Hope II Grant Program Evaluation
10-month Follow-up Survey

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 14 months 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 additional questionnaire 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.

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

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: _____

   ❑ Check this box if the original organization that applied for this grant no longer exists. Please explain why this organization is no longer in existence.

   _____
   _____
   _____

   IF YOU CHECKED THIS BOX, YOU HAVE COMPLETED THE SURVEY. THANK YOU FOR YOUR PARTICIPATION.

Organizational Profile

8. Does your organization have a written strategic plan?

   ❑ Yes
   ❑ No

9. How often do you consult or revise your strategic plan?

   ❑ Monthly
   ❑ Quarterly
   ❑ Annually
   ❑ Less frequent than annually

10. *Since May 2006*, has your organization conducted or participated in an assessment of organizational strengths/needs?

    ❑ Yes
    ❑ No

    10a. If yes, was the assessment conducted/guided by an external individual/entity?

       ❑ Yes
       ❑ No

11. Does your organization currently provide services to victims of crime?

    ❑ Yes
    ❑ No *(SKIP TO 19)*

12. Which description best characterizes your organization? *(Please check only one)*

    ❑ 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.

13. How long has your organization been providing services to victims of crime in your community?

    _____ months   _____ years

14. Which services does your organization currently provide to victims of crime in your community? *(Please check all that apply)*

    ❑ Information/referral services (i.e., suggesting other organizations or resources to clients)
    ❑ Crisis hotline
    ❑ Case management services
    ❑ Criminal Justice support/advocacy (e.g., accompaniment at court appearances, assistance with victim impact statements)
    ❑ Legal assistance (e.g., filing protective orders, obtaining custody/visitation rights)
    ❑ Psychological assessments
    ❑ Forensic examinations
    ❑ Crisis counseling
    ❑ Ongoing counseling (i.e., pastoral or mental health)
    ❑ Personal advocacy (i.e., assistance applying for public assistance, pursuing civil legal options, etc.)
    ❑ Advise or help filing compensation claims
    ❑ Shelter/safehouse
    ❑ Group support/treatment
    ❑ Emergency legal advocacy
    ❑ Emergency financial assistance
    ❑ Transportation services
    ❑ Alcohol and other substances treatment
    ❑ Restorative justice opportunities
    ❑ Advise crime victims regarding their rights
    ❑ Advise crime victims regarding restitution
    ❑ Provide web-based information for crime victims
    ❑ Parish Nursing (a registered professional nurse who serves the congregants of a faith community)
    ❑ Other services *(Specify:)*

       -

    ___

15. What victim populations are currently being targeted for services by your organization? *(Please check all that apply)*

- ❑ Domestic violence
- ❑ Child sexual abuse
- ❑ Assault
- ❑ Adult sexual assault
- ❑ Child physical abuse
- ❑ Survivors of homicide victims
- ❑ Robbery
- ❑ Adults molested as children
- ❑ DUI/DWI crashes
- ❑ Elder Abuse
- ❑ Our organization serves all victim populations
- ❑ Other services *(Specify:)*

    _____

    _____

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

- ❑ Yes
- ❑ No *(SKIP TO 17)*

16a. If yes, which ones? (Please check all that apply)

- ❑ Non-English speaking populations
- ❑ Lesbian women
- ❑ Homosexual men
- ❑ Bisexual populations
- ❑ Transgender populations
- ❑ Immigrant and refugee populations
- ❑ American Indian and Alaskan Native populations
- ❑ Elderly populations
- ❑ Disabled populations
- ❑ Rural or remote populations
- ❑ Populations living on a military base
- ❑ Other services *(Specify:)*

    _____

    _____

17. 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

18. Has your organization added/expanded or reduced programmatic areas *since May 2006*?

- ❑ Yes
- ❑ No *(SKIP TO 19)*

18a. If yes, please describe.

    _____

    _____

Organizational Priorities

19. Below is a table listing possible priority areas for your organization. Please check one box for each priority area. See the key below.

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

Capacity Building Services Received by the Organization

20. *Since May 2006,* did your organization receive services/assistance from the Maryland Crime Victims Resource Center (MCVRC)?

❑ Yes
❑ No (*SKIP TO 21*)

20a. If yes, please indicate the type of assistance/service provided (Check all that apply)

❑   Training through workshops or conferences
❑   Other *(Specify:)* _____

_____

21. *Since May 2006,* what types of assistance has your organization received from sources other than MCVRC?
     (If no assistance was received, SKIP TO 22)
     ***Note: Do not count assistance lasting less than 1 hour over the course of the 10 months.

Type of Assistance *(Check all that apply)*		If applicable, how was the assistance received? *(Check all that apply)*		
		Group Training or Workshop	Consulting Services	Other
❑	**Resource Development, Fundraising (includes grants/proposals)**	❑	❑	❑
❑	**Strategic Planning**	❑	❑	❑
❑	**Human Resources and Volunteer Management**	❑	❑	❑
❑	**Networking, Collaboration, Partnerships**	❑	❑	❑
❑	**Financial Management (Bookkeeping/Accounting)**	❑	❑	❑
❑	**Program Design, Including Implementing Best Practices**	❑	❑	❑
❑	**Evaluation/Outcome Measurement**	❑	❑	❑
❑	**Working with victims of crime (i.e., victim services)**	❑	❑	❑
❑	**Other: Specify**	❑	❑	❑

21a. Whom among your staff received this assistance? *(Check all that apply)*

❑   Executive Director
❑   Other paid staff
❑   Volunteers

Organization Staff and Board

22. 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 (column b) *or* a direct service staff person (column c). 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)	_____	=	_____	+	_____

23. Have you used volunteers since May 2006?

    ❑ Yes, to fill a short-term need
    ❑ Yes, to fill a longer-term position or need
    ❑ No *(SKIP TO 24)*

    23a. Do you have a volunteer coordinator?

       ❑ Yes, paid full-time salary
       ❑ Yes, paid part-time salary
       ❑ Yes, not a paid position
       ❑ No

24. Is the head of your organization (e.g., the executive director) a paid position?

    ❑ Yes, paid full-time salary
    ❑ Yes, paid part-time salary
    ❑ No, not a paid position

25. *Since May 2006*, has there been a change in the head of your organization?

    ❑ Yes
    ❑ No

26. Is there a Board of Directors focused solely on your organization? *(Recall that "your organization" refers to the organization that was the primary applicant for the MCVRC subgrant.)*

    ❑ Yes
    ❑ No *(SKIP TO 27)*

    26a. What are the primary activities of the Board? *(Check all that apply)*

       ❑ Outreach to community and key stakeholders
       ❑ Develop organization's budget
       ❑ Recruit new board members

       ❑ Review organization's financial records to ensure funds were properly spent in support of the organization's mission

- ❑ Set goals and strategies for the organization
- ❑ Review performance of programs & program outcomes
- ❑ Conduct performance reviews of executive director
- ❑ Conduct performance reviews of other staff
- ❑ Other (specify):_____

Community Engagement

27. Which of the following has your organization done *since May 2006* to explain or promote your organization? *(Please check all that apply)*

   ❑ Created or updated a website
   ❑ Developed or distributed written materials (such as a brochure or newsletter)
   ❑ Made presentations to faith-based and/or community groups
   ❑ Utilized free public service announcements
   ❑ Utilized paid advertising (*Specify* TV, radio or newspaper)
   ❑ Other (*Specify:*)
   ❑ None of the above

28. Has your organization engaged in any of the following activities *since May 2006*? *(Please check all that apply)*

   ❑ Conducted a meeting with clients/service recipients or the organization's constituents to learn about their needs
   ❑ Reviewed research/data/reports from other institutions such as the government or a university
   ❑ Administered a survey or questionnaire of community members/constituents
   ❑ Participated in an official coalition of organizations serving crime victims
   ❑ Attended community meetings
   ❑ Carried out a community mapping projects
   ❑ Participated in meeting with other organizations providing similar services (i.e., competitors, collaborators, etc.)
   ❑ Conducted training(s) of stakeholder organizations in the community
   ❑ Provided education programs about victimization
   ❑ Worked together with other faith-based and/or community organizations or agencies to improve service delivery to crime victims

29. Thinking about collaborations that your organization has had with other faith-based and/or community groups, do you think collaborations in general are: *(Please check only one)*

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

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

   _____ collaborations (*If zero, SKIP TO 31*)

30a. How many national, state, and local organizations are involved in these collaborations?

   _____ local organizations

   _____ state organizations

   _____ national organizations

Technology

31. How many functioning computers does your organization have?

   _____

32. What kind of access does your organization have to the Internet?

   ❑ High-speed access
   ❑ Dial-up access
   ❑ No Internet access

33. Does your organization have its own website?

   ❑ Yes
   ❑ No

34. Some organizations keep records about program participants and services. Please indicate the relevance to your organization of keeping records about the following items, by marking 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	❑	❑	❑	❑	❑
Referral sources of clients/service recipients (how did they come to your program)	❑	❑	❑	❑	❑
Needs of clients/service recipients upon first contact with program (including information and referrals)	❑	❑	❑	❑	❑
Services provided to clients/service recipients	❑	❑	❑	❑	❑
Individual clients/service recipients' outcomes	❑	❑	❑	❑	❑
Financial records	❑	❑	❑	❑	❑
Client satisfaction	❑	❑	❑	❑	❑
Other *(Specify:)* _____	❑	❑	❑	❑	❑

Funding Sources

The following questions pertain to funding sources and activities other than the Hope II grant funding program. ***Please do not include the Hope II grant funding in your responses.***

35. How many federal grants, contracts, or sub-awards has your organization *applied for since May 2006?*

     _____

36. How many federal grants, contracts, or sub-awards has your organization *received since May 2006*?

     _____

37. Has your organization applied for a VOCA grant since May 2006?

     ❑ Yes
     ❑ No

38. Has your organization been awarded a VOCA grant since May 2006?

     ❑ Yes
     ❑ No

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

     $_____

40. *Since May 2006,* has your organization's operating budget:

     ❑ Increased
     ❑ Decreased
     ❑ Stayed the same

41. *Please answer the following questions as they apply to fundraising activities since May 2006.*

Funding Source/Activity	Percentage of funds received from this source *since May 2006*
Grants/contracts from federal government agencies	%
Grants/contracts from state/local government agencies	%
Grants/contracts from Foundations	%
Other *(Specify:)*_____ _____	%
_____ _____	
TOTAL	100%

42. Has your organization hired a grant/contract writer to research applications for funding *since May 2006*?

   ❑ Yes
   ❑ No

43. Has your organization hired a grant/contract writer to prepare applications for funding *since May 2006*?

   ❑ Yes
   ❑ No

44. Has your organization hired a grant/contract writer to train staff to prepare applications for funding *since May 2006*?

   ❑ Yes
   ❑ No

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

   ❑ Yes
   ❑ No

46. Please list the total amount and sources for all cash grants or sub-awards that your organization **received** *since May 2006*. Then check a box(es) that describes the goal(s) for which the grants or sub-awards were received.

Total Amount of Grants, Contracts, or Sub-Awards received *since May 2006*	Sources of Grants, Contracts, or Sub-Awards received *since May 2006* *(Check all that apply)*	Goals of Grants, Contracts, or Sub-Awards *(Check all that apply)*
$_____	❑ Federal government agencies ❑ State/local government agencies ❑ Foundations ❑ Other (Spe*cify:)* _____ _____ _____	❑ Start up new program ❑ Implement programmatic Best Practices ❑ Expand type of services ❑ Increase number of clients/service recipients ❑ Develop Board of Directors ❑ Train administrative staff *(Specify area of training:)* _____ _____ ❑ Train program staff *(Specify:)* _____ _____ _____ ❑ Increase/diversify income and resources ❑ Improve communications and marketing ❑ Improve general management, financial management or administrative systems ❑ Develop system for tracking outcomes ❑ Funding for ongoing programs as is ❑ Other (S*pecify:)* _____ _____ _____

THANK YOU FOR YOUR PARTICIPATION!