

| Change Table | CCF Evaluation – Baseline Survey | |
|--------------|---|--|
| Question | Previous Version | Proposed Change |
| 1 | Name of your organization | Name of the organization that will be the primary recipient/beneficiary of assistance requested |
| 2 | Address: _____ | Street: _____ City/State: _____ Zipcode: _____ |
| 3 | | ADD: 3b. Date of completion: _____ |
| 9 | | ADD: (Check all that apply) ADD: <input type="checkbox"/> Personal/professional network |
| 10a | Renumbering from 10 to 10a | |
| 10b | No previous 10b | 10b. What is your organization's EIN number? _____ |
| 11 | In what year was your organization established? _____ | In what year was your organization formed? _____ |
| 12 | | ADD: <input type="checkbox"/> NA – our organization has not yet begun providing services <input type="checkbox"/> NA - our organization does not provide direct services |
| 15 | Does your organization have a written mission statement? <input type="checkbox"/> Yes <input type="checkbox"/> No | Does your organization have a mission statement? <input type="checkbox"/> Yes, we have a written mission statement <input type="checkbox"/> Yes, we have a mission statement but it is not written <input type="checkbox"/> No |
| 16 | Does your organization have a written strategic plan? <input type="checkbox"/> Yes <input type="checkbox"/> No | Does your organization have a strategic plan? <input type="checkbox"/> Yes, we have a written strategic plan <input type="checkbox"/> Yes, we have a strategic plan but it is not written <input type="checkbox"/> No |
| 20 | Please give your best estimate of the total number of individuals/families your organization served in the most recent month of full service delivery: _____ 20a. Compared to about the same period a year ago, has the number of individuals or families served <input type="checkbox"/> Increased <input type="checkbox"/> Decreased <input type="checkbox"/> Stayed about the same | We would like to know about the number of people your organization serves. If you serve families, please count each family as one service recipient, otherwise please count individuals served as one service recipient. 20. Please give your best estimate of the total number of people (individuals/families) your organization served in the most recent month of full service delivery: _____ <input type="checkbox"/> We do not provide services to individuals or families (skip to Q 21?) 20a. Compared to about the same period a year ago, has the number of individuals or families served <input type="checkbox"/> Increased <input type="checkbox"/> Decreased <input type="checkbox"/> Stayed about the same |
| 22 | Does your organization seek/obtain regular feedback from individuals/families on their satisfaction with services? | Does your organization seek and obtain regular feedback from individuals/families on their satisfaction with services? |

| | | |
|--|--|--|
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA – we do not provide or have not yet provided services to individuals/families |
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| 24 | | ADD: <i>If you have been in operation less than one year, please tell us your organization's total expenditures to date.</i> |
| 26 | <input type="checkbox"/> Another staff person | <input type="checkbox"/> Another staff person: explain _____ |

| | | |
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| 27 | | ADD: <i>(Check all that apply):</i> |
|----|--|-------------------------------------|

| | | |
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| 29 | Does your organization have written financial management procedures that provide checks and balances for ensuring expenditures are properly authorized? <input type="checkbox"/> Yes <input type="checkbox"/> No | Does your organization have financial management procedures that provide checks and balances for ensuring expenditures are properly authorized? <input type="checkbox"/> Yes, we have written financial management procedures that provide checks and balances <input type="checkbox"/> Yes, we have financial management procedures that provide checks and balances, but they are not written <input type="checkbox"/> No |
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| | | |
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| 32 | | Delete the following from this question; Address these sources of revenue in new 32b & 32 c (see below) Please answer the following questions as they apply to fundraising activities over the past 12 months. |
|----|--|---|

| | Number of applications for funding submitted in the past 12 months | Number of applications approved in the past 12 months | Total amount of funds from this source in past 12 months | % of total revenue obtained 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 (e.g., United Way) | | | | |
| Direct mail fundraising | | | | |
| Special fundraising events | | | | |
| Fundraising appeals made in church or community | | | | |
| Door-to-door fundraising appeals | | | | |
| Other (<i>Specify:</i>) _____ _____ | | | | |

| 32a | No previous 32a | 32a. What was your organization's total revenue over the past 12 months? \$ _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|---|---|--|---|---|--|---|---|--|----------------------------------|--|--|--|---------------------------------------|--|---|-----------------------------------|-----------------------|--|----------------------------|--|--|--|--|--|--|------------------------|--|--|--|--|
| 32b | No previous 32 b | <p>32b. In the past 12 months, did your organization apply for or receive a grant/contract? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, skip to Q32c) If yes, please complete the following:</p> <table border="1" data-bbox="968 289 1990 760"> <thead> <tr> <th data-bbox="968 289 1268 461"></th> <th data-bbox="1268 289 1430 461">Number of applications for funding submitted in the past 12 months</th> <th data-bbox="1430 289 1572 461">Number of applications approved in the past 12 months</th> <th data-bbox="1572 289 1766 461">Number of applications for funding submitted in the past 12 months that are pending</th> <th data-bbox="1766 289 1990 461">Total amount of funds from this source in the past 12 months</th> </tr> </thead> <tbody> <tr> <td data-bbox="968 461 1268 513">Grants/contracts from federal government agencies</td> <td data-bbox="1268 461 1430 513"></td> <td data-bbox="1430 461 1572 513"></td> <td data-bbox="1572 461 1766 513"></td> <td data-bbox="1766 461 1990 513"></td> </tr> <tr> <td data-bbox="968 513 1268 586">Grants/contracts from state/local government agencies</td> <td data-bbox="1268 513 1430 586"></td> <td data-bbox="1430 513 1572 586"></td> <td data-bbox="1572 513 1766 586"></td> <td data-bbox="1766 513 1990 586"></td> </tr> <tr> <td data-bbox="968 586 1268 638">Grants/contracts from Foundations</td> <td data-bbox="1268 586 1430 638"></td> <td data-bbox="1430 586 1572 638"></td> <td data-bbox="1572 586 1766 638"></td> <td data-bbox="1766 586 1990 638"></td> </tr> <tr> <td data-bbox="968 638 1268 711">Grants from other federated giving groups (ex. United Way)</td> <td data-bbox="1268 638 1430 711"></td> <td data-bbox="1430 638 1572 711"></td> <td data-bbox="1572 638 1766 711"></td> <td data-bbox="1766 638 1990 711"></td> </tr> <tr> <td data-bbox="968 711 1268 760">Other (specify: _____)</td> <td data-bbox="1268 711 1430 760"></td> <td data-bbox="1430 711 1572 760"></td> <td data-bbox="1572 711 1766 760"></td> <td data-bbox="1766 711 1990 760"></td> </tr> </tbody> </table> | | 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: _____) | | | | |
| | 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: _____) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 32c | No previous 32c | <p>32c. Please answer the following questions as they apply to your other revenue sources over the past 12 months.</p> <table border="1" data-bbox="968 837 2066 1292"> <thead> <tr> <th data-bbox="968 837 1335 862">Revenue Source</th> <th data-bbox="1335 837 2066 862">Total revenue from this source in the past 12 months</th> </tr> </thead> <tbody> <tr> <td data-bbox="968 862 1335 886">Direct mail fundraising</td> <td data-bbox="1335 862 2066 886"></td> </tr> <tr> <td data-bbox="968 886 1335 911">Special fundraising events</td> <td data-bbox="1335 886 2066 911"></td> </tr> <tr> <td data-bbox="968 911 1335 963">Fundraising appeals made in house of worship or community</td> <td data-bbox="1335 911 2066 963"></td> </tr> <tr> <td data-bbox="968 963 1335 987">Door-to-door fundraising appeals</td> <td data-bbox="1335 963 2066 987"></td> </tr> <tr> <td data-bbox="968 987 1335 1039">Allocation from another organization (ex: from parent/host organization)</td> <td data-bbox="1335 987 2066 1039"></td> </tr> <tr> <td data-bbox="968 1039 1335 1112">Fees for service (Specify):- _____</td> <td data-bbox="1335 1039 2066 1112"></td> </tr> <tr> <td data-bbox="968 1112 1335 1164">Interest earned from endowments and other investments</td> <td data-bbox="1335 1112 2066 1164"></td> </tr> <tr> <td data-bbox="968 1164 1335 1188">Unsolicited donations</td> <td data-bbox="1335 1164 2066 1188"></td> </tr> <tr> <td data-bbox="968 1188 1335 1292">Other (Specify):- _____</td> <td data-bbox="1335 1188 2066 1292"></td> </tr> </tbody> </table> | 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):- _____ | | | | | | | | | | | |
| 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):- _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 37 | Does your organization have a written fund raising/fund-development plan? <input type="checkbox"/> Yes <input type="checkbox"/> No | Does your organization have a fund raising/fund-development plan? <input type="checkbox"/> Yes, we have a written fund raising/fund-development plan <input type="checkbox"/> Yes, we have a fund raising/fund-development plan but it is not written <input type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 39 | | Rearrange columns a, b & c so that a + b = c. Define "primarily administrative" as "spending more than 50% of their time working in an administrative capacity" | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| | | Define “primarily a direct service staff person” as “spending more than 50% of their time providing direct services” | | | | | | | | | | | | |
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| 40 | | ADD: “If you have unpaid staff/volunteers” before the question ADD: <input type="checkbox"/> NA – no unpaid staff/volunteers | | | | | | | | | | | | |
| 41 | | ADD <input type="checkbox"/> NA – Organization was not in existence a year ago | | | | | | | | | | | | |
| 42 | | ADD <input type="checkbox"/> NA – Organization was not in existence a year ago | | | | | | | | | | | | |
| 45 | | ADD <input type="checkbox"/> NA – we do not have paid staff <input type="checkbox"/> NA – we do not have volunteer staff | | | | | | | | | | | | |
| 46 | | ADD <input type="checkbox"/> NA – we do not have paid staff <input type="checkbox"/> NA – we do not have volunteer staff | | | | | | | | | | | | |
| | | <p>Delete the following from this question; Address training activities in new 47a and 47b (see below)</p> <p>Use the chart below to indicate the extent to which the head of your organization or staff (paid or volunteer) participated in training (or similar learning opportunities) related to: management and administration (such as financial management, personnel management, outcomes measurement), fundraising (grant writing, developing a funding plan), or service delivery (training in order to start a new service, training to increase skills needed for direct service role)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%;"></th> <th style="width: 15%; text-align: center;">(a) Did the head of the organization participate in the past 12 months</th> <th style="width: 15%; text-align: center;">(b) Number of other paid and volunteer staff that participated in the past 12 months</th> </tr> </thead> <tbody> <tr> <td>Training related to management and administration</td> <td style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td style="text-align: center;">#</td> </tr> <tr> <td>Training related to fundraising</td> <td style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td style="text-align: center;">#</td> </tr> <tr> <td>Training related to service delivery</td> <td style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td style="text-align: center;">#</td> </tr> </tbody> </table> | | (a) Did the head of the organization participate in the past 12 months | (b) Number of other paid and volunteer staff that participated in the past 12 months | Training related to management and administration | <input type="checkbox"/> Yes <input type="checkbox"/> No | # | Training related to fundraising | <input type="checkbox"/> Yes <input type="checkbox"/> No | # | Training related to service delivery | <input type="checkbox"/> Yes <input type="checkbox"/> No | # |
| | (a) Did the head of the organization participate in the past 12 months | (b) Number of other paid and volunteer staff that participated in the past 12 months | | | | | | | | | | | | |
| Training related to management and administration | <input type="checkbox"/> Yes <input type="checkbox"/> No | # | | | | | | | | | | | | |
| Training related to fundraising | <input type="checkbox"/> Yes <input type="checkbox"/> No | # | | | | | | | | | | | | |
| Training related to service delivery | <input type="checkbox"/> Yes <input type="checkbox"/> No | # | | | | | | | | | | | | |
| 47a | No previous 47a | <p>47a. Which of the following did the head of the organization participate in the past 12 months?</p> <p><input type="checkbox"/> Training related to management and administration (e.g. financial management, personnel management, outcomes measurement)</p> <p><input type="checkbox"/> Training related to fundraising (e.g. grant writing, developing a funding plan)</p> <p><input type="checkbox"/> Training related to service delivery (e.g. training in order to start a new service, training to increase skills needed for direct service role)</p> <p><input type="checkbox"/> None of these activities</p> | | | | | | | | | | | | |
| 47b | No previous 47b | <p>47b. Please specify the number of paid and volunteer staff (excluding the head of the organization) that participated in the following in the past 12 months:</p> <p>_____ # Training related to management and administration (e.g. financial management, personnel management, outcomes measurement)</p> <p>_____ # Training related to fundraising (e.g. grant writing, developing a funding plan)</p> <p>_____ # Training related to service delivery (e.g. training in order to start a new service, training to increase skills needed for direct service role)</p> <p><input type="checkbox"/> No paid or volunteer staff participated in these kinds of activities</p> | | | | | | | | | | | | |
| 51 | | ADD: <input type="checkbox"/> We do not have a Board of Directors, but we have an advisory panel | | | | | | | | | | | | |
| 51a | 51a. If no, does your organization have plans for establishing a Board of | 51a. If no Board of Directors, does your organization have plans for establishing a Board of Directors? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | |

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| | directors? <input type="checkbox"/> Yes <input type="checkbox"/> No (Go to question 59) | <i>(If no, go to question 58)</i> |
| 58 | | ADD to chart: Researching/finding resources to determine how best to form a board |
| 59 | | ADD: Exclude computers that are personal or public property |
| 65 | | ADD: D= NA – we do not have or do not yet have program participants and/or services |