

Changes to Retrospective Survey for use with Mini Grantees

Question	Previous Version	Proposed Change
1.	Address of your organization	Street: _____ City/State: _____ Zipcode: _____
		Add Organization Telephone No: _____
		Add: Email address: _____
4.	Please indicate the years in which your Organization received sub-award(s) from the [name of intermediary], and the total amount of money you received from [name of intermediary] during each time period.	Please indicate the year(s) in which your Organization received a CCF Targeted Capacity Building award (mini-grant award) and the total amount of the award.
	Grant Cycle I: October 2002 - September 2003 II: October 2003 - September 2004 III: October 2004 - September 2005	Grant Cycle I: September 2002 - September 2003 II: September 2003 - September 2004 III: September 2004 - September 2005
	Received Sub-Award <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No	Deleted.
	Amount of Sub-Award	Amount of Mini-Grant Award
5	Did your Organization also receive one-on-one, customized technical assistance or training from [name of intermediary] during any of the following time periods?	Did your Organization also receive customized one-on-one technical assistance, training or sub-award(s) to support organizational capacity building from a <i>CCF-funded intermediary</i> at any time between September 2002 and September 2005?

		5a. If yes, please complete the table below:
	Grant Cycle I: October 2002 - September 2003 II: October 2003 - September 2004 III: October 2004 - September 2005	Time Period I: September 2002 - September 2003 II: September 2003 - September 2004 III: September 2004 - September 2005
		Add: Received financial assistance/award (sub-award) <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No
	Received training	Received training (i.e. classes, workshops)
5b		Add: Please provide the name of the intermediary _____
6	Has your organization received any other services/support (other than those referred to in questions 4 and 5) from [name of intermediary]? If so, please tell us when the services/support were received and describe the services/support. <input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes → Date of Services _____ _____ → Description of Services _____ _____	Did your Organization receive customized one-on-one technical assistance, training or financial assistance to support organizational capacity building from <i>any other agency/organization</i> (that was not funded through CCF) at any time between September 2002 and September 2005?
6a		Add: . If yes, please complete the table below. . Time Period Received customized one-on-one, technical assistance Received financial assistance or sub-award Received training (i.e. classes, workshops)

7.	<p>Did the services received during Grant Cycle II from [name of intermediary] enable your Organization to serve more clients?</p> <p><input type="checkbox"/>₁ No (Proceed to # 8)</p> <p><input type="checkbox"/>₂ Yes → Indicate the estimated number of additional clients and explain: #___</p> <p>_____</p> <p>_____</p>	<p>Did the mini-grant enable your Organization to serve more clients?</p> <p><input type="checkbox"/>₁ No (Proceed to # 8)</p> <p><input type="checkbox"/>₂ Yes → Indicate the estimated number of additional clients and explain in what way you were able to serve more clients: #_____</p> <p>Explanation: _____</p> <p>_____</p> <p>_____</p>
7a.	<p><u>If yes</u>, was your Organization able to sustain this number of clients after the Grant Cycle II sub-award funds ran out?</p>	<p><u>If yes</u>, was your Organization able to sustain this number of clients after the mini-grant funds ran out?</p>
7b.	<p>Please rate the importance of each type of assistance you received from [name of intermediary] to your organization's ability to serve more clients:</p>	<p>Deleted</p>
8.	<p>Did the services received during Grant Cycle II from [name of intermediary] enable your Organization to hire more staff?</p>	<p>Did the mini-grant enable your Organization to hire more staff?</p>
8a.	<p><u>If yes</u>, was your Organization able to sustain this increase in staffing levels after the Grant Cycle II sub-award funds ran out?</p>	<p><u>If yes</u>, was your Organization able to sustain this increase in staffing levels after the mini-grant funds ran out?</p>
8b.	<p>Please rate the importance of each type of assistance you received from [name of intermediary] to your organization's ability to increase staffing levels:</p>	<p>Deleted.</p>

9.	<p>Did the services received during Grant Cycle II from [name of intermediary] enable your Organization to start a new program?</p> <p><input type="checkbox"/>₁ No (Proceed to # 10) <input type="checkbox"/>₂ Yes → Indicate the type of program and number of individuals served: #___</p> <p>_____</p> <p>_____</p>	<p>Did the mini-grant enable your Organization to start a new program?</p> <p><input type="checkbox"/>₁ No (Proceed to # 10) <input type="checkbox"/>₂ Yes → Indicate the type of program and number of individuals served:</p> <p>Number served _____</p> <p>Type of Program: _____</p> <p>_____</p>
9a.	<p>If yes, was your Organization able to sustain this new program after the Grant Cycle II sub-award funds ran out?</p>	<p>If yes, was your Organization able to sustain this new program after the mini-grant funds ran out?</p>
9b.	<p>Please rate the importance of each type of assistance you received from [name of intermediary] to your organization's ability to start a new program:</p>	Deleted
10.	<p>Use the chart below to describe your Organization's grant writing and fundraising activities related to each of the funding sources listed in the first column prior to the receipt of the <u>Grant Cycle II sub-award/services (October 2003)</u> and since the receipt of the sub-award/services.</p>	<p>Use the chart below to describe your Organization's grant writing and fundraising activities related to each of the funding sources listed in the first column <i>prior to the receipt of the CCF Targeted Capacity Building award (mini-grant award) and since the receipt of the mini-grant.</i></p>
11a.	<p>. Check the appropriate boxes to indicate the ways services received during Grant Cycle II from [name of intermediary] strengthened your Organization:</p>	<p>Check the appropriate boxes to indicate if the CCF Targeted Capacity Building award helped strengthen your Organization in the following areas:</p>
11a 1, 2, 3, 4, 5, 6, 7, 8	<p>Do you attribute this achievement primarily to:</p> <p><input type="checkbox"/>₁ Sub-award <input type="checkbox"/>₂ One-on-one technical assistance <input type="checkbox"/>₃ Training</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

12.	Think about the changes undergone at your Organization since the receipt of assistance from [name of intermediary] during Grant Cycle II:	Think about the changes undergone at your Organization since the receipt of CCF Targeted Capacity Building award (mini-grant):
13.		<p>Add: Please indicate the primary ways the mini-grant funds were used and indicate estimated percentage of mini-grant funds spent on those functions</p> <p>___ pay salary for a staff position ___ estimated % of grant spent on this</p> <p>___ pay for consultant service (training, technical assistance, grant writing) ___ estimated % of grant spent on this</p> <p>___ pay for facilities related costs (renovation, rent, etc) ___ estimated % of grant spent on this</p> <p>___ pay for equipment/supplies (computers, telephones, desks) ___ estimated % of grant spent on this</p> <p>___ pay for travel to conferences or training ___ estimated % of grant spent on this</p> <p>___ other (explain) _____ ___ estimated % of grant spent on this</p>