-time episode.....[ ] 07
- Other (Specify) ..... [ ] 94

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- None.....[ ] 00

## Organization Profile

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**7a What is the legal status of your organization? (Check all that apply.)**

- Unincorporated.....[ ] 01
  - Incorporated, but hosted by a 501(c)(3) organization that serves as a fiscal agent.....[ ] 02
  - In process of obtaining 501(c)(3) status.....[ ] 03
  - 501(c)(3) organization.....[ ] 04
  - Other (Specify) ..... [ ] 94
- 

**7b. In the last two years, has your organization filed a 990 tax form?**

- Yes.....[ ] 01
- No.....[ ] 02

**7c. What is your organization's EIN number?** \_\_\_\_\_

**8. Does your organization have a mission statement?**

- Yes, we have a written mission statement.....[ ] 01
- Yes, we have a mission statement but it is not written.....[ ] 02

No.....[ ] 03

**9. Does your organization have a strategic plan?**

Yes, we have a written strategic plan.....[ ] 01

Yes, we have a strategic plan but it is not written.....[ ] 02

No.....[ ] 03

**10. In the past 12 months, has your organization conducted or participated in an assessment of organizational strengths/needs?**

Yes.....[ ] 01

No.....[ ] 02

**10a. If yes, was the assessment conducted/guided by an external individual/entity**

Yes.....[ ] 01

No.....[ ] 02

**10b. If yes, was this external assessment conducted/guided by:**

[the intermediary].....[ ] 01

Other.....[ ] 02

Both.....[ ] 03

## Program Services

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**11. What are your organization's primary programmatic areas? (Check all that apply.)**

- At risk youth/children and youth services.....[ ] 01
- Economic/community development.....[ ] 02
- Elderly/disabled services[ .....[ ] 03
- Health Services.....[ ] 04
- Homelessness/housing assistance.....[ ] 05
- Hunger.....[ ] 06
- Job training/welfare-to-work.....[ ] 07
- Marriage/relationships.....[ ] 08
- Abstinence/pregnancy prevention.....[ ] 09
- Prison ministry or prisoner reentry services.....[ ] 10
- Drug and alcohol rehabilitation.....[ ] 11
- Education.....[ ] 12
- Services to immigrants (including ESL) .....[ ] 13
- Other (Specify) ..... [ ] 94
  
- \_\_\_\_\_
- Other (Specify) ..... [ ] 94
- \_\_\_\_\_

**11a. Has your organization added/expanded programmatic areas within the past 15 months?**

- Yes (please describe)..... [ ] 01
- \_\_\_\_\_
- No.....[ ] 02

We would like to know about the number of people your organization serves. If your organization serves families, please count each family as one service recipient, otherwise please count individuals served as one service recipient.

12. Please give your best estimate of the total number of service recipients (individuals/ families) your organization served in the most recent month of full service delivery:

\_\_\_\_\_

We do not provide services to individuals or families  **GO TO QUESTION 15**.....[ ] 98

**12a. Compared to about the same period a year ago, has the number of individuals or families served...**

- Increased.....[ ] 01
- Decreased.....[ ] 02
- Stayed about the same.....[ ] 03

**13. Does your organization conduct formal measurement/assessments of the results and benefits of the services provided to individuals or families?**

- Yes.....[ ] 01
- No.....[ ] 02
- NA – we do not provide or have not yet provided services to individuals/families.....[ ] 98

**13a. If yes, who conducts the assessment?**

- In-house staff.....[ ] 01
- External individual/organization.....[ ] 02
- Both.....[ ] 03

**14. Does your organization seek and obtain regular feedback from individuals/families on their satisfaction with services?**

- Yes.....[ ] 01
- No.....[ ] 02
- NA – we do not provide or have not yet provided services to individuals/families.....[ ] 98

**15. Below is a table listing possible focus areas for an organization. Please check one(1) box for each focus area. See the key below.**

- A = Not a focus because we are satisfied with our achievement in this area
- B = Have implemented steps to address focus area
- C = Have developed plans or ideas to work on this, but haven't implemented them yet
- D = Know we should work on this but we lack the time or resources
- E = Not an area of focus at this time

Focus Area	A	B	C	D	E
Increasing the number of clients served by the organization	[ ] 01	[ ] 02	[ ] 03	[ ] 04	[ ] 05
Increasing the number or scope of services offered to clients	[ ] 01	[ ] 02	[ ] 03	[ ] 04	[ ] 05
Incorporating a new approach to services to improve quality/ effectiveness	[ ] 01	[ ] 02	[ ] 03	[ ] 04	[ ] 05
Expanding services to include new group of service recipients or geographic area	[ ] 01	[ ] 02	[ ] 03	[ ] 04	[ ] 05
Developing a way to collect more information about our clients, including number and characteristics of clients as well as how they are helped by our programs	[ ] 01	[ ] 02	[ ] 03	[ ] 04	[ ] 05
Strengthening the organization's ability to evaluate its overall effectiveness	[ ] 01	[ ] 02	[ ] 03	[ ] 04	[ ] 05

## Capacity Building Services Received by Organization

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We are interested in learning about the capacity building services your organization received in the past 12 months. First, we would like information on the services that were either directly provided by [The Intermediary] or purchased with funds provided by [The Intermediary]., Second, we would like information on any other capacity building services that you received.

- 16. Over the past 12 months, did any staff or Board members at your organization receive assistance (e.g., training or mentoring) in the following content areas from any source? (Do not count any assistance lasting less than 1 hour over the course of the 12 months.) Fill in the number of staff/Board members who received assistance in each area. Add up the hours that each person received assistance and record the total in the "Total # of hours" column.**



Content Area	Type of Assistance (Check all that apply)	Source of Assistance (provider or fiscal sponsor)	Total # of staff and Board members participating	Total # of hours (all staff)	In general, how helpful was the assistance? (Circle one)					
					Not at all helpful			Very helpful		
Resource Development, Fundraising, including grant/proposal writing	<input type="checkbox"/> Group training, workshop or conference	Named Intermediary	_____	_____ hrs	1	2	3	4	5	
		Other Organization/fiscal sponsor	_____	_____ hrs	1	2	3	4	5	
	<input type="checkbox"/> Technical assistance (1-on-1 consultation tailored to your organization's needs)	Named Intermediary	_____	_____ hrs	1	2	3	4	5	
		Other Organization/fiscal sponsor	_____	_____ hrs	1	2	3	4	5	
	<input type="checkbox"/> Peer Exchange (ongoing peer forum for mutual problem solving)	Named Intermediary	_____	_____ hrs	1	2	3	4	5	
		Other Organization/fiscal sponsor	_____	_____ hrs	1	2	3	4	5	
	<input type="checkbox"/> Attend college course	Named Intermediary	_____	_____ hrs	1	2	3	4	5	
		Other Organization/fiscal sponsor	_____	_____ hrs	1	2	3	4	5	
		<input type="checkbox"/> Other	Named Intermediary	_____	_____ hrs	1	2	3	4	5
			Other Organization/fiscal sponsor	_____	_____ hrs	1	2	3	4	5
		<input type="checkbox"/> Did not receive this type of assistance								
	Board Development	<input type="checkbox"/> Group training, workshop or conference	Named Intermediary	_____	_____ hrs	1	2	3	4	5
Other Organization/fiscal sponsor			_____	_____ hrs	1	2	3	4	5	
<input type="checkbox"/> Technical assistance (outside consultant working one-on-one or in small group)		Named Intermediary	_____	_____ hrs	1	2	3	4	5	
		Other Organization/fiscal sponsor	_____	_____ hrs	1	2	3	4	5	
<input type="checkbox"/> Coaching/mentoring		Named Intermediary	_____	_____ hrs	1	2	3	4	5	
		Other Organization/fiscal sponsor	_____	_____ hrs	1	2	3	4	5	
<input type="checkbox"/> Attend college course		Named Intermediary	_____	_____ hrs	1	2	3	4	5	
		Other Organization/fiscal sponsor	_____	_____ hrs	1	2	3	4	5	
<input type="checkbox"/> Other		Named Intermediary	_____	_____ hrs	1	2	3	4	5	

Content Area	Type of Assistance (Check all that apply)	Source of Assistance (provider or fiscal sponsor)	Total # of staff and Board members participating	Total # of hours (all staff)	In general, how helpful was the assistance? (Circle one)				
					Not at all helpful			Very helpful	
		Other Organization/fiscal sponsor	_____	_____ hrs	1	2	3	4	5
	<input type="checkbox"/> Did not receive this type of assistance								
Strategic Planning	<input type="checkbox"/> Group training, workshop or conference	Named Intermediary	_____	_____ hrs	1	2	3	4	5
		Other Organization/fiscal sponsor	_____	_____ hrs	1	2	3	4	5
	<input type="checkbox"/> Technical assistance (outside consultant working one-on-one or in small group)	Named Intermediary	_____	_____ hrs	1	2	3	4	5
		Other Organization/fiscal sponsor	_____	_____ hrs	1	2	3	4	5
	<input type="checkbox"/> Coaching/mentoring	Named Intermediary	_____	_____ hrs	1	2	3	4	5
		Other Organization/fiscal sponsor	_____	_____ hrs	1	2	3	4	5
	<input type="checkbox"/> Attend college course	Named Intermediary	_____	_____ hrs	1	2	3	4	5
		Other Organization/fiscal sponsor	_____	_____ hrs	1	2	3	4	5
	<input type="checkbox"/> Other	Named Intermediary	_____	_____ hrs	1	2	3	4	5
		Other Organization/fiscal sponsor	_____	_____ hrs	1	2	3	4	5
	<input type="checkbox"/> Did not receive this type of assistance								
	Human Resources and Volunteer Management	<input type="checkbox"/> Group training, workshop or conference	Named Intermediary	_____	_____ hrs	1	2	3	4
Other Organization/fiscal sponsor			_____	_____ hrs	1	2	3	4	5
<input type="checkbox"/> Technical assistance (outside consultant working one-on-one or in small group)		Named Intermediary	_____	_____ hrs	1	2	3	4	5
		Other Organization/fiscal sponsor	_____	_____ hrs	1	2	3	4	5
<input type="checkbox"/> Coaching/mentoring		Named Intermediary	_____	_____ hrs	1	2	3	4	5
		Other Organization/fiscal sponsor	_____	_____ hrs	1	2	3	4	5
<input type="checkbox"/> Attend college course		Named Intermediary	_____	_____ hrs	1	2	3	4	5

Content Area	Type of Assistance (Check all that apply)	Source of Assistance (provider or fiscal sponsor)	Total # of staff and Board members participating	Total # of hours (all staff)	In general, how helpful was the assistance? (Circle one)				
					Not at all helpful			Very helpful	
		Other Organization/fiscal sponsor	_____	_____ hrs	1	2	3	4	5
	<input type="checkbox"/> Other	Named Intermediary	_____	_____ hrs	1	2	3	4	5
		Other Organization/fiscal sponsor	_____	_____ hrs	1	2	3	4	5
	<input type="checkbox"/> Did not receive this type of assistance								
Networking, Collaboration, Partnerships	<input type="checkbox"/> Group training, workshop or conference	Named Intermediary	_____	_____ hrs	1	2	3	4	5
		Other Organization/fiscal sponsor	_____	_____ hrs	1	2	3	4	5
	<input type="checkbox"/> Technical assistance (outside consultant working one-on-one or in small group)	Named Intermediary	_____	_____ hrs	1	2	3	4	5
		Other Organization/fiscal sponsor	_____	_____ hrs	1	2	3	4	5
	<input type="checkbox"/> Coaching/mentoring	Named Intermediary	_____	_____ hrs	1	2	3	4	5
		Other Organization/fiscal sponsor	_____	_____ hrs	1	2	3	4	5
	<input type="checkbox"/> Attend college course	Named Intermediary	_____	_____ hrs	1	2	3	4	5
		Other Organization/fiscal sponsor	_____	_____ hrs	1	2	3	4	5
	<input type="checkbox"/> Other	Named Intermediary	_____	_____ hrs	1	2	3	4	5
		Other Organization/fiscal sponsor	_____	_____ hrs	1	2	3	4	5
<input type="checkbox"/> Did not receive this type of assistance									
Financial Management (Bookkeeping and Accounting)	<input type="checkbox"/> Group training, workshop or conference	Named Intermediary	_____	_____ hrs	1	2	3	4	5
		Other Organization/fiscal sponsor	_____	_____ hrs	1	2	3	4	5
	<input type="checkbox"/> Technical assistance (outside consultant working one-on-one or in small group)	Named Intermediary	_____	_____ hrs	1	2	3	4	5
		Other Organization/fiscal sponsor	_____	_____ hrs	1	2	3	4	5
	<input type="checkbox"/> Coaching/mentoring	Named Intermediary	_____	_____ hrs	1	2	3	4	5

Content Area	Type of Assistance (Check all that apply)	Source of Assistance (provider or fiscal sponsor)	Total # of staff and Board members participating	Total # of hours (all staff)	In general, how helpful was the assistance? (Circle one)					
					Not at all helpful			Very helpful		
		Other Organization/fiscal sponsor	_____	_____ hrs	1	2	3	4	5	
	<input type="checkbox"/> Attend college course	Named Intermediary	_____	_____ hrs	1	2	3	4	5	
		Other Organization/fiscal sponsor	_____	_____ hrs	1	2	3	4	5	
	<input type="checkbox"/> Other	Named Intermediary	_____	_____ hrs	1	2	3	4	5	
		Other Organization/fiscal sponsor	_____	_____ hrs	1	2	3	4	5	
	<input type="checkbox"/> Did not receive this type of assistance									
Becoming a 501(c)(3)	<input type="checkbox"/> Group training, workshop or conference	Named Intermediary	_____	_____ hrs	1	2	3	4	5	
		Other Organization/fiscal sponsor	_____	_____ hrs	1	2	3	4	5	
	<input type="checkbox"/> Technical assistance (outside consultant working one-on-one or in small group)	Named Intermediary	_____	_____ hrs	1	2	3	4	5	
		Other Organization/fiscal sponsor	_____	_____ hrs	1	2	3	4	5	
	<input type="checkbox"/> Coaching/mentoring	Named Intermediary	_____	_____ hrs	1	2	3	4	5	
		Other Organization/fiscal sponsor	_____	_____ hrs	1	2	3	4	5	
	<input type="checkbox"/> Attend college course	Named Intermediary	_____	_____ hrs	1	2	3	4	5	
		Other Organization/fiscal sponsor	_____	_____ hrs	1	2	3	4	5	
	<input type="checkbox"/> Other	Named Intermediary	_____	_____ hrs	1	2	3	4	5	
		Other Organization/fiscal sponsor	_____	_____ hrs	1	2	3	4	5	
		<input type="checkbox"/> Did not receive this type of assistance								
	Program Design, including Implementing Best Practices	<input type="checkbox"/> Group training, workshop or conference	Named Intermediary	_____	_____ hrs	1	2	3	4	5
		Other Organization/fiscal sponsor	_____	_____ hrs	1	2	3	4	5	
		Named Intermediary	_____	_____ hrs	1	2	3	4	5	

Content Area	Type of Assistance (Check all that apply)	Source of Assistance (provider or fiscal sponsor)	Total # of staff and Board members participating	Total # of hours (all staff)	In general, how helpful was the assistance? (Circle one)					
					Not at all helpful			Very helpful		
	<input type="checkbox"/> Technical assistance (outside consultant working one-on-one or in small group)	Other Organization/fiscal sponsor	_____	_____ hrs	1	2	3	4	5	
	<input type="checkbox"/> Coaching/mentoring	Named Intermediary	_____	_____ hrs	1	2	3	4	5	
		Other Organization/fiscal sponsor	_____	_____ hrs	1	2	3	4	5	
	<input type="checkbox"/> Attend college course	Named Intermediary	_____	_____ hrs	1	2	3	4	5	
		Other Organization/fiscal sponsor	_____	_____ hrs	1	2	3	4	5	
	<input type="checkbox"/> Other	Named Intermediary	_____	_____ hrs	1	2	3	4	5	
		Other Organization/fiscal sponsor	_____	_____ hrs	1	2	3	4	5	
	<input type="checkbox"/> Did not receive this type of assistance									
	Evaluation and Outcome Measurement	<input type="checkbox"/> Group training, workshop or conference	Named Intermediary	_____	_____ hrs	1	2	3	4	5
			Other Organization/fiscal sponsor	_____	_____ hrs	1	2	3	4	5
<input type="checkbox"/> Technical assistance (outside consultant working one-on-one or in small group)		Named Intermediary	_____	_____ hrs	1	2	3	4	5	
		Other Organization/fiscal sponsor	_____	_____ hrs	1	2	3	4	5	
<input type="checkbox"/> Coaching/mentoring		Named Intermediary	_____	_____ hrs	1	2	3	4	5	
		Other Organization/fiscal sponsor	_____	_____ hrs	1	2	3	4	5	
<input type="checkbox"/> Attend college course		Named Intermediary	_____	_____ hrs	1	2	3	4	5	
		Other Organization/fiscal sponsor	_____	_____ hrs	1	2	3	4	5	
		<input type="checkbox"/> Other	Named Intermediary	_____	_____ hrs	1	2	3	4	5
			Other Organization/fiscal sponsor	_____	_____ hrs	1	2	3	4	5
	<input type="checkbox"/> Did not receive this type of assistance									
Other (Specify:)	<input type="checkbox"/> Group training, workshop or conference	Named Intermediary	_____	_____ hrs	1	2	3	4	5	

Content Area	Type of Assistance (Check all that apply)	Source of Assistance (provider or fiscal sponsor)	Total # of staff and Board members participating	Total # of hours (all staff)	In general, how helpful was the assistance? (Circle one)					
					Not at all helpful			Very helpful		
_____ _____ _____ _____		Other Organization/fiscal sponsor	_____	_____ hrs	1	2	3	4	5	
	<input type="checkbox"/> Technical assistance (outside consultant working one-on-one or in small group)	Named Intermediary	_____	_____ hrs	1	2	3	4	5	
		Other Organization/fiscal sponsor	_____	_____ hrs	1	2	3	4	5	
	<input type="checkbox"/> Coaching/mentoring	Named Intermediary	_____	_____ hrs	1	2	3	4	5	
		Other Organization/fiscal sponsor	_____	_____ hrs	1	2	3	4	5	
	<input type="checkbox"/> Attend college course	Named Intermediary	_____	_____ hrs	1	2	3	4	5	
		Other Organization/fiscal sponsor	_____	_____ hrs	1	2	3	4	5	
	<input type="checkbox"/> Other	Named Intermediary	_____	_____ hrs	1	2	3	4	5	
		Other Organization/fiscal sponsor	_____	_____ hrs	1	2	3	4	5	
	<input type="checkbox"/> Did not receive this type of assistance									

## Financial Management

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**17. In the last completed fiscal year, what were your organization's total expenditures?**

If you have been in operation less than one year, please tell us your organization's total expenditures to date.

\$ \_\_\_\_\_

**18. Does your organization have a designated person who is responsible for financial management (paying bills, making deposits, keeping records)?**

Yes.....[ ] 01

No.....[ ] 02

**19. Is the Executive Director/head of your organization the person responsible for financial management or is there another person responsible for this activity?**

Executive Director/head.....[ ] 01

Another staff person: *(Explain)* ..... [ ] 02

Other *(Explain)* ..... [ ] 94

**20. Your organization prepares its budget: *(Check all that apply.)***

Annually.....[ ] 01

Quarterly.....[ ] 02

Monthly.....[ ] 03

Other *(Specify)* ..... [ ] 94

\_\_\_\_\_

The organization does not develop a budget on a regular basis. ....[ ] 96

**21. Has your organization had an audit of its finances/financial records by an external auditor in the past 12 months?**

Yes.....[ ] 01  
 No.....[ ] 02

**22. Does your organization have financial management procedures that provide checks and balances for ensuring expenditures are properly authorized?**

Yes, have written financial management procedures that provide checks and balances.....[ ] 01  
 Yes, have financial management procedures that provide checks and balances, but they are not written.....[ ] 02  
 No.....[ ] 03

**22a. Has your accounting system changed in the past year?**

Yes (*Briefly explain:*) ..... [ ] 01  
 \_\_\_\_\_  
 No.....[ ] 02

**23. Please indicate the extent to which each of the following is considered a focus area for your organization. Please check one (1) box for each focus area. See the key below.**

- A = Not a focus because we are satisfied with our achievement in this area
- B = Have implemented steps to address focus area
- C = Have developed plans or ideas to work on this, but haven't implemented them yet
- D = Know we should work on this but we lack the time or resources
- E = Not an area of focus at this time

Focus Area	A	B	C	D	E
Developing systems that will help manage the organization's finances more effectively	[ ] 01	[ ] 02	[ ] 03	[ ] 04	[ ] 05
Putting in place a budgeting process that ensures effective allocation of resources.	[ ] 01	[ ] 02	[ ] 03	[ ] 04	[ ] 05



## Funding

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24a. What was your organization's total revenue over the past 12 months?

\$ \_\_\_\_\_

24b. Please indicate the amount of revenue from these sources over the past 12 months.

Revenue Source	Total revenue from this source in the past 12 months
Direct mail fundraising	
Special fundraising events	
Fundraising appeals made in house of worship or community	
Door-to-door fundraising appeals	
Allocation from another organization (ex: from parent/host organization)	
Fees for service (Specify)	
Interest earned from endowments and other investments	
Unsolicited donations	
Other (Specify:)	

**24c. In the past 12 months, did your organization apply for a grant/contract?**

Yes.....[ ] 01

No  **GO TO QUESTION 25**.....[ ] 02

**If yes**, please complete the following:

	Number of applications for funding submitted in the past 12 months	Number of applications approved in the past 12 months	Number of applications for funding submitted in the past 12 months that are pending	Total amount of funds from this source in the past 12 months
Grants/contracts from federal government agencies				
Grants/contracts from state/local government agencies				
Grants/contracts from Foundations				
Grants from other federated giving groups (ex. United Way)				
Other (Specify:)				

24d. Please list the source and amount of each cash grant that your organization has received in the past 12 months. Then check the box(es) for each that describes what your organization intended to accomplish with this money. In the first row, if applicable, please describe the grant your organization received from [the intermediary]. If you need more space to record information about grants, please complete the list using the formatted chart at the end of this survey (page 34). Copy this chart as many times as needed to complete this list.

Source of Grant	Amount of Grant	What did your organization want to accomplish with this money? <i>(Check all that apply)</i>
#1 <input type="checkbox"/> [The intermediary] <input type="checkbox"/> NA – did not receive a grant from [the intermediary]	\$ _____	<input type="checkbox"/> Start up new program <input type="checkbox"/> Implement programmatic Best Practices <input type="checkbox"/> Expand type of services <input type="checkbox"/> Increase number of service recipients <input type="checkbox"/> Develop Board of Directors <input type="checkbox"/> Train administrative staff <i>(Specify area of training:)</i> _____ <input type="checkbox"/> Train program staff <i>(Specify:)</i> _____ <input type="checkbox"/> Increase/diversify income and resources <input type="checkbox"/> Improve image/public relations <input type="checkbox"/> Improve general management, financial management or administrative systems <input type="checkbox"/> Develop system for tracking outcomes <input type="checkbox"/> Other <i>(Specify:)</i> _____
#2 <input type="checkbox"/> Federal government agencies <input type="checkbox"/> State government agencies <input type="checkbox"/> Local government agencies <input type="checkbox"/> Foundations <input type="checkbox"/> Other federated giving groups (ex. United Way) <input type="checkbox"/> Other <i>(Specify:)</i> _____ _____	\$ _____	<input type="checkbox"/> Start up new program <input type="checkbox"/> Implement programmatic Best Practices <input type="checkbox"/> Expand type of services <input type="checkbox"/> Increase number of service recipients <input type="checkbox"/> Develop Board of Directors <input type="checkbox"/> Train administrative staff <i>(Specify area of training:)</i> _____ <input type="checkbox"/> Train program staff <i>(Specify:)</i> _____ <input type="checkbox"/> Increase/diversify income and resources <input type="checkbox"/> Improve image/public relations <input type="checkbox"/> Improve general management, financial management or administrative systems <input type="checkbox"/> Develop system for tracking outcomes <input type="checkbox"/> Other <i>(Specify:)</i> _____



- 25. Has your organization SOUGHT funding from any new sources (never before accessed) over the past 12 months?**  
Yes.....[ ] 01  
No.....[ ] 02
- 26. Has your organization OBTAINED funding from any new sources (never before accessed) over the past 12 months?**  
Yes.....[ ] 01  
No.....[ ] 02
- 27. Has your organization ever hired a grant/contract writer to PREPARE APPLICATIONS for funding?**  
Yes.....[ ] 01  
No.....[ ] 02
- 28. Has your organization ever hired a grant/contract writer to TRAIN STAFF to prepare applications for funding?**  
Yes.....[ ] 01  
No.....[ ] 02
- 29. Has your organization ever sent key staff to grant/contract writing workshops or similar learning opportunities?**  
Yes.....[ ] 01  
No.....[ ] 02
- 30. Does your organization have a fund raising/fund-development plan?**  
Yes, we have a written fund raising/fund-development plan.....[ ] 01  
Yes, we have a fund raising/fund-development plan but it is not written.....[ ] 02  
No.....[ ] 03

31. Below is a table listing possible focus areas for an organization. Please check one (1) box for each focus area. See the key below.

- A = Not a focus because we are satisfied with our achievement in this area
- B = Have implemented steps to address focus area
- C = Have developed plans or ideas to work on this, but haven't implemented them yet
- D = Know we should work on this but we lack the time or resources
- E = Not an area of focus at this time

Focus Area	A	B	C	D	E
Identifying and pursuing new sources of government funding	[ ] 01	[ ] 02	[ ] 03	[ ] 04	[ ] 05
Identifying and pursuing new sources of non-government funding.	[ ] 01	[ ] 02	[ ] 03	[ ] 04	[ ] 05
Identifying and pursuing new sources of in-kind donations	[ ] 01	[ ] 02	[ ] 03	[ ] 04	[ ] 05
Developing a fund-development plan (including setting fundraising goals)	[ ] 01	[ ] 02	[ ] 03	[ ] 04	[ ] 05

## Human Resources

The following set of questions is about the staff at your organization. Please report only on staff who work for your organization on a regular basis at least two hours per week, either as paid staff or as unpaid staff/volunteers.

32. Please indicate the number of staff of each type and count each person as EITHER PRIMARILY an administrative staff person (column a) or PRIMARILY a direct service staff person (column b). Column (c) should be equal to (a)+(b).

	(a) Number of staff spending more than 50% of their time working in an administrative capacity	+	(b) Number of staff spending more than 50% of their time providing direct services	=	(c) Total number of staff currently working at organization
<b>Paid Staff</b>					
<b>full-time</b> (30 or more hrs/wk)	# _____	+	# _____	=	# _____
<b>part-time</b> (between 2 and 30 hrs/wk)	# _____	+	# _____	=	# _____

**Unpaid Staff/Volunteers**

**full-time**  
(30 or more hrs/wk)      # \_\_\_\_\_ + # \_\_\_\_\_ = # \_\_\_\_\_

**part-time**  
(between 2 and 30 hrs/wk)      # \_\_\_\_\_ + # \_\_\_\_\_ = # \_\_\_\_\_

**33. If you have unpaid staff/volunteers, what is the estimated total number of VOLUNTEER hours contributed by all unpaid staff/volunteers in an average week?**

\_\_\_\_\_

NA – no unpaid staff/volunteers.....[ ] 98

**33a. If you DO NOT HAVE VOLUNTEERS, is recruiting volunteers**

- A current goal of your organization.....[ ] 01
- Not a goal because of the nature of organization's work.....[ ] 02
- Not a current goal, but a likely future goal.....[ ] 03

**34. Is the head of your organization (e.g., the executive director) a paid position?**

- Yes, paid full-time salary.....[ ] 01
- Yes, paid part-time salary.....[ ] 02
- No, not a paid position.....[ ] 03

**35. Over the past 12 months, how many individuals have served as head of your organization?**

\_\_\_\_\_

**36. Is there a written job description for each staff position or job category?**

Paid staff:

- Yes.....[ ] 01
- No.....[ ] 02

- NA – we do not have paid staff.....[ ] 98
- Volunteer staff:
  - Yes.....[ ] 01
  - No.....[ ] 02
  - NA – we do not have volunteer staff.....[ ] 98

**37. Does your organization conduct annual performance reviews for**

- Paid staff:
  - Yes.....[ ] 01
  - No.....[ ] 02
  - NA – we do not have paid staff.....[ ] 98
- Volunteer staff:
  - Yes.....[ ] 01
  - No.....[ ] 02
  - NA – we do not have volunteer staff.....[ ] 98

## Leadership and Staff Development

**38a. Which of the following did the head of the organization participate in the past 12 months?**

- Training related to management and administration (e.g. financial management, personnel management, outcomes measurement) .....[ ] 01
- Training related to fundraising (e.g. grant writing, developing a funding plan) .....[ ] 02
- Training related to service delivery (e.g. training in order to start a new service, training to increase skills needed for direct service role) .....[ ] 03
- None of these activities.....[ ] 04

**38b. Please specify the number of other paid and volunteer staff that participated in the following in the past 12 months:**

\_\_\_\_\_ # Training related to management and administration (e.g., financial management,



\_\_\_\_\_ personnel management, outcomes measurement)

\_\_\_\_\_ # Training related to fundraising (e.g. grant writing, developing a funding plan)

\_\_\_\_\_ # Training related to service delivery (e.g. training in order to start a new service, training to increase skills needed for direct service role)

No paid or volunteer staff participated in these kinds of activities.....[ ] 02

**39. In the past 12 months, has the head of your organization met regularly with a mentor who shares expertise and provides coaching and guidance regarding the duties and responsibilities of an executive director/organizational leader?**

Yes.....[ ] 01

No.....[ ] 02

**40. In the past 12 months, has any staff met regularly with a mentor who shares expertise and provides instruction and guidance on performing the roles and responsibilities?**

Yes.....[ ] 01

No.....[ ] 02

**41. Below is a table listing possible focus areas for an organization. Please check one(1) box for each focus area. See the key below.**

- A = Not a focus because we are satisfied with our achievement in this area
- B = Have implemented steps to address focus area
- C = Have developed plans or ideas to work on this, but haven't implemented them yet
- D = Know we should work on this but we lack the time or resources
- E = Not an area of focus at this time

Focus Area	A	B	C	D	E
Creating a plan or locating resources to help our executive director and other staff improve their leadership abilities.	[ ] 01	[ ] 02	[ ] 03	[ ] 04	[ ] 05
Providing staff with professional development and training to enhance skills in service delivery or skills in administration and management.	[ ] 01	[ ] 02	[ ] 03	[ ] 04	[ ] 05

Recruiting, developing, and managing volunteers more effectively.	[ ] 01	[ ] 02	[ ] 03	[ ] 04	[ ] 05
Hiring additional staff	[ ] 01	[ ] 02	[ ] 03	[ ] 04	[ ] 05

## Governance

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**42. Is there a Board of Directors focused solely on your organization?**

(Recall that “your organization” refers to the unit that applied for assistance 12 months ago.)

- Yes.....[ ] 01  
 We do not have a Board of Directors, but we have an advisory panel.....[ ] 02  
 No.....[ ] 03

**42a. If No, does your organization have plans for establishing a Board of Directors?**

- Yes.....[ ] 01  
 No **GO TO QUESTION 49**.....[ ] 02

**43. How many individuals are currently on your organization’s Board?**

\_\_\_\_\_

**44. How many vacant positions are there on the Board?**

\_\_\_\_\_

**45. Does the Board provide a formal orientation for new Board members?**

- Yes.....[ ] 01  
 No.....[ ] 02

**46. At Board meetings, does someone regularly take minutes and keep record of attendance?**

- Yes.....[ ] 01

No..... [ ] 02

**47. What are the primary activities of the Board (Check all that apply.)**

- Outreach to community and key stakeholders..... [ ] 01
  - Develop organization's budget..... [ ] 02
  - Recruit new board members..... [ ] 03
  - Set goals and strategies for the organization..... [ ] 04
  - Review performance of programs & program outcomes..... [ ] 05
  - Review organization's financial records to ensure funds were properly spent in support of the organization's mission..... [ ] 06
  - Conduct performance reviews of executive director..... [ ] 07
  - Conduct performance reviews of other staff..... [ ] 08
  - Other (Specify) ..... [ ] 94
- 

**48. In the PAST 12 MONTHS, did any members of the Board participate in any training or similar learning opportunities to learn more about governance or roles and responsibilities of Board members?**

- Yes..... [ ] 01
- No..... [ ] 02

49. Below is a table listing possible focus areas for an organization. Please check one box for each focus area. See the key below.

- A = Not a focus because we are satisfied with our achievement in this area
- B = Have implemented steps to address focus area
- C = Have developed plans or ideas to work on this, but haven't implemented them yet
- D = Know we should work on this but we lack the time or resources
- E = Not an area of focus at this time

Focus Area	A	B	C	D	E
Researching/finding resources to determine how best to form a board.	[ ] 01	[ ] 02	[ ] 03	[ ] 04	[ ] 05
Recruiting Board members with diverse expertise.	[ ] 01	[ ] 02	[ ] 03	[ ] 04	[ ] 05
Developing a Board that represents a cross-section of our community.	[ ] 01	[ ] 02	[ ] 03	[ ] 04	[ ] 05
Developing a Board with ties to different constituencies.	[ ] 01	[ ] 02	[ ] 03	[ ] 04	[ ] 05
Providing information to the Board so they can better understand their responsibilities and create plans for improving their performance.	[ ] 01	[ ] 02	[ ] 03	[ ] 04	[ ] 05

## Technology

50. How many functioning computers does your organization have?  
 Exclude computers that are personal or public property.

\_\_\_\_\_

51. Is this number sufficient for organization/staff needs?

Yes.....[ ] 01

No.....[ ] 02

**52. Are staff sufficiently proficient in the use of computers/software as needed by your organization?**

- Yes.....[ ] 01
- No.....[ ] 02

**53. What kind of access does your organization have to the Internet?**

- High Speed access.....[ ] 01
- Dial Up access.....[ ] 02
- No Internet access.....[ ] 03

**54. Is the Internet used in support of organizational activities?**

- Yes.....[ ] 01
- No.....[ ] 02

**54a. If yes, in what ways? (Check all that apply.)**

- Supports the organizational website.....[ ] 01
  - Staff uses internet to learn about funding opportunities.....[ ] 02
  - Staff uses internet to gather information (data/statistics) needed to write grant applications. [ ] 03
  - Other (Specify) ..... [ ] 94
- 

## Recordkeeping

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**55. Does your organization regularly use computer software to keep financial records?**

- Yes.....[ ] 01
- No.....[ ] 02

**56. Organizations keep different types of records about program participants and services. Please indicate whether you keep records in the areas below and whether they are kept as paper or electronic records.**

- A = We do not keep records on this
- B = We keep records on paper
- C = We keep records electronically
- D = NA – we do not have or do not yet have program participants and/or services

<b>Types of Records</b>	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>
Number of individuals or families enrolled in/served through programs	[ ] 01	[ ] 02	[ ] 03	[ ] 04
Referral sources of service recipients (referred by another agency, heard about program from friend)	[ ] 01	[ ] 02	[ ] 03	[ ] 04
Needs of individuals/families upon first contact with program	[ ] 01	[ ] 02	[ ] 03	[ ] 04
Types of services provided to individuals/families	[ ] 01	[ ] 02	[ ] 03	[ ] 04
Information about individual service recipients' outcomes	[ ] 01	[ ] 02	[ ] 03	[ ] 04
Other ( <i>Specify:</i> )	[ ] 01	[ ] 02	[ ] 03	[ ] 04

## Community Engagement

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**57. Which of the following has your organization done in the past 12 months to expand awareness about the organization to individuals or families in the community/service area? (Check all that apply.)**

- Created or updated a website.....[ ] 01
- Developed or distributed written materials (such as a brochure or newsletter) .....[ ] 02
- Made presentations to faith-based or other community groups.....[ ] 03
- Utilized public service announcements or paid advertising.....[ ] 04
- Other (Specify): ..... [ ] 94

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None.....[ ] 00

**58. Which of the following has your organization done in the past 12 months to expand awareness about the organization to potential partners or funders? (Check all that apply.)**

- Created or updated a website.....[ ] 01
- Developed or distributed written materials (such as a brochure or newsletter) .....[ ] 02
- Made presentations to faith-based or other community groups.....[ ] 03
- Utilized public service announcements or paid advertising.....[ ] 04
- Other (Specify): ..... [ ] 94

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None.....[ ] 00

**59. Within the past 12 months, has your organization undertaken a specific activity (e.g., meeting with constituents, community mapping, needs assessment survey) to gain an understanding of the needs in your service area/community?**

- Yes.....[ ] 01
- No.....[ ] 02

**60. Is your organization engaged in partnership arrangements with other organization in the community/service area?**

- Yes.....[ ] 01
- No.....[ ] 02

**60a. If yes, what are the primary purposes of the partnership(s)? (Check all that apply.)**

- To receive and make service recipient referrals.....[ ] 01
- To develop & operate joint programming.....[ ] 02
- To access new funding sources (funding alliance) .....[ ] 03
- To recruit volunteers.....[ ] 04
- To participate in advocacy, awareness and education.....[ ] 05
- To obtain in-kind donations.....[ ] 06
- To assess community/service recipient needs.....[ ] 07
- Peer learning (learning circle, study group) .....[ ] 08
- To access complementary skills/knowledge (Specify:) .....[ ] 09
- Other reasons for partnership (Specify:) .....[ ] 94

**60b. If yes, what sector is/are project partners? (Check all that apply.)**

- Government.....[ ] 01
- Business .....[ ] 02
- Educational institution.....[ ] 03
- Secular non-profit .....[ ] 04
- Faith-based sector.....[ ] 05



**24d. Additional information.**

Source of Grant	Amount of Grant	What did your organization want to accomplish with this money? <i>(Check all that apply)</i>
# _____ <input type="checkbox"/> Federal government agencies <input type="checkbox"/> State government agencies <input type="checkbox"/> Local government agencies <input type="checkbox"/> Foundations <input type="checkbox"/> Other federated giving groups (ex. United Way) <input type="checkbox"/> Other (Specify:) _____ _____	\$ _____	<input type="checkbox"/> Start up new program <input type="checkbox"/> Implement programmatic Best Practices <input type="checkbox"/> Expand type of services <input type="checkbox"/> Increase number of service recipients <input type="checkbox"/> Develop Board of Directors <input type="checkbox"/> Train administrative staff <i>(Specify area of training:)</i> _____ <input type="checkbox"/> Train program staff <i>(Specify:)</i> _____ <input type="checkbox"/> Increase/diversify income and resources <input type="checkbox"/> Improve image/public relations <input type="checkbox"/> Improve general management, financial management or administrative systems <input type="checkbox"/> Develop system for tracking outcomes <input type="checkbox"/> Other <i>(Specify:)</i> _____ _____
# _____ <input type="checkbox"/> Federal government agencies <input type="checkbox"/> State government agencies <input type="checkbox"/> Local government agencies <input type="checkbox"/> Foundations <input type="checkbox"/> Other federated giving groups (ex. United Way) <input type="checkbox"/> Other (Specify:) _____ _____	\$ _____	<input type="checkbox"/> Start up new program <input type="checkbox"/> Implement programmatic Best Practices <input type="checkbox"/> Expand type of services <input type="checkbox"/> Increase number of service recipients <input type="checkbox"/> Develop Board of Directors <input type="checkbox"/> Train administrative staff <i>(Specify area of training:)</i> _____ <input type="checkbox"/> Train program staff <i>(Specify:)</i> _____ <input type="checkbox"/> Increase/diversify income and resources <input type="checkbox"/> Improve image/public relations <input type="checkbox"/> Improve general management, financial management or administrative systems <input type="checkbox"/> Develop system for tracking outcomes <input type="checkbox"/> Other <i>(Specify:)</i> _____ _____