

Compassion Capital Fund Evaluation Survey of Faith-based and Community Organizations

The U.S. Department of Health and Human Services, Administration for Children and Families, is conducting a study to examine the benefits of the Targeted Capacity Building Program (mini-grants) funded through the Compassion Capital Fund (CCF).

As part of this study, we are surveying organizations such as yours that received mini grants in both 2003 and 2004. Your organization was selected randomly from the grantees operating during this period to represent the faith-based and community organizations that received such assistance.

Your participation in completing this survey will greatly benefit both the Compassion Capital Fund program and Federal government in general. Information you provide will assist the Department of Health and Human Services in assessing and improving the CCF program. All information obtained through this survey will be kept confidential to the extent provided by law. Information provided in this survey will be accessed solely by staff at Branch Associates, the research firm responsible for conducting this evaluation of the Compassion Capital Fund. Results of the study will be reported in aggregate only. Completing this survey is voluntary.

Instructions:

Please complete the following questions to help us evaluate the CCF program. Please answer each of the questions in this survey about the primary recipient of the mini grant award. Throughout this questionnaire, the primary recipient will be referred to as "your Organization."

Please make a copy of the completed survey for your records and reference if we need to talk with you to clarify any responses.

Please return the completed survey in the enclosed pre-stamped envelope by (date).

Thank you for your time in completing this survey!

ID # _____

Your name: _____

Your business telephone number: _____

1. Name of your Organization: _____

Complete address of your Organization

Street: _____

City/State: _____

Zipcode: _____

Organization Telephone No: _____

Email address: _____

2. Check the box that best describes your Organization:

₁ Faith-based organization

₂ Secular organization

3. What is/are your Organization's primary programmatic area(s)? (Check all that apply. If more than 3 areas are checked, circle the "P" to indicate the 3 largest program areas.)

₁ P Abstinence

₈ P Homelessness/housing assistance

₂ P At-risk youth/children and youth services

₉ P Hunger

₃ P Drug and alcohol rehabilitation

₁₀ P Job training/welfare-to-work

₄ P Economic/community development

₁₁ P Marriage/relationships

₅ P Education/training

₁₂ P Prison ministry or prisoner reentry services

₆ P Elderly/disabled services

₁₃ P Services to immigrants (including ESL)

₇ P Health Services
(including HIV/AIDS/pregnancy)

₁₄ P Social services to rural communities

₁₅ P Other
(Specify:) _____

4. 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	Amount of Mini-Grant Award
I: September 2002 - September 2003	\$ _____
II: September 2003 - September 2004	\$ _____

III: September 2004 - September
2005

\$ _____

5. Please indicate whether your Organization also received customized one-on-one technical assistance, training or sub-award(s) to support organizational capacity building from a CCF-funded intermediary during any of the following time periods?

Time Period	Received one-on-one, customized technical assistance		Received financial assistance or sub-award		Received training (i.e. classes, workshops)	
I: September 2002 – September 2003	<input type="checkbox"/> ₁ Yes	<input type="checkbox"/> ₂ No	<input type="checkbox"/> ₁ Yes	<input type="checkbox"/> ₂ No	<input type="checkbox"/> ₁ Yes	<input type="checkbox"/> ₂ No
II: September 2003 – September 2004	<input type="checkbox"/> ₁ Yes	<input type="checkbox"/> ₂ No	<input type="checkbox"/> ₁ Yes	<input type="checkbox"/> ₂ No	<input type="checkbox"/> ₁ Yes	<input type="checkbox"/> ₂ No
III: September 2004 – September 2005	<input type="checkbox"/> ₁ Yes	<input type="checkbox"/> ₂ No	<input type="checkbox"/> ₁ Yes	<input type="checkbox"/> ₂ No	<input type="checkbox"/> ₁ Yes	<input type="checkbox"/> ₂ No

5a. If yes, please provide the name of the intermediary _____

6. Please indicate whether your Organization received customized one-on-one technical assistance, training or financial assistance to support organizational capacity building from any other agency/organization (that was not funded through CCF) during any of the following time periods?

Time Period	Received one-on-one, customized technical assistance		Received financial assistance or sub-award		Received training (i.e. classes, workshops)	
I: September 2002 - September 2003	<input type="checkbox"/> ₁ Yes	<input type="checkbox"/> ₂ No	<input type="checkbox"/> ₁ Yes	<input type="checkbox"/> ₂ No	<input type="checkbox"/> ₁ Yes	<input type="checkbox"/> ₂ No
II: September 2003 – September 2004	<input type="checkbox"/> ₁ Yes	<input type="checkbox"/> ₂ No	<input type="checkbox"/> ₁ Yes	<input type="checkbox"/> ₂ No	<input type="checkbox"/> ₁ Yes	<input type="checkbox"/> ₂ No
III: September 2004 – September 2005	<input type="checkbox"/> ₁ Yes	<input type="checkbox"/> ₂ No	<input type="checkbox"/> ₁ Yes	<input type="checkbox"/> ₂ No	<input type="checkbox"/> ₁ Yes	<input type="checkbox"/> ₂ No

The remainder of this survey is focused on learning how the mini-grant affected your organization.

7. Did the mini-grant enable your Organization to serve more clients?

₁ No (Proceed to # 8)

₂ Yes → Indicate the estimated number of additional clients and explain in what way the organization was able to serve more clients: # _____

Explanation: _____

7a. **If yes, was your Organization able to sustain this number of clients after the mini-grant funds ran out?**

₁ No

₂ Yes → Please explain how your organization sustained the increased number of clients:

8. **Did the mini-grant enable your Organization to hire more staff?**

₁ No (Proceed to # 9)

₂ Yes → Indicate the total number of additional staff; # _____
_____ part-time and/or # _____ full-time

Please describe the types of staff (indicate whether in administrative roles or worked directly with participants/clients in your Organization's program): _____

8a. **If yes, was your Organization able to sustain this increase in staffing levels after the mini-grant funds ran out?**

₁ No

₂ Yes → Please explain how your organization sustained the increased number of staff:

9. **Did the mini-grant enable your Organization to start a new program?**

₁ No (Proceed to # 10)

₂ Yes → Indicate the type of program and number of individuals served: # _____

9a. **If yes, was your Organization able to sustain this new program after the mini-grant funds ran out?**

₁ No

₂ Yes → Please explain how your organization sustained the new program:

10. 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 mini-grant award and since the receipt of the mini-grant.

Funding Sources	<u>Prior</u> to receipt of mini-grant award		<u>Since</u> receipt of mini-grant award				
	Had your Organization applied for funding?	Had your Organization <u>obtained</u> funds?	Has your Organization applied for funding?	Has your Organization <u>obtained</u> funds?	How many applications has your Organization submitted to this source?	How many applications have been <u>funded</u> ?	What has been the <u>total</u> amount of funding from this source?
1. from Federal government agencies	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No	#: _____	#: _____	\$ _____
2. from non-federal government agencies (state, local)	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No	#: _____	#: _____	\$ _____
3. from Foundations	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No	#: _____	#: _____	\$ _____
4. from other federated giving groups (e.g., United Way)	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No	#: _____	#: _____	\$ _____
5. from other funding sources (<i>Specify:</i>) _____ _____ _____	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No	#: _____	#: _____	\$ _____

<p>11a. Check the appropriate boxes to indicate if the mini-grant award helped strengthen your Organization in the following areas:</p>	<p>11b. If you checked “yes” in the first column, please complete this column, checking boxes next to any specific ways these changes were achieved. If changes were achieved in another way, please describe:</p>
<p><input type="checkbox"/> 1. Increased access to technology</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p><input type="checkbox"/>₁ Obtained computers and related hardware and software necessary to manage the organization</p> <p><input type="checkbox"/>₂ Obtained access to high-speed Internet</p> <p><input type="checkbox"/>₃ Trained staff in use of technology (e.g., spreadsheet skills)</p> <p><input type="checkbox"/>₄ Developed individual email/voicemail accounts for staff</p> <p><input type="checkbox"/>₅ Other: _____</p> <p><input type="checkbox"/>₆ Don't know</p>
<p><input type="checkbox"/> 2. Improved facilities or equipment</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p><input type="checkbox"/>₁ Purchased or leased additional space</p> <p><input type="checkbox"/>₂ Renovated space</p> <p><input type="checkbox"/>₃ Purchased equipment/supplies (specify:)</p> <p>_____</p> <p>_____</p> <p><input type="checkbox"/>₄ Other: _____</p> <p><input type="checkbox"/>₅ Don't know</p>
<p><input type="checkbox"/> 3. Improved organization's governance</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p><input type="checkbox"/>₁ Established Board of Directors</p> <p><input type="checkbox"/>₂ Defined roles and responsibilities for Board members</p> <p><input type="checkbox"/>₃ Recruited new Board members to increase diversity and effectiveness of Board</p> <p><input type="checkbox"/>₄ Established Board committees to accomplish goals</p> <p><input type="checkbox"/>₅ Developed formal orientation for new Board members</p> <p><input type="checkbox"/>₆ Other: _____</p> <p><input type="checkbox"/>₇ Don't know</p>

<p><input type="checkbox"/> 4. Improved organization's ability to manage its finances</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p><input type="checkbox"/>₁ Developed systems for recording financial transactions and generating regular (monthly, quarterly) budgets</p> <p><input type="checkbox"/>₂ Developed systems for tracking income and expenses</p> <p><input type="checkbox"/>₃ Developed systems for managing cash flow</p> <p><input type="checkbox"/>₄ Adopted a computerized bookkeeping system</p> <p><input type="checkbox"/>₅ Began using new financial software (e.g., Quickbook)</p> <p><input type="checkbox"/>₆ Instituted internal controls to improve oversight of finances</p> <p><input type="checkbox"/>₇ Hired CPA to conduct independent audit</p> <p><input type="checkbox"/>₈ Other: _____</p> <p><input type="checkbox"/>₉ Don't know</p>
<p><input type="checkbox"/> 5. Increased ability to seek/diversify funding sources or resources</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p><input type="checkbox"/>₁ Obtained 501(c)(3) status</p> <p><input type="checkbox"/>₂ Hired grant writer</p> <p><input type="checkbox"/>₃ Developed fund-development plan</p> <p><input type="checkbox"/>₄ Applied for the first time for funding from a new funding source (specify source:) _____</p> <p><input type="checkbox"/>₅ Other: (e.g., obtained in-kind donations from new source) _____</p> <p><input type="checkbox"/>₆ Don't know</p>
<p><input type="checkbox"/> 6. Increased ability to do effective long-term planning</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p><input type="checkbox"/>₁ Developed or refined a written mission statement</p> <p><input type="checkbox"/>₂ Gathered information from constituents to inform strategic decisions</p> <p><input type="checkbox"/>₃ Developed a written workplan for implementing long-range and annual goals and objectives</p> <p><input type="checkbox"/>₄ Created or updated a written strategic plan</p> <p><input type="checkbox"/>₅ Other: _____</p> <p><input type="checkbox"/>₆ Don't know</p>

7. Developed system for tracking outcomes

- Yes
- No

- ₁ Began collecting basic information about program clients
- ₂ Developed an automated system for tracking information about clients and program services
- ₃ Identified specific key outcomes for program and began collecting outcome data on an ongoing basis
- ₄ Began tracking long-term outcomes
- ₅ Other: _____
- ₆ Don't know

8. Other (explain:)

Describe:

12. Think about the changes undergone at your Organization since the receipt of the mini-grant:

	Not at all	Very little	Somewhat	To a great extent
1. To what extent did the mini-grant make a positive difference in your Organization's overall organizational capacity ?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
2. To what extent did the mini-grant make a positive difference in your Organization's overall financial status ?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
3. To what extent did the mini-grant make a positive difference in the level or quality of your Organization's provision of services to individuals/families ?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
4. To what extent did the mini-grant likely lead to improved outcomes for the participants your Organization serves?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

13. Please indicate the primary ways the mini-grant funds were used and indicate estimated percentage of mini-grant funds spent on those functions

- | | |
|--|---|
| ___ pay salary for a staff position | ___ estimated % of grant spent on this item |
| ___ pay for consultant service (training, technical assistance, grant writing) | ___ estimated % of grant spent on this item |
| ___ pay for facilities related costs (renovation, rent, etc) | ___ estimated % of grant spent on this item |
| ___ pay for equipment/supplies (computers, telephones, desks) | ___ estimated % of grant spent on this item |

___ pay for travel to conferences or training

___ estimated % of grant spent on this item

___ other (explain)_____

___ estimated % of grant spent on this item
