Intermediary Survey
Compassion Capital Fund Demonstration Program Evaluation

Introduction

The U.S. Department of Health and Human Services, Administration for Children and Families, is conducting a study to examine the benefits of services (financial assistance/sub-awards, technical assistance and training) provided by intermediary organizations funded through the Compassion Capital Fund (CCF).

As part of this study, we are surveying all intermediary organizations that started a new grant in fiscal year 2003, 2004 and 2005. Your participation in completing this survey will greatly benefit the study. The survey will enable us to characterize the diversity of intermediary approaches and help us better understand the responses from baseline and follow-up surveys completed by the faith-based and community organizations you assist under the CCF Demonstration Program. In addition, the survey results will assist the Administration for Children and Families in documenting program operations more fully, assessing what is learned from your experience and improving the CCF Demonstration Program, as appropriate.

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. Completing this survey is voluntary.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this data collection instrument is **xxxx-xxxx**. The time required to complete this survey is estimated to average 30 minutes per response, including the time to review instructions, search existing data sources, gather the data needed, and fill in the survey

Instructions:

This survey asks about how your organization implemented the CCF demonstration grant. Some intermediaries received multiple CCF grants and/or changed how they ran their program over time. Unless otherwise specified, survey responses should address the operation of your CCF program during the "**most recent CCF grant period**" which refers to the following time period:

- September 2005 – September 2006 for intermediaries whose 3-year CCF grant award started in 2003 or 2004;
- September 2005 – February 2007 for intermediaries whose 17-month CCF grant award started in 2005.

Other terms and definitions as applied in the survey include:

Technical assistance – we mean customized assistance provided either one-on-one or in a small group to individual(s) from a single organization.

Training and Workshops– we mean group workshops, conferences or seminars provided to individuals from multiple organizations.

Sub-awards/Financial assistance – we mean monetary payments made under the auspices of the CCF grant to faith-based and community organizations.

Please return this survey in the enclosed pre-stamped envelope by (insert date approximately 30 days after receipt).

If you have any questions, please contact Barbara Fink at Branch Associates (215) 731-9980 or bfink@branchassoc.com. Thank you for completing this survey!

Intermediary Survey

Name of your organization _____

Street Address _____

City_____

State_____

Zip code_____

Name of individual completing this survey_____

Title _____

Phone Number _____

Email address_____

Name of alternate contact person_____

Phone Number for alternate contact person_____

Email address for alternate contact person_____

What is your CCF funded grant program called?

_____

Please answer the following questions about your organization.

Organizational Features

1. Which of the following best describes your organization? (check one)
    - ❑ Nonprofit social service organization   ❑ Public agency
    - ❑ Nonprofit consulting organization   ❑ University
    - ❑ For-profit consulting organization   ❑ Other _____

2. Check the box that best describes your organization:
    - ❑ Faith-based organization   ❑ Secular organization

3. In the most recent CCF grant period, what geographic area(s) did you serve? (check one)
    - ❑ Neighborhood (s)   ❑ Multiple Counties
    - ❑ Citywide   ❑ Statewide
    - ❑ Single County   ❑ Multiple geographically distant service areas

4. What is your organization's most recent total annual operating budget (including your CCF grant)?
    $_____

Prior Experience

5. Prior to your initial CCF award:

    a) Had your organization received a federal grant?
        - ❑ No   ❑ Yes

    b) Had your organization received a federal contract?
        - ❑ No   ❑ Yes

6. Prior to your initial CCF Demonstration Program award, did your organization have experience providing financial assistance awards to other organizations (e.g., sub-granting funds)?

❑ No   ❑ Yes, on a <u>competitive basis</u>   ❑ Yes, but <u>not</u> on a competitive basis

a) If yes to Question 6 (whether or not it was on a competitive basis), did your organization have experience providing financial assistance to (check one):

❑ Faith-based organizations
❑ Secular Community organizations
❑ Both faith based and secular community organizations

b) If yes to Question 6 (whether or not it was on a competitive basis), was the financial assistance primarily intended to support the building of organizational capacity of such organizations (as compared to support of direct service provision by the organizations)?

❑ No
❑ Yes

7. Prior to your initial CCF award, did your organization have experience providing technical assistance?

❑ No
❑ Yes

a) If yes, did you provide technical assistance to: (check one)

❑ Faith based organizations only
❑ Secular community organizations only
❑ Both faith based and secular community organizations

b) If yes, was the technical assistance specifically related to building the organizational capacity of such organizations?
❑ No
❑ Yes

8. Prior to your initial CCF award, did your organization have experience providing group training or workshops?
❑ No
❑ Yes

a) If yes, did you provide group training or workshops to (check one)

❑ Faith based organizations only
❑ Secular community organizations only
❑ Both faith based and secular community organizations

b) If yes, did the group training or workshops specifically relate to building the organizational capacity of such organizations?

❏ No
❏ Yes

9. Prior to your initial CCF award, did your organization utilize consultants/contractors in the provision of :

Training or Workshops ___ No ___Yes
Technical Assistance ___ No ___Yes

Staffing

10. During the most recent CCF grant period, who provided one-on-one **Technical Assistance** as part of your CCF-funded program? (check/complete all that apply)
❏ Staff from your organization.   How many staff ? _____
❏ Staff from another organization/consultants. How many others/consultants? _____

11. During the most recent CCF grant period, who led **Training** sessions or workshops as part of your CCF-funded program? (check/complete all that apply)
❏ Staff from your organization   How many staff ? _____
❏ Staff from another organization/consultants. How many others/consultants? _____

(note: the numbers of staff in Q10 and Q11 may be duplicated counts if some staff did both)

CCF Faith-based and Community Organization Selection Process

12. Which of the following best/most closely describes how your organization recruited organizations to participate in

a. CCF supported sub-awards: (check one)
❏ We broadly publicized the availability of sub-awards (saturate the service area).
❏ We targeted notifications of sub-award availability (targeted recruitment).

b. CCF supported technical assistance:
❏ We broadly publicized the availability of technical assistance services (saturate the service area).
❏ We targeted notifications of the availability of technical assistance services (targeted recruitment).

c. CCF supported training and workshops:
❏ We broadly publicized the availability of training/workshops (saturate the service area).
❏ We targeted notifications of the availability of training/workshops (targeted recruitment).

13. During the most recent CCF grant period, did your organization focus <u>primarily</u> on organizations working in specific area(s) of social service (e.g. at-risk youth) in choosing organizations with which to work?

- ❑ No
- ❑ Yes

<u>a) If yes</u>, which of the CCF priority areas were addressed by the organizations you served? (check all that apply)

❑ At risk youth	❑ Elders in need
❑ Homeless	❑ Families in transition from welfare
❑ Prisoners re-entering the community	❑ Marriage relationships
❑ Addicts	❑ Other (specify)_____

14. During the most recent CCF grant period, in order for an organization to receive a CCF supported **sub-award** from your organization which of the following applied?

Years of Operation	Annual Budget	501 c 3 status
(check one and fill in blank) ❑ Years of operation is not a criteria ❑ Organizations must have been in operation at least _____years ❑ Organizations must have less than _____ years in operation	(check one and fill in blank) ❑ Annual budget is not a criteria ❑ Annual budget must be below $_____ ❑ Annual budget must be at least $ _____	(check one) ❑ Organizations must have 501 c 3 status ❑ Organizations are not required to have 501 c 3 status

a) In addition to the criteria mentioned above, what other criteria were most important in selecting sub-award recipients?

_____

_____

_____

15. During the most recent CCF grant period , in order for an organization to receive CCF supported **Technical Assistance** from your organization which of the following applied?

Years of Operation	Annual Budget	501 c 3 status
(check one and fill in blank) ❑ Years of operation is not a criteria ❑ Organizations must have been in operation at least _____years ❑ Organizations must have less than _____ years in operation	(check one and fill in blank) ❑ Annual budget is not a criteria ❑ Annual budget must be below $_____ ❑ Annual budget must be at least $ _____	(check one) ❑ Organizations must have 501 c 3 status ❑ Organizations are not required to have 501 c 3 status

a) In addition to the criteria mentioned above, what other criteria were most important in selecting technical assistance recipients?

_____

_____

16. During the most recent CCF grant period, what was the total number of organizations you served in your CCF program?

Total number of organizations served #_____

16a) Of the total number of organizations listed above in question 16, how many are faith-based and how many are secular? (N*ote: the number of organizations in these two categories should add up to the total number reported in question 16.)*

Faith-based #_____
Secular# _____

16b) Of the total number of organizations listed above in question 16, how many received a sub-award?

Sub-Award # _____

16 c) Of the total number of organizations listed above in question 16, how many received one-on-one Technical Assistance?

Technical Assistance # _____

16d) Of the total number of organizations listed above in question 16, how many received group training or workshops?

Group Training # _____

17. Had you provided assistance or services (whether or not supported by CCF grant) to any of these organizations in prior years?
   ❑ No
   ❑ Yes

      a) If yes, how many of the organizations had you worked with previously? _____#

Approach to Training, Training/Workshops, Sub-awards

Overall Approach

18. Which of the following statements best/most closely describes the approach taken in operating your CCF program during the most recent CCF grant period?

    Given the level of resources we have: (check only one)
   ❑ Our CCF program serves as many organizations as possible.
   ❑ Our CCF program provides a limited number of organizations with as much time and resources as possible.

Technical Assistance

19. Of the organizations that received **Technical Assistance** in the most recent CCF grant period, how many received the following amount of **Technical Assistance** (from your staff or consultants/contractors)?

    # of organizations   # of hours

# of organizations	# of hours
_____	1 – 8 hours
_____	9 – 20 hours
_____	21-50 hours
_____	51-100 hours
_____	101-200 hours
_____	More than 200 hours

(note: number of organizations should sum to total number listed as received technical assistance in Q 16)

20. During the most recent CCF grant period, receipt of technical assistance was: (check one)
   ❑ Required of all sub-award recipients
   ❑ Not required of sub-award recipients

21. Rank (1-5) the importance of the following in how your organization determined the topics/areas to be addressed through the provision of technical assistance for specific organizations: (In ranking from 1 – 5, 1 represents the most important factor and 5 the least important factor.)

FBCO's stated interests	
Outcomes of formal Organizational Assessment	
Expertise/knowledge/judgment of intermediary staff/consultants	
Availability of staff with relevant expertise	
Availability of consultants with relevant expertise	

Training

22. Of the organizations that received **Training through Workshops** in the most recent CCF grant period, how many received the following amounts of **Training**?

# of organizations   # of hours

_____   1 – 4 hours
_____   5 – 10 hours
_____   11 – 30 hours
_____   31-50 hours
_____   More than 50 hours

(note: number of organizations should sum to total number listed as received training in Q 16)

23. During the most recent CCF grant period, participation in group training workshops was: (check all that apply)
- ❑ Required of all sub-award recipients
- ❑ Required of all Technical Assistance recipients
- ❑ Not required

24. During the most recent CCF grant period, which approach best/most closely describes training in your CCF program? (check one)
- ❑ All organizations receive training on the same core topics
- ❑ Organizations choose which training workshop topics/sessions to attend from a list of various topics

25. During the most recent CCF grant period, did your CCF program have separate training workshops or specific sessions within workshops geared to organizations at different levels of capacity?
- ❑ No
- ❑ Yes

Sub-Awards

26. During the most recent CCF grant period, eligibility to compete for sub-awards was: (check one)
- ❑ Open to any organization in the community that met the requirements
- ❑ Limited to organizations already receiving Technical Assistance and/or Training

27. Were organizations that received sub-awards in a prior period eligible to receive another sub-award in the most recent grant period?
- ❑ No
- ❑ Yes

28. During the most recent CCF grant period, how often were sub-award recipients required to submit written reports to document their use of sub-award funds and progress in meeting objectives for use of funds?
- ❑ Monthly
- ❑ Quarterly
- ❑ Twice a Year
- ❑ Annually
- ❑ As They Draw Down the Funds
- ❑ Not Required

29. During the most recent CCF grant period, were on-site visits conducted with sub-award recipients to monitor use of sub-awards and/or assess their progress (check one)
- ❑ No
- ❑ Yes, site visits were made to **all** sub-award recipients
- ❑ Yes, site visits were made to **at least one-half** of all sub-award recipients
- ❑ Yes, site visits were made to **less than one-half** of all sub-award recipients

a) If yes, on-site visits to individual sub-awardees were most often conducted about: (check one):
- ❑ Once per month
- ❑ Once per quarter
- ❑ Once per year
- ❑ Other (explain): _____

30. During the most recent CCF grant period, what were the primary reasons for on-site visits (rank as 1, 2, or 3 to demonstrate highest to lowest number of visits made for this reason)

      __ To assess progress being made and funds being used as intended/planned
      ___To provide planned on-site technical assistance
      ___To help organizations that were not making progress

a) If there were other common reasons for site visits, please list/explain:

_____
_____

General Questions

31. Did your organization measure changes/improvements in organizational capacity among the FBCOs served through the CCF program?
   - ❑ No
   - ❑ Yes

   a) If yes, how was changed assessed? (check one or explain)
      - ❑ formal post-service assessment conducted by staff/consultant
      - ❑ self-assessment instrument/questionnaire completed by FBCOs
      - ❑ other means (explain):_____

32. Did your organization regularly obtain feedback from FBCOs regarding their satisfaction with the services provided under your CCF grant?
   - ❑ No
   - ❑ Yes

   a) If yes, please indicate how feedback was obtained: (check all that apply)
      - ❑ Obtained written evaluations of training/workshop sessions
      - ❑ Obtained written evaluation of technical assistance services provided
      - ❑ Obtained oral feedback/assessment of technical assistance services provided
      - ❑ Other (explain):_____

            _____

33. In your opinion and based on your experience operating a grant under the CCF program, among the FBCOs you serve, what organizational capacity building areas need the greatest attention (check up to 3 most critical areas)

___ Financial management skills/systems	___ Fund development/Sustainability
___ Improved governance/Board of Directors	___ Use of technology
___ Attaining 501(c)(3) status	___ Leadership/Management skills
___ Volunteer management	___ Public Relations
___ Methods to assess program outcomes/effectiveness	___ Community partnerships
	___ Strategic/Long-term Planning
___ Understanding of Federal grant policies/rules	
___ Other (explain)_____	

34. In your opinion and based on your experience, which statement below best/most closely describes the requirements for separation of religious activities in time and place and related federal requirements applicable to <u>faith-based organizations</u> receiving federal funds: (check one)

❑ They are clear/well understood by most FBOs and easily put into operation
❑ They are understood but difficult for FBOs to operationalize and ensure compliance by all staff/workers
❑ They are not well understood by most FBOs and require a great deal of monitoring by intermediary

35. In your opinion and based on your experience in providing capacity building services to FBCOs under the CCF program, rate the importance of the three activities in terms how helpful the service is to improving the organizational capacity of FBCOs

	Critical	Important	Optional
Sub-awards			
One-on-one customized technical assistance			
Workshops/seminars attended by multiple FBCOs			

36. ACF is interested in learning from your experience as a CCF grantee. Based on your experience as a recipient of a CCF grant, please rate the following:

a) We found the federal grants management requirements to be reasonable and practical.

Agree 5	Somewhat Agree 4	Somewhat Disagree 3	Disagree 2
❑	❑	❑	❑

Please provide an explanation of your response or any suggestions for future programs:
_____
_____
_____
_____

b) We found the CCF program and operational expectations and requirements to be reasonable and practical.

Agree 5	Somewhat Agree 4	Somewhat Disagree 3	Disagree 2
❑	❑	❑	❑

Please provide an explanation of your response or any suggestions for future programs:
_____
_____
_____
_____

37. What lessons have you learned about operating your CCF program or recommendations that would be useful for other intermediaries?_____

_____
_____
_____
_____

38. What recommendations do you have for ACF regarding the design or management of the CCF Demonstration program?_____

_____
_____
_____
_____

39. Please use this space to provide any additional information you would like to add about your organization and its CCF program, operations or experience.

_____
_____