

CCF Evaluation – Follow-up Survey		
Question	Previous Version	Proposed change
2	Address: _____	Street: _____ City/State: _____ Zipcode: _____
6 and 6a.	<p>6. During the past 15 months, did your organization receive services/assistance from [The Intermediary]?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>6a. If yes, please indicate the type of assistance/service (<i>Check all that apply</i>)</p> <p><input type="checkbox"/> Financial Assistance → If financial assistance, what was the total amount of funding you received during the past 15 months from this source? \$ _____</p> <p><input type="checkbox"/> One-on-one, customized technical assistance (TA)</p> <p><input type="checkbox"/> Training through workshops or conferences</p> <p><input type="checkbox"/> Other (<i>Specify:</i>) _____</p>	<p>6. During the past 12 months, did your organization receive any of the following services/assistance from [The Intermediary]? (<i>Check all that apply.</i>)</p> <p>Financial Assistance.....[] 01</p> <p>If financial assistance, what was the total amount of funding you received during the Past 12 months from this source? \$ _____</p> <p>Technical Assistance (TA) (one-on-one consultation tailored to your organization’s needs) [] 02</p> <p>If yes, please characterize the TA received as either:</p> <p>On-going.....[] 03</p> <p>One-time episode.....[] 04</p> <p>Training through workshops or conferences.....[] 05</p> <p>If yes, please characterize the Training received as either:</p> <p>On-going.....[] 06</p> <p>One-time episode.....[] 07</p> <p>Other (Specify:)[] 94</p> <p>_____</p> <p>None.....[] 00</p>
7	Renumbering No previous 7b	7a.
		<p>7b. In the last two years, has your organization filed a 990 tax form?</p> <p>Yes[]01</p> <p>No[]02</p>
	No previous 7c	7c. What is your organization’s EIN number? _____
8	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
9	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

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	No previous 10b	10b. If yes, was this external assessment conducted/guided by: [the intermediary].....[] 01 Other.....[] 02 Both.....[] 03																		
11a.	Has your organization added/expanded or reduced programmatic areas in the past 15 months? <input type="checkbox"/> Yes → Please describe _____ <input type="checkbox"/> No	11a. Eliminate “or reduced”																		
13		Add: <input type="checkbox"/> NA – we do not provide or have not yet provided services to individuals/families																		
14		Add: <input type="checkbox"/> NA – we do not provide or have not yet provided services to individuals/families																		
16		Add (under “type of assistance”): <input type="checkbox"/> Did not receive this type of assistance																		
19		Add: (Check all that apply):																		
19	<input type="checkbox"/> Another staff person	<input type="checkbox"/> Another staff person: explain _____																		
20		Add: (Check all that apply):																		
22		Add: Yes, have financial management procedures that provide checks and balances, but they are not written [] 02																		
22	No previous 22a	22a. Has your accounting system changed in the past year? Yes (Briefly explain:)[] 01 No.....[] 02																		
24	No previous 24a	24a. What was your organization’s total revenue over the past 12 months? \$ _____																		
25		Reformat the question into multiple parts for clarity (see 24b, c, and d below)																		
24b.	No previous 24b	24b. Please indicate the amount of revenue from these sources over the past 12 months. <table border="1" data-bbox="968 1146 1829 1474"> <thead> <tr> <th>Revenue Source</th> <th>Total amount of funds from this source in the past 12 months</th> </tr> </thead> <tbody> <tr> <td>Direct mail fundraising</td> <td></td> </tr> <tr> <td>Special fundraising events</td> <td></td> </tr> <tr> <td>Fundraising appeals made in church or community</td> <td></td> </tr> <tr> <td>Door-to-door fundraising appeals</td> <td></td> </tr> <tr> <td>Grants/contracts</td> <td></td> </tr> <tr> <td>Allocation from another organization (such as your church)</td> <td></td> </tr> <tr> <td>Fees for service (Specify):- _____</td> <td></td> </tr> <tr> <td>Other (Specify): _____</td> <td></td> </tr> </tbody> </table>	Revenue Source	Total amount of funds from this source in the past 12 months	Direct mail fundraising		Special fundraising events		Fundraising appeals made in church or community		Door-to-door fundraising appeals		Grants/contracts		Allocation from another organization (such as your church)		Fees for service (Specify):- _____		Other (Specify): _____	
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		24c. In the past 12 months, did your organization apply for or receive a grant/contract? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, skip to Q33)</i> 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:)				

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26	Numbered 26	<p>Renumbered as 24d.</p> <p>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.</p> <table border="1"> <thead> <tr> <th>Source of Grant</th> <th>Amount of Grant</th> <th>Goal of Grant (Check all that apply)</th> </tr> </thead> <tbody> <tr> <td> #1 <input type="checkbox"/> [The intermediary] <input type="checkbox"/> NA – did not receive a grant from [the intermediary] </td> <td>\$ _____</td> <td> <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 (Specify area of training:) _____ <input type="checkbox"/> Train program staff (Specify;) _____ <input type="checkbox"/> Increase/diversify income and resourcees <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 (Specify:) _____ </td> </tr> <tr> <td> #2 <input type="checkbox"/> Federal gov agencies <input type="checkbox"/> State gov agencies <input type="checkbox"/> Local gov agencies <input type="checkbox"/> Foundations <input type="checkbox"/> Other federated giving groups (ex United Way) <input type="checkbox"/> Other (specify) </td> <td></td> <td> <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 (Specify area of training:) _____ <input type="checkbox"/> Train program staff (Specify;) _____ <input type="checkbox"/> Increase/diversify income and resourcees <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 (Specify:) _____ </td> </tr> </tbody> </table>	Source of Grant	Amount of Grant	Goal of Grant (Check all that apply)	#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 (Specify area of training:) _____ <input type="checkbox"/> Train program staff (Specify;) _____ <input type="checkbox"/> Increase/diversify income and resourcees <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 (Specify:) _____	#2 <input type="checkbox"/> Federal gov agencies <input type="checkbox"/> State gov agencies <input type="checkbox"/> Local gov 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 (Specify area of training:) _____ <input type="checkbox"/> Train program staff (Specify;) _____ <input type="checkbox"/> Increase/diversify income and resourcees <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 (Specify:) _____
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27		Renumber 25									
28		Renumber 26									
29		Renumber 27									
30		Renumber 28									
31		Renumber 29									

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32	Does your organization have a written fund raising/fund-development plan? <input type="checkbox"/> Yes <input type="checkbox"/> No	Renumber 30 Does your organization have a fund raising/fund-development plan? ADD: 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																																										
33		Renumber 31																																										
34		Renumber 32: Add percent time to help define positions. Reorder columns in chart so that (a) + (b) = (c): 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). <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;"></th> <th style="width: 15%; text-align: center;">(a) Number of staff spending more than 50% of their time working in an administrative capacity</th> <th style="width: 5%; text-align: center;">+</th> <th style="width: 15%; text-align: center;">b) Number of staff spending more than 50% of their time provid- ing direct services</th> <th style="width: 5%; text-align: center;">=</th> <th style="width: 15%; text-align: center;">(c) Total number of staff currently working at organization</th> </tr> </thead> <tbody> <tr> <td colspan="6" style="background-color: #cccccc;">Paid Staff</td> </tr> <tr> <td>full-time (30 or more hrs/wk)</td> <td># _____</td> <td></td> <td># _____</td> <td>=</td> <td># _____</td> </tr> <tr> <td>part-time (between 2 and 30 hrs/wk)</td> <td># _____</td> <td></td> <td># _____</td> <td>=</td> <td># _____</td> </tr> <tr> <td colspan="6" style="background-color: #cccccc;">Unpaid Staff/Volunteers</td> </tr> <tr> <td>full-time (30 or more hrs/wk)</td> <td># _____</td> <td></td> <td># _____</td> <td>=</td> <td># _____</td> </tr> <tr> <td>part-time (between 2 and 30 hrs/wk)</td> <td># _____</td> <td></td> <td># _____</td> <td>=</td> <td># _____</td> </tr> </tbody> </table>		(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 provid- ing direct services	=	(c) Total number of staff currently working at organization	Paid Staff						full-time (30 or more hrs/wk)	# _____		# _____	=	# _____	part-time (between 2 and 30 hrs/wk)	# _____		# _____	=	# _____	Unpaid Staff/Volunteers						full-time (30 or more hrs/wk)	# _____		# _____	=	# _____	part-time (between 2 and 30 hrs/wk)	# _____		# _____	=	# _____
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35	What is the estimated total number of volunteer hours contributed by all unpaid staff/volunteers in an average week? _____	<p>Renumber 33: ADD: “If you have unpaid staff/volunteers,” before the question.</p> <p>ADD: 33a. If you DO NOT HAVE VOLUNTEERS, is recruiting volunteers</p> <p>A current goal of your organization.....[] 01</p> <p>Not a goal because of the nature of organization’s work.....[] 02</p> <p>Not a current goal, but a likely future goal.....[] 03</p>
36		Renumber 34
37		Renumber 35
38		<p>Renumber 36</p> <p>ADD: “NA – we do not have paid staff” and “NA – we do not have volunteer staff”</p>
39		<p>Renumber 37</p> <p>ADD: “NA – we do not have paid staff” and “NA – we do not have volunteer staff”</p>
40		<p>Renumber 38:</p> <p>Change format and separate into two questions:</p> <p>ADD: 38a. Which of the following did the head of the organization participate in the past 12 months?</p> <p>Training related to management and administration (e.g. financial management, personnel management, outcomes measurement)[] 01</p> <p>Training related to fundraising (e.g. grant writing, developing a funding plan) ...[] 02</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)[] 03</p> <p>None of these activities.....[] 04</p> <p>38b. Please specify the number of other paid and volunteer staff 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>No paid or volunteer staff participated in these kinds of activities [] 02</p>
41		Renumber 39
42		Renumber 40
43		<p>Renumber 41</p> <p>ADD Focus Area: Hiring additional staff</p>
44		Renumber 42
45		Renumber 43
46		Renumber 44
47		Renumber 45
48		Renumber 46
49		Renumber 47
50		Renumber 48

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51		Renumber 49 Add Focus Area: Researching/finding resources to determine how best to form a board
52		Renumber 50 ADD: Exclude computers that are personal or public property.
53		Renumber 51
54		Renumber 52
55		Renumber 53
56		Renumber 54
57		Renumber 55
58		Renumber 56 Add column: D= NA – we do not have or do not yet have program participants and/or services
59		Renumber 57
60		Renumber 58
61		Renumber 59
62		Renumber 60