

Hope II Grant Program Evaluation 20-month Follow-up Interview

The U.S. Department of Justice, National Institute of Justice, with its contractor, Abt Associates, is conducting an evaluation of the HOPE II program. Specifically, it is a study of the financial and technical assistance (TA) provided by intermediary organizations and the effects of those services in improving the organizational capacity of the faith- and community-based organizations (FBCOs) they assist. The study is an important component in assessing whether the HOPE II program is meeting its objective of improving the organizational capacity of FBCOs to serve victims of crime.

As you may recall, your organization became a part of this study approximately 2 years ago when you or someone representing your organization applied for a grant and technical assistance from the Maryland Crime Victims Resource Center (MCVRC) in January 2006 and completed an organizational profile. We are seeking your continued cooperation and support and ask that you complete this interview to provide us with current, up-to-date information about your organization.

All information obtained about your organization will be kept strictly confidential. Information provided in this survey will only be accessed by Abt Associates project staff. Results will be reported in the aggregate. While completing this survey is voluntary, we strongly encourage your participation so that the study findings reflect the unique experience of your organization over time and so that we are confident that the findings represent organizations such as yours.

Under the Paperwork Reduction Act, a person is not required to respond to a collection of information unless it displays a valid OMB Control Number. We try to create forms and instructions that are accurate, easily understood, and impose the least possible burden on you to provide us information. The estimated average time to complete the form is 25 minutes. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the National Institute of Justice, Office of Research and Evaluation, **OMB Number XXXX-XXXX**, 810 7th Street, N.W., Washington, D.C. 20531.

Please answer the following questions about the organization that was the **primary applicant for the MCVRC subgrant**. Throughout this questionnaire, the unit that was the primary applicant will be referred to as “your organization.”

Organizational Background

Please confirm the following information on your organization:

1. Name of organization: _____
2. Name of person completing this form: _____
3. Name of contact person, if different from above: _____
4. Title of contact person: _____
5. Mailing address of contact person: _____
6. Phone number of contact person: _____ - _____ - _____
7. Email address of contact person: _____
8. Does the original organization that applied for this grant still exist?
 Yes (*GO TO 9*) No (*ANSWER 8a AND END SURVEY*)

8a.1 If not, please explain why this organization is no longer in existence.

IF YOU ANSWERED ‘NO’ TO 8 AND COMPLETED 8a, YOU HAVE COMPLETED THE SURVEY. THANK YOU FOR YOUR PARTICIPATION.

Organizational Profile

9. Does your organization currently provide services to victims of crime?
- Yes
 - No (*SKIP TO 17*)
10. Which description best characterizes your organization?
- Our organization's focus is primarily on providing services to crime victims.
 - Our organization provides a variety of services to different types of clients/service recipients, including crime victims.
11. How long has your organization been providing services to victims of crime in your community?
- _____ months _____ years

12. Does your organization currently provide the following services to victims of crime in your community?

	Yes	No
Information/referral services (i.e., suggesting other organizations or resources to clients)	<input type="checkbox"/>	<input type="checkbox"/>
Crisis hotline	<input type="checkbox"/>	<input type="checkbox"/>
Case management services?	<input type="checkbox"/>	<input type="checkbox"/>
Criminal Justice support/advocacy (e.g., accompaniment at court appearances, assistance with victim impact statements)	<input type="checkbox"/>	<input type="checkbox"/>
Legal assistance (e.g., filing protective orders, obtaining custody/visitation rights)	<input type="checkbox"/>	<input type="checkbox"/>
Psychological assessments	<input type="checkbox"/>	<input type="checkbox"/>
Forensic examinations	<input type="checkbox"/>	<input type="checkbox"/>
Crisis counseling	<input type="checkbox"/>	<input type="checkbox"/>
Ongoing counseling (i.e., pastoral or mental health)	<input type="checkbox"/>	<input type="checkbox"/>
Personal advocacy (i.e., assistance applying for public assistance, pursuing civil legal options, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
Advise or help filing compensation claims	<input type="checkbox"/>	<input type="checkbox"/>
Shelter/safehouse	<input type="checkbox"/>	<input type="checkbox"/>
Group support/treatment	<input type="checkbox"/>	<input type="checkbox"/>
Emergency legal advocacy	<input type="checkbox"/>	<input type="checkbox"/>
Emergency financial assistance	<input type="checkbox"/>	<input type="checkbox"/>
Transportation services	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol and other substances treatment	<input type="checkbox"/>	<input type="checkbox"/>
Restorative justice opportunities	<input type="checkbox"/>	<input type="checkbox"/>
Advise crime victims regarding their rights	<input type="checkbox"/>	<input type="checkbox"/>
Advise crime victims regarding restitution	<input type="checkbox"/>	<input type="checkbox"/>
Provide web-based information for crime victims	<input type="checkbox"/>	<input type="checkbox"/>
Parish Nursing (a registered professional nurse who serves the congregants of a faith community)	<input type="checkbox"/>	<input type="checkbox"/>
Other services (<i>Specify:</i>) _____	<input type="checkbox"/>	<input type="checkbox"/>

13. What victim populations are currently being targeted for services by your organization?

	Yes	No
Domestic violence	<input type="checkbox"/>	<input type="checkbox"/>
Child sexual abuse	<input type="checkbox"/>	<input type="checkbox"/>
Assault	<input type="checkbox"/>	<input type="checkbox"/>
Adult sexual assault	<input type="checkbox"/>	<input type="checkbox"/>
Child physical abuse	<input type="checkbox"/>	<input type="checkbox"/>
Survivors of homicide victims	<input type="checkbox"/>	<input type="checkbox"/>
Robbery	<input type="checkbox"/>	<input type="checkbox"/>
Adults molested as children	<input type="checkbox"/>	<input type="checkbox"/>
DUI/DWI crashes	<input type="checkbox"/>	<input type="checkbox"/>
Elder Abuse	<input type="checkbox"/>	<input type="checkbox"/>
Our organization serves all victim populations	<input type="checkbox"/>	<input type="checkbox"/>
Other services (<i>Specify:</i>) _____	<input type="checkbox"/>	<input type="checkbox"/>

14. Does your organization currently target its services to any special populations?

- Yes
- No (*SKIP TO 15*)

14a. If yes, what special populations does your organization currently target?

	Yes	No
Non-English speaking populations	<input type="checkbox"/>	<input type="checkbox"/>
Lesbian women	<input type="checkbox"/>	<input type="checkbox"/>
Homosexual men	<input type="checkbox"/>	<input type="checkbox"/>
Bisexual populations	<input type="checkbox"/>	<input type="checkbox"/>
Transgender populations	<input type="checkbox"/>	<input type="checkbox"/>
Immigrant and refugee populations	<input type="checkbox"/>	<input type="checkbox"/>
American Indian and Alaskan Native populations	<input type="checkbox"/>	<input type="checkbox"/>
Elderly populations	<input type="checkbox"/>	<input type="checkbox"/>
Disabled populations	<input type="checkbox"/>	<input type="checkbox"/>
Rural or remote populations		
Populations living on a military base		
Other services (<i>Specify:</i>) _____	<input type="checkbox"/>	<input type="checkbox"/>

15. Please give your best estimate of the number of clients/service recipients that received your services in your last month of full operation.

_____ clients/service recipients

16. Has your organization added/expanded or reduced programmatic areas since March 2007?

- Yes
- No (*SKIP TO 17*)

16a. If yes, please describe.

Organizational Priorities

17. Next we'd like to discuss priority areas for your organization. For each priority area, please indicate how much of a priority these are to your organization by selecting one of the following choices:

A = Haven't considered this a priority because we have not focused on this area yet

B = Concerned we should work on this but we lack the time or resources

C = Have developed plans or ideas to work on this, but haven't had time or resources to implement them

D = Have implemented steps to address this priority

E = Not a priority because we are satisfied with our achievement in this area

Priority Area	A	B	C	D	E
Identifying and pursuing new sources of government funding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Identifying and pursuing new sources of non-government funding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Identifying and pursuing new sources of in-kind donations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ensuring sustainability of current funding sources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Developing a fund-development plan (including setting fundraising goals)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increasing the number of clients/service recipients served by the organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increasing the number or scope of services offered to clients/service recipients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Incorporating a new approach to services to improve quality/ effectiveness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Expanding services to include new group of clients/service recipients or geographic area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Developing systems that will help manage the organization's finances more effectively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Putting in place a budgeting process that ensures effective allocation of resource	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creating a plan or locating resources to help our executive director and other staff improve their leadership abilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recruiting, developing, and managing volunteers more effectively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Providing staff with professional development and training to enhance skills in service delivery or skills in administration and management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Providing volunteers with professional development and training to enhance skills in service delivery or skills in administration and management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Developing and implementing a communication or marketing strategy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increasing or strengthening collaborations with other organizations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assessing computers and software needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Capacity Building Services Received by the Organization

18. Since March 2007, what types of technical assistance has your organization received? Do not count assistance lasting less than 1 hour over the course of the 10-months. (IF NO ASSISTANCE WAS RECEIVED, SKIP TO 19)

Type of Assistance		If applicable, how was the assistance received? (CHECK ALL THAT APPLY)		
		Group Training or Workshop?	Consulting Services?	Other?
<input type="checkbox"/>	Resource Development, Fundraising (includes grants/proposals)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Strategic Planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Human Resources and Volunteer Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Networking, Collaboration, Partnerships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Financial Management (Bookkeeping/Accounting)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Program Design, Including Implementing Best Practices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Evaluation/Outcome Measurement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Working with victims of crime (i.e., victim services)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Did your organization receive any other assistance? Please specify: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- 18a. Whom among your staff received this assistance? (CHECK ALL THAT APPLY)

- Executive Director
- Other paid staff
- Volunteers

Organization Staff and Board

19. Please tell us about the staff at your organization. "Staff" are the people who work for the organization on a regular basis, at least 2 hours per week, either as paid staff or as unpaid staff/volunteers. Please count each person as **either** an administrative staff person **or** a direct service staff person. (COLUMN (A) SHOULD BE EQUAL TO (B) + (C))

	a) What is the number of staff currently working at your organization both in administration and programs?	=	b) Of these staff, how many primarily working in an administrative capacity?	+	c) How many staff primarily providing direct services?
Paid Staff					
Full-time (30+ hrs/wk)	_____	=	_____	+	_____
Part-time (>2 hrs/wk; <30hrs/wk)	_____	=	_____	+	_____
Unpaid Staff/Volunteers					
Full-time (30+hrs/wk)	_____	=	_____	+	_____
Part-time (>2 hrs/wk; <30hrs/wk)	_____	=	_____	+	_____

20. Since March 2007, has there been a change in the head of your organization?

- Yes
- No

Community Engagement

21. Thinking about collaborations that your organization has had with other faith-based and/or community groups, do you think collaborations in general are:

- Generally net benefits to the organization,
- Generally net drains on the organization
- An equal mix of costs and benefits to the organization

22. How many collaborations with organizations are you currently engaged in?

_____ collaborations (If zero, SKIP TO 23)

22a. How many national, state, and local organizations are involved in these collaborations?

_____ local organizations

_____ state organizations

_____ national organizations

23. Does your organization have its own website?

- Yes
- No

24. Some organizations keep records about program participants and services. Please indicate the relevance to your organization of keeping records about the following items, by selecting one of the following choices:

A = For the type of service we provide, keeping records about this is not necessary

B = We believe it could be useful to keep these records, but currently lack the resources to do it

C = We keep records on paper

D = We keep records electronically

E = We keep records both on paper and electronically

Types of Records	A	B	C	D	E
Number of clients/service recipients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Referral sources of clients/service recipients (how did they come to your program)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Needs of clients/service recipients upon first contact with program (including information and referrals)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Services provided to clients/service recipients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Individual clients/service recipients' outcomes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Financial records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Client satisfaction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Specify): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Funding Sources

The following questions pertain to funding sources and activities since March 2007.

25. How many federal grants, contracts, or sub-awards has your organization applied for since March 2007?

26. How many federal grants, contracts, or sub-awards has your organization received since March 2007?

27. Has your organization applied for a VOCA grant since March 2007?

- Yes
 No

28. Has your organization been awarded a VOCA grant since March 2007?

- Yes
 No

29. In your last completed fiscal year, what was your organization's total operating budget?

\$ _____

30. Since March 2007, has your organization's operating budget:

- Increased
 Decreased
 Stayed the same

31. **Please answer the following questions as they apply to fundraising activities since March 2007.**

	What percentage of funds did your organization receive from the following sources since March 2007?
Grants/contracts from federal government agencies	%
Grants/contracts from state/local government agencies	%
Grants/contracts from Foundations	%
Other (<i>SPECIFY:</i>) _____	%

TOTAL	100%

32. Has your organization hired a grant/contract writer to research applications for funding since March 2007?

- Yes
 No

33. Has your organization hired a grant/contract writer to prepare applications for funding since March 2007?

- Yes
 No

34. Has your organization hired a grant/contract writer to train staff to prepare applications for funding since March 2007?

- Yes
 No

35. Does your organization have a current written fund raising/fund-development plan?

- Yes
- No

Next, we'd like to know the total amount and sources for all cash grants or sub-awards that your organization received since March 2007 and the goal(s) for which the grants or sub-awards were received.

36. What was the total Amount of Grants, Contracts, or Sub-Awards received since March 2007?

\$ _____

37. What were the sources of grants, contracts, or sub-awards received since March 2007?

	Yes	No
Federal government agencies	<input type="checkbox"/>	<input type="checkbox"/>
State/local government agencies	<input type="checkbox"/>	<input type="checkbox"/>
State/local government agencies	<input type="checkbox"/>	<input type="checkbox"/>
Other (Specify:)	<input type="checkbox"/>	<input type="checkbox"/>

38. What were the goals of grants, contracts, or sub-awards?

	Yes	No
To start up new program	<input type="checkbox"/>	<input type="checkbox"/>
To implement programmatic Best Practices	<input type="checkbox"/>	<input type="checkbox"/>
To expand type of services	<input type="checkbox"/>	<input type="checkbox"/>
To increase number of clients/service recipients	<input type="checkbox"/>	<input type="checkbox"/>
To develop Board of Directors	<input type="checkbox"/>	<input type="checkbox"/>
To train administrative staff (SPECIFY AREA OF TRAINING:)	<input type="checkbox"/>	<input type="checkbox"/>

To train program staff (SPECIFY:)	<input type="checkbox"/>	<input type="checkbox"/>

To increase/diversify income and resources	<input type="checkbox"/>	<input type="checkbox"/>
To improve communications and marketing	<input type="checkbox"/>	<input type="checkbox"/>
To improve general management, financial management or administrative systems	<input type="checkbox"/>	<input type="checkbox"/>
To develop system for tracking outcomes	<input type="checkbox"/>	<input type="checkbox"/>
To fund ongoing programs as is	<input type="checkbox"/>	<input type="checkbox"/>
Were there any other goals? (SPECIFY:)	<input type="checkbox"/>	<input type="checkbox"/>

THANK YOU FOR YOUR PARTICIPATION!