

OMB No.: xxxx-xxxx
Expiration Date: xx/xx/20xx

**UNDERSTANDING
BARRIERS AND
SUCCESSFUL
STRATEGIES FOR
FAITH-BASED
ORGANIZATIONS IN
ACCESSING GRANTS**

Draft

April 24, 2007

MPR ID#: |_|_|_|_|_|_|_|_|_|_|

INT ID#: |_|_|_|_|_|_|_|_|

SECTION A: SCREENER

A1. May I please speak with [SAMPLE MEMBER]? (My name is [NAME] and I'm from Mathematica Policy Research, Inc., a research company in Princeton, New Jersey.)

SAMPLE MEMBER AVAILABLE → 01
GO TO A6
 SAMPLE MEMBER NOT AVAILABLE AT THE MOMENT.....00
 SAMPLE MEMBER NO LONGER WORKING AT THE ORGANIZATION → 02
GO TO A2

A1a. When would be a good time to reach [SAMPLE MEMBER]? **RECORD INFORMATION ON CONTACT SHEET. THANK PERSON AND TERMINATE.**

A2. Is there someone else at your organization who is most knowledgeable about the federal grant application you submitted in 2006 for [PROGRAM NAME AND AGENCY]?

YES.....01
 NO → 00
GO TO A4

A3. May I please speak with this person?

RESPONDENT AVAILABLE → 01
GO TO A6
 RESPONDENT NOT AVAILABLE AT THE MOMENT.....00

A3a. When would be a good time to reach this person? **RECORD INFORMATION ON CONTACT SHEET. THANK PERSON AND TERMINATE.**

A4. Is there someone else at your organization who is knowledgeable about your organization's experience with grant applications?

YES → 01
GO TO A5
 NO.....00

A4a. **THANK PERSON AND TERMINATE. HAND THIS CALL OVER TO SURVEY ASSOCIATE.**

A5. May I please speak with this person?

RESPONDENT AVAILABLE → 01
.....GO TO A6
RESPONDENT NOT AVAILABLE AT THE MOMENT.....00

A5a. When would be a good time to reach this person? **RECORD INFORMATION ON CONTACT SHEET. THANK PERSON AND TERMINATE.**

A6. My name is [NAME] and I'm from Mathematica Policy Research, Inc., a research company in Princeton, New Jersey. We are doing a study for the U.S. Department of Health and Human Services to learn more about the experiences of organizations that apply for federal grants. You may have received a letter recently which explained the study to you. We are interested in learning about the challenges organizations experience in applying for grants and successful strategies used in securing funds. The interview will take about 30 minutes. Everything that you tell me is completely confidential. Your participation in the survey is voluntary and will not affect any grant money that you or your organization receive now or in the future.

OK TO CONTINUE → 01 GO
TO B1
NOT A GOOD TIME.....00
REFUSED.....r

A6a. When would be a good time to do the interview? **RECORD APPOINTMENT, DATE AND TIME ON CONTACT SHEET. THANK RESPONDENT AND TERMINATE.**

SECTION B: CHARACTERISTICS OF ORGANIZATION

B1. Can you confirm your organization's name? I have [ORGANIZATION NAME], is that correct?

YES.....01 → GO TO B2
 NO.....00
 DON'T KNOW.....d } → GO TO B2
 REFUSED.....r }

B1a. What is the correct name of your organization?

DON'T KNOW.....d
 REFUSED.....r

B2. Is your organization a non-profit organization?

YES.....01
 NO.....00
 DON'T KNOW.....d
 REFUSED.....r

B3. What is the main mission of your organization? Do you provide . . .

	CIRCLE ONE IN EACH ROW			
	YES	NO	DON'T KNOW	REFUSED
a. Social services?.....	01	00	d	r
b. Education?.....	01	00	d	r
c. Health care?.....	01	00	d	r
d. Religious services?.....	01	00	d	r
e. Other services? (SPECIFY)..... _____	01	00	d	r

B4. Does your organization have ties to a church, denomination, faith tradition, or interfaith group, or is it religiously affiliated?

PROBE: Ties and affiliations can be organizational, historical, or theological.

Does this description characterize your organization?

YES.....01
NO.....00
DON'T KNOW.....d
REFUSED.....r

B5. Do you consider your organization to be a Faith-Based Organization?

Source:
John Orr

YES → 01 GO
TO B7
NO.....00
DON'T KNOW.....d } → GO TO B7
REFUSED.....r }

INTERVIEWER: ASK B6 ONLY IF RESPONDENT ANSWERED "NO" TO BOTH B4 AND B5. OTHERWISE, SKIP TO B7.

B6. Is your organization a secular organization, in the sense that it has no ties, direct or indirect, with religious groups or ideas?

Source:
John Orr

YES.....01
NO.....00
DON'T KNOW.....d
REFUSED.....r

INTERVIEWER: THANK PERSON AND TERMINATE. HAND THIS CALL OVER TO SURVEY ASSOCIATE.

B7. How would you describe your organization? Please choose one of the following.

CIRCLE ONLY ONE

- A local affiliate of a national, state, or regional network,.....01
 - An independent nonprofit organization,.....02
 - A congregation, such as a church, synagogue, mosque,.....03
 - A faith-based coalition or council, or.....04
 - Some other type of organization? (SPECIFY).....05
 - _____
 - DON'T KNOW.....d
 - REFUSED.....r
- GO TO B11 (for 01, 02, 04, 05, d, r)
GO TO B8 (for 03)

B8. How many members are in your congregation?

|_|_|, |_|_|_| MEMBERS

DON'T KNOW.....d

REFUSED.....r

B9. What percent of your members are Hispanic or Latino?

|_|_|_| % HISPANIC OR LATINO MEMBERS

DON'T KNOW.....d

REFUSED.....r

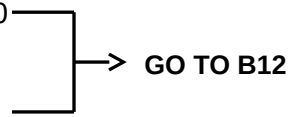
B10. What percent of your members would you estimate are best described by each of the following racial categories?

OMB
Guidelines

	COMPLETE ONE IN EACH ROW		
	MEMBERS	DON'T KNOW	REFUSED
a. American Indian or Alaska Native.....	_ _ _ %	d	r
b. Asian.....	_ _ _ %	d	r
c. Black or African American.....	_ _ _ %	d	r
d. Native Hawaiian or Other Pacific Islander.....	_ _ _ %	d	r
e. White.....	_ _ _ %	d	r

B11. Is your organization affiliated with a denomination or particular faith group?

YES.....01
 NO.....00
 DON'T KNOW.....d
 REFUSED.....r



B11a. With which denominations or faith groups is your organization affiliated?

RECORD VERBATIM

DON'T KNOW.....d
 REFUSED.....r

B12. In what year was your organization officially organized or founded?

|_|_|_| YEAR

DON'T KNOW.....d
 REFUSED.....r

STAFFING:

B13. How many paid, full-time staff positions do you have in your organization? Do you have . . .

Source:
John Orr

PROBE: Count all full-time positions whether currently filled or not.

CIRCLE ONLY ONE

- 1 - 5,.....01
- 6 - 10,.....02
- 11 - 20,.....03
- 21 - 50, or.....04
- More than 50?.....05
- DON'T KNOW.....d
- REFUSED.....r

SOCIAL SERVICES:

B14. In what year did your organization first seek federal, state, or other government funding to provide social services?

|_|_|_| YEAR

- DON'T KNOW.....d
- REFUSED.....r

B15. About how many applications has your organization submitted for federal, state, or other government funding of social services in the past 3 years?

CIRCLE ONLY ONE

- 1 - 3.....01
- 4 - 6.....02
- 7 - 10.....03
- MORE THAN 10.....04
- DON'T KNOW.....d
- REFUSED.....r

B16. In the past 12 months, did your organization directly provide, or cooperate in providing any of the following services for your own members or for people in the community?

Adapted from
Faith
Communities
Today Q5

PROBE: "Cooperation" includes financial contributions, volunteer time by organization members, space in your building, material donations, etc.

	YES	NO	DON'T KNOW	REFUSED
a. Food pantry or soup kitchen.....	01	00	d	r
b. Cash assistance to families or individuals.....	01	00	d	r
c. Clothing.....	01	00	d	r
d. Emergency or affordable housing.....	01	00	d	r
e. Counseling services or "hot line".....	01	00	d	r
f. Substance abuse programs.....	01	00	d	r
g. Day care, pre-school, before/after-school programs.....	01	00	d	r
h. Tutoring or literacy programs.....	01	00	d	r
i. Employment counseling, placement or training.....	01	00	d	r
j. Health programs/clinics/health education.....	01	00	d	r
k. Hospital or nursing home facilities.....	01	00	d	r
l. Life skills.....	01	00	d	r
m. Abstinence or family planning programs.....	01	00	d	r
n. Marriage or relationship education or support.....	01	00	d	r
o. Foster care and/or adoption services.....	01	00	d	r
p. Community development.....	01	00	d	r
q. Capacity building assistance.....	01	00	d	r
r. Elementary or secondary education.....	01	00	d	r
s. Other (SPECIFY).....	01	00	d	r

TARGET POPULATION OF SERVICES

B17. In a typical month, about how many people do you estimate receive the services your organization directly provides?

Los Angeles
Nonprofit
Human
Services Study
2002 B6

|_|_|, |_|_|_| PEOPLE SERVED

DON'T KNOW.....d

REFUSED.....r

B18. Overall, of the people who participated in your programs or services during the past year, approximately what percent were Hispanic or Latino?

Los Angeles
Nonprofit
Human
Services Study
2002 B6

|_|_|_| % HISPANIC OR LATINO

DON'T KNOW.....d

REFUSED.....r

B19. Overall, of the people who participated in your programs or services during the past year, approximately what percent were from each of the following race categories?

Los Angeles
Nonprofit
Human
Services Study
2002 B6

	COMPLETE ONE IN EACH ROW		
	PERCENT	DON'T KNOW	REFUSED
a. American Indian or Alaska Native.....	_ _ _ %	d	r
b. Asian.....	_ _ _ %	d	r
c. Black or African American.....	_ _ _ %	d	r
d. Native Hawaiian or Other Pacific Islander.....	_ _ _ %	d	r
e. White.....	_ _ _ %	d	r

B20. Which of the following groups of people does your organization target for the services it provides?

	CIRCLE ONE IN EACH ROW			
	YES	NO	DON'T KNOW	REFUSED
a. Persons with mental or physical disabilities.....	01	00	d	r
b. Neighborhood/community residents.....	01	00	d	r
c. Low-income families.....	01	00	d	r
d. Children or youth.....	01	00	d	r
e. Older Americans or the elderly.....	01	00	d	r
f. Single adults.....	01	00	d	r
g. Married or unmarried couples	01	00	d	r
h. Members of your faith community.....	01	00	d	r
i. Fathers.....	01	00	d	r
j. Pregnant women.....	01	00	d	r
k. Homeless.....	01	00	d	r
l. Immigrants/refugees.....	01	00	d	r
m. Non-English speakers.....	01	00	d	r
n. Prisoners or ex-offenders.....	01	00	d	r
o. Substance abusers.....	01	00	d	r
p. Unemployed.....	01	00	d	r
q. Local organization leaders or members.....	01	00	d	r
r. Other (SPECIFY).....	01	00	d	r

FUNDING:

B21. During your most recently completed fiscal year, did you receive funding from the following sources?

Los Angeles
Nonprofit
Human
Services Study
2002 D3

	CIRCLE ONE IN EACH ROW			
	YES	NO	DON'T KNOW	REFUSED
a. Federal grants.....	01	00	d	r
b. State or local grants or funds.....	01	00	d	r
c. Medicare/Medicaid payments.....	01	00	d	r
d. Foundation grants.....	01	00	d	r
e. Individual or corporate donations, including fundraising events.....	01	00	d	r
f. Endowment or investments.....	01	00	d	r
g. Fees charged for services.....	01	00	d	r
h. Financial support from congregations, denominations, or other Faith-Based Organizations...	01	00	d	r
i. In-kind donations or services.....	01	00	d	r
j. Other (SPECIFY).....	01	00	d	r

B22. What is the total amount of money your organization received in income from all sources during your most recent fiscal year?

\$|_|_|_|_|_|,|_|_|_|_|_|,|_|_|_|_|_| TOTAL AMOUNT → RECEIVED
GO TO B23

INTERVIEWER: IF RESPONDENT NEEDS TO GO LOOK UP INFORMATION, HOLD WHILE HE/SHE DOES SO OR ASK THEM TO COME BACK TO THIS QUESTION AFTER THE REST OF THE INTERVIEW IS OVER.

IF RESPONDENT CANNOT LOOK UP DURING THE INTERVIEW, THEN MARK OFF "CALL BACK".

B22a. CALL BACK → 01 GO TO B23
CONTACT SOMEONE ELSE (SPECIFY).....02

B22b. INTERVIEWER: IF RESPONDENT COULD NOT ANSWER B22, PLEASE ASK:

Is there someone else at your organization that can tell us the total amount of money received in income from all sources during your most recent fiscal year?

Name: _____

Job Title: _____

Phone Number: (____|____|____)-____|____|____-____|____|____
AREA CODE

**B23. How would you describe the place where your organization is physically located?
 Is it . . .**

2005 National
 Survey of
 Congregations

CIRCLE ONLY ONE

- In or near a city with a population of 50,000 or more.....01
 - In a town or small city with a population between 2,500 and
 50,000, or,.....02
 - In a rural area, open country, or small town with a
 population of 2,500 or less?.....03
 - DON'T KNOW.....d
 - REFUSED.....r
- } → GO TO C1

B23a. Is your organization physically located in . . .

CIRCLE ONLY ONE

- A downtown or central area of the city,.....01
- An older residential area in the city,.....02
- An older suburb around the city, or.....03
- A newer suburb around the city?.....04
- DON'T KNOW.....d
- REFUSED.....r

SECTION C: KNOWLEDGE OF FEDERAL GRANT OPPORTUNITIES

C1. Does someone regularly conduct searches for federal grant opportunities for your organization?

- YES.....01
 - NO.....00
 - DON'T KNOW.....d
 - REFUSED.....r
- } → GO TO C2

C1a. Is the primary person responsible for this task . . .

- A full-time staff member,.....01
 - A part-time staff member,.....02
 - A volunteer,.....03
 - A consultant, or.....04
 - Some other person (SPECIFY).....05
-
- DON'T KNOW.....d
 - REFUSED.....r

C2. Does your organization employ or work with a grant writer or someone with experience writing grant proposals?

- YES.....01
 - NO.....00
 - DON'T KNOW.....d
 - REFUSED.....r
- } → GO TO C3

C2a. Is the primary grant writer . . .

- A full-time staff member,.....01
 - A part-time staff member,.....02
 - A volunteer,.....03
 - A consultant, or.....04
 - Some other person? (SPECIFY).....05
-
- DON'T KNOW.....d
- REFUSED.....r

C3. Which of the following sources of information does your organization use to become aware of federal grant opportunities?

Guidance Document, White House FBCI, Page 3

	CIRCLE ONE IN EACH ROW			
	YES	NO	DON'T KNOW	REFUSED
a. Grant announcements on the Grants.gov website.....	01	00	d	r
b. The White House Office of Faith-Based and Community Initiatives.....	01	00	d	r
c. Catalog of Federal Domestic Assistance (CFDA).....	01	00	d	r
d. The Department of Health and Human Services' Compassion Capital Fund.....	01	00	d	r
e. Information from a denomination.....	01	00	d	r
f. Information from ecumenical or interfaith groups.....	01	00	d	r
g. Information from a non-government source.....	01	00	d	r
h. Other (SPECIFY).....	01	00	d	r

SECTION D: EXPERIENCE APPLYING FOR GRANTS

D1. In what year did your organization first apply for a grant directly from the federal government?

____|____|____|____| YEAR

DON'T KNOW.....d
 REFUSED.....r

D1a. About how many applications has your organization submitted to the federal government for the funding of social services in the past 3 years?

CIRCLE ONLY ONE

1 – 3.....01
 4 – 6.....02
 7 – 10.....03
 MORE THAN 10.....04
 DON'T KNOW.....d
 REFUSED.....r

D2. Your organization submitted a grant application to [FEDERAL AGENCY] for [PROGRAM NAME] in 2006. Is that correct?

YES → 01 GO
TO D3
 NO.....00
 DON'T KNOW.....d
 REFUSED.....r

} → GO TO D2b

D2a. Please tell me the correct name of the program name and federal agency:

PROGRAM NAME

FEDERAL AGENCY

DON'T KNOW.....d
 REFUSED.....r

} → GO TO D3

D3. What service(s) were to be provided in the [PROGRAM NAME] for which these grant funds were requested?

INTERVIEWER: IF YES: Please tell me the number of years your organization has provided this service.

	COMPLETE EACH ROW				
	YE S	N O	DON' T KNO W	REFUSE D	YEARS OF EXPERIENC E
a. Food pantry or soup kitchen.....	01	00	d	r	_ _ _
b. Cash assistance to families or individuals.....	01	00	d	r	_ _ _
c. Clothing.....	01	00	d	r	_ _ _
d. Emergency or affordable housing.....	01	00	d	r	_ _ _
e. Counseling services or "hot line".....	01	00	d	r	_ _ _
f. Substance abuse programs.....	01	00	d	r	_ _ _
g. Day care, pre-school, before/after-school programs.....	01	00	d	r	_ _ _
h. Tutoring or literacy programs.....	01	00	d	r	_ _ _
i. Employment counseling, placement or training.....	01	00	d	r	_ _ _
j. Health programs/clinics/health education.....	01	00	d	r	_ _ _
k. Hospital or nursing home facilities.....	01	00	d	r	_ _ _
l. Life skills.....	01	00	d	r	_ _ _
m. Abstinence or family planning programs.....	01	00	d	r	_ _ _
n. Marriage or relationship education or support.....	01	00	d	r	_ _ _
o. Foster care and/or adoption services.....	01	00	d	r	_ _ _
p. Community development.....	01	00	d	r	_ _ _
q. Capacity building assistance.....	01	00	d	r	_ _ _
r. Elementary or secondary education.....	01	00	d	r	_ _ _
s. Other (SPECIFY).....					
_____	01	00	d	r	_ _ _

D4. Please list the targeted recipients of the services provided in the [PROGRAM NAME]?

INTERVIEWER: DO NOT READ THE LIST UNLESS THE RESPONDENT NEEDS PROMPTING.

IF MARKED "YES": Please tell me the number of years your organization has served this population.

	YES	NO	DON'T KNOW	REFUSED	YEARS SERVED
a. Persons with mental or physical disabilities.....	01	00	d	r	_ _ _
b. Neighborhood/community residents.....	01	00	d	r	_ _ _
c. Low-income families.....	01	00	d	r	_ _ _
d. Children or youth.....	01	00	d	r	_ _ _
e. Older Americans or the elderly.....	01	00	d	r	_ _ _
f. Single adults.....	01	00	d	r	_ _ _
g. Married or unmarried couples	01	00	d	r	_ _ _
h. Members of your faith community....	01	00	d	r	_ _ _
i. Fathers.....	01	00	d	r	_ _ _
j. Pregnant women.....	01	00	d	r	_ _ _
k. Homeless.....	01	00	d	r	_ _ _
l. Immigrants/refugees.....	01	00	d	r	_ _ _
m. Non-English speakers.....	01	00	d	r	_ _ _
n. Prisoners or ex-offenders.....	01	00	d	r	_ _ _
o. Substance abusers.....	01	00	d	r	_ _ _
p. Unemployed.....	01	00	d	r	_ _ _
q. Other (SPECIFY).....	01	00	d	r	_ _ _

D5. How much money did you request in this 2006 grant application for [PROGRAM NAME]?

\$|_|_|_|_|,|_|_|_|_|,|_|_|_|_| **TOTAL AMOUNT REQUESTED**

DON'T KNOW.....d

REFUSED.....r

D6. Faith-Based and other organizations sometimes face challenges in preparing and submitting federal grant applications. Did you face any of the following challenges when submitting the 2006 application?

	CIRCLE ONE IN EACH ROW			
	YES	NO	DON'T KNOW	REFUSED
a. Lack of knowledgeable staff to prepare the grant application.....	01	00	d	r
b. Limited access to technology, such as a computer or the Internet.....	01	00	d	r
c. Difficulty preparing the budget.....	01	00	d	r
d. Difficulty completing federal forms and certifications...	01	00	d	r
e. Difficulty meeting the financial management requirements of the grant.....	01	00	d	r
f. Difficulty meeting requirements for matching funds.....	01	00	d	r
g. Difficulty meeting requirements for sustaining the proposed program after the grant ends.....	01	00	d	r
h. Difficulty identifying staff with the credentials required in the grant application.....	01	00	d	r
i. Difficulty reaching the federal contact person listed in the grant application to ask questions.....	01	00	d	r
j. Difficulty meeting the application deadline.....	01	00	d	r
k. Unsure about restrictions on religious activities as part of the grant program.....	01	00	d	r
l. Difficulty using the grants.gov website.....	01	00	d	r
m. Difficulty obtaining information about a specific grant and how to apply for funds.....	01	00	d	r
n. Other (SPECIFY)..... _____	01	00	d	r

D7. Of all the challenges you told me about, which was the biggest challenge?

INTERVIEWER: FILL IN LETTER FROM LIST ABOVE

BIGGEST BARRIER

DON'T KNOW.....d

REFUSED.....r

D8. What was the outcome of this application that you submitted in 2006? Did you receive any of the funding you requested?

YES.....01
 NO → 00 GO TO
D12
 DON'T KNOW.....d
 REFUSED.....r } → GO TO D24

D9. Why do you think your application was selected for funding?

	CIRCLE ONE IN EACH ROW			
	YES	NO	DON'T KNOW	REFUSED
a. Technical/scientific merit of your application.....	01	00	d	r
b. Your responsiveness to all application requirements.....	01	00	d	r
c. The overall size of your budget.....	01	00	d	r
d. The size of your budget relative to the population you set out to serve.....	01	00	d	r
e. Your organization's prior experience providing the proposed services.....	01	00	d	r
f. Your organization's prior experience with the population served.....	01	00	d	r
g. Qualifications of your proposed program director or principal investigator.....	01	00	d	r
h. Your adherence to grant application format requirements.....	01	00	d	r
i. Evidence that your program could be effectively implemented.....	01	00	d	r
j. Evidence of financial controls and accountability.....	01	00	d	r
k. Evidence of other resources such as volunteers or supplemental funds.....	01	00	d	r
l. Faith-based nature of your organization or faith-based content of the program.....	01	00	d	r
m. Other (SPECIFY).....	01	00	d	r

D10. Of all the reasons you told me about, which one do you think contributed most to the success of your application?

INTERVIEWER: FILL IN LETTER FROM LIST ABOVE

 MOST IMPORTANT REASON

DON'T KNOW.....d

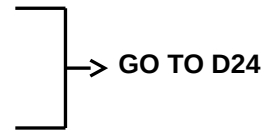
REFUSED.....r

D11. How much money was your organization awarded for your 2006 grant application?

\$|_|_|_|_|_|,|_|_|_|_|_|,|_|_|_|_|_| **TOTAL AMOUNT RECEIVED**

DON'T KNOW.....d

REFUSED.....r



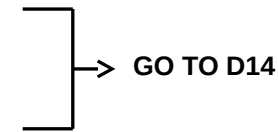
D12. Why do you think your application was not funded? Was it because the application your organization submitted was not strong enough?

YES.....01

NO.....00

DON'T KNOW.....d

REFUSED.....r



D13. Why do you think your organization's 2006 grant application was not strong enough?

	CIRCLE ONE IN EACH ROW			
	YES	NO	DON'T KNOW	REFUSED
a. Short timeframe between grant announcement and application due date.....	01	00	d	r
b. Inadequate resources/lack of experienced staff to prepare the applications.....	01	00	d	r
c. Difficulty obtaining help/getting responses to questions from the federal agency.....	01	00	d	r
d. Required credentials of primary staff.....	01	00	d	r
e. Inadequate financial controls.....	01	00	d	r
f. Inadequate matching funds.....	01	00	d	r
g. Inadequate sustainability plan.....	01	00	d	r
h. Inadequate evaluation plan.....	01	00	d	r
i. Poor quality or technical merit of the proposal.....	01	00	d	r
j. Limited computer availability/Internet access.....	01	00	d	r
k. Other (SPECIFY).....	01	00	d	r

D14. Do you think your organization's 2006 grant application was not funded because the proposed project was not appropriate for the federal program or agency providing the grant?

YES.....01
 NO.....00
 DON'T KNOW.....d
 REFUSED.....r

} → GO TO D16

D15. Why do you think your organization's proposed project was not appropriate for the federal program or agency?

	CIRCLE ONE IN EACH ROW			
	YES	NO	DON'T KNOW	REFUSED
a. Proposed project too small.....	01	00	d	r
b. Religious nature of the proposed project.....	01	00	d	r
c. Proposed project did not include target population specified by grant announcement.....	01	00	d	r
d. Proposed services were not ones that are normally funded by this grant program or federal agency.....	01	00	d	r
e. Grant reviewers had limited understanding of Faith-Based Organization's eligibility.....	01	00	d	r
f. Bias against Faith-Based Organizations.....	01	00	d	r
g. Other (SPECIFY).....	01	00	d	r

D16. Do you think your organization's 2006 grant application was not funded because your organization lacked experience?

YES.....01
 NO.....00
 DON'T KNOW.....**→ GO TO D18**
 REFUSED.....

D17. Did your organization lack experience . . .

	CIRCLE ONE IN EACH ROW			
	YES	NO	DON'T KNOW	REFUSED
a. Providing the proposed services?.....	01	00	d	r
b. Providing services to the target population?.....	01	00	d	r
c. Working with federal grants?.....	01	00	d	r
d. Preparing grant applications?.....	01	00	d	r
e. Other (SPECIFY).....	01	00	d	r

D18. Do you think your organization's 2006 grant application was not funded because there was too much competition?

YES.....01
NO.....00
DON'T KNOW.....d
REFUSED.....r

D19. Do you think your organization's 2006 grant application was not funded because you did not submit materials correctly, or made other application errors?

YES.....01
NO.....00
DON'T KNOW.....d
REFUSED.....r

INTERVIEWER: IF "YES": Please describe the application or submission errors.

RECORD VERBATIM

D20. Was there some other reason why your organization's 2006 grant application was not funded?

YES.....01
NO.....00
DON'T KNOW.....d
REFUSED.....r

INTERVIEWER: IF "YES": Please describe the reason.

RECORD VERBATIM

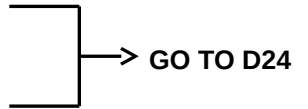
FEEDBACK FROM GRANT REVIEW PROCESS

D21. Did you request feedback from [FEDERAL AGENCY] on why your application was not funded?

- YES.....01
- NO.....00
- DON'T KNOW.....d
- REFUSED.....r

D22. Did you receive feedback from [FEDERAL AGENCY] on why your application was not funded?

- YES.....01
- NO.....00
- DON'T KNOW.....d
- REFUSED.....r



D23a. What reasons were given?

INTERVIEWER: RECORD VERBATIM

- DON'T KNOW.....d
- REFUSED.....r

D23b. How useful was the feedback? Was it . . .

- Not at all useful,.....01
- Somewhat useful,.....02
- Useful, or.....03
- Very useful?.....04
- DON'T KNOW.....d
- REFUSED.....r

PERCEIVED BARRIERS TO WINNING FUTURE GRANTS

D24. What barriers do you think your organization will face when applying for federal grants in the future?

Adapted from HHS Staff Survey on Barriers to American Indian, Alaska Native, and Native American Communities Access to HHS programs 2005

	CIRCLE ONE IN EACH ROW			
	YES	NO	DON'T KNOW	REFUSED
a. Lack of staff who can track or search for grant opportunities on a regular basis.....	01	00	d	r
b. Lack of staff to prepare grant applications.....	01	00	d	r
c. Difficulty in meeting financial management and administrative reporting requirements.....	01	00	d	r
d. Difficulty in meeting matching fund requirements.....	01	00	d	r
e. Difficulty in developing sustainability plans.....	01	00	d	r
f. Difficulty in identifying staff with credentials required in grant applications.....	01	00	d	r
g. Lack of experience in delivering services.....	01	00	d	r
h. Difficulty in implementing grant activities.....	01	00	d	r
i. Lack of full-time staff.....	01	00	d	r
j. Bias against Faith-Based Organizations.....	01	00	d	r
k. Rating procedures that favor larger, more well-known or experienced organizations.....	01	00	d	r
l. Limited computer availability/Internet access.....	01	00	d	r
m. Requirements for evaluation too stringent.....	01	00	d	r
n. Confusion about eligibility of Faith-Based Organizations.....	01	00	d	r
o. Time between learning about grant opportunity and application deadline too limited.....	01	00	d	r
p. Organization not comfortable with restrictions on religious activities.....	01	00	d	r
q. Other (SPECIFY).....	01	00	d	r

D25. Of all the barriers your organization may face, which is the biggest barrier?

INTERVIEWER: FILL IN LETTER FROM LIST ABOVE

|__| MOST IMPORTANT REASON

DON'T KNOW.....d

REFUSED.....r

REASONS WHY ORGANIZATION MIGHT NOT APPLY FOR FUTURE GRANTS

D26. Do you think your organization will apply for a federal grant in the next year?

YES.....01 → GO TO D29

NO.....00

DON'T KNOW.....d

REFUSED.....r → GO TO D29

D27. Why don't you think your organization will apply for a federal grant in the next year?

Adapted from HHS Staff Survey on Barriers to American Indian, Alaska Native, and Native American Communities Access to HHS programs 2005

	CIRCLE ONE IN EACH ROW			
	YES	NO	DON'T KNOW	REFUSED
a. Too difficult to separate religious activities from federally-funded social service programs.....	01	00	d	r
b. Skeptical of government aid.....	01	00	d	r
c. Prefer to partner with other faith-based groups.....	01	00	d	r
d. Problems with federal employment policies.....	01	00	d	r
e. Lack of organizational and financial structures in place to comply with public performance and audit requirements.....	01	00	d	r
f. The services for which federal funding is available do not match our needs.....	01	00	d	r
g. Federal agencies are not likely to fund the kind of services we provide.....	01	00	d	r
h. Inadequate resources available to devote to the application process.....	01	00	d	r
i. Lack of experienced staff.....	01	00	d	r
j. Bias against Faith-Based Organizations.....	01	00	d	r
k. Too difficult to obtain help from federal agencies.....	01	00	d	r
l. Other (SPECIFY)..... _____	01	00	d	r

D28. Of all reasons you mentioned, what is the most important reason you might not apply for future grants?

INTERVIEWER: FILL IN LETTER FROM LIST ABOVE

MOST IMPORTANT REASON

DON'T KNOW.....d

REFUSED.....r

D29. In what areas do you feel your organization needs information or guidance when developing grant applications?

	CIRCLE ONE IN EACH ROW			
	YES	NO	DON'T KNOW	REFUSED
a. Government contracting and grants process.....	01	00	d	r
b. Accounting practices.....	01	00	d	r
c. Meeting reporting requirements.....	01	00	d	r
d. Budgeting.....	01	00	d	r
e. Developing organizational experience.....	01	00	d	r
f. Grant application formats.....	01	00	d	r
g. Implementation of your program.....	01	00	d	r
h. Evaluation of your program.....	01	00	d	r
i. Financial accountability.....	01	00	d	r

SECTION E: STRENGTHS AND CAPACITIES OF ORGANIZATION

TECHNICAL/GENERAL CAPABILITIES OF ORGANIZATION

E1. Next, I would like to ask you some questions about how your organization uses technology. Does your organization currently use . . .

Los Angeles
Nonprofit
Human Services
Survey, 2002 J1

	CIRCLE ONE IN EACH ROW			
	YES	NO	DON'T KNOW	REFUSED
a. Email?.....	01	00	d	r
b. Computers for key staff or volunteers?.....	01	00	d	r
c. An internal computer network?.....	01	00	d	r
d. Cell phones or pagers?.....	01	00	d	r
e. Electronic financial records?.....	01	00	d	r
f. Electronic database of your programs or services?.....	01	00	d	r
g. Software for planning and tracking activities that achieve program objectives?.....	01	00	d	r

E2. In the past three years, has your organization . . .

	CIRCLE ONE IN EACH ROW			
	YES	NO	DON'T KNOW	REFUSED
a. Developed a strategic plan?.....	01	00	d	r
b. Had an audit?.....	01	00	d	r
c. Met with a Board of Directors?.....	01	00	d	r
d. Held regular staff meetings?.....	01	00	d	r
e. Interacted with other social service organizations?.....	01	00	d	r
f. Identified concrete outcomes that your program intends to accomplish?.....	01	00	d	r
g. Evaluated any of your programs?.....	01	00	d	r

E3. Which of the following strategies does your organization currently use when developing grant applications?

	CIRCLE ONE IN EACH ROW			
	YES	NO	DON'T KNOW	REFUSED
a. Develop knowledge of the target population and its needs.....	01	00	d	r
b. Implement a community-needs and strengths assessment.....	01	00	d	r
c. Identify public and private social service programs whose services may complement those that you plan to offer.....	01	00	d	r
d. Develop collaborative relationships with the staffs of other public and private agencies whose services complement yours.....	01	00	d	r
e. Develop a plan for the long-term financial stability of your program	01	00	d	r

SECTION F: RESPONDENT CHARACTERISTICS

F1. How many years have you worked at this organization?

|_|_| YEARS |_|_| MONTHS

DON'T KNOW.....d
 REFUSED.....r

F2. Are you a . . .

CODE ONLY ONE

Full-time, paid staff member,.....01
 Part-time, paid staff member,.....02
 Volunteer, or a.....03
 Consultant?.....04
 DON'T KNOW.....d
 REFUSED.....r

F3. What is your job title at [ORGANIZATION NAME]?

INTERVIEWER: RECORD VERBATIM

DON'T KNOW.....d
 REFUSED.....r

F4. What are your responsibilities at this organization?

INTERVIEWER: RECORD VERBATIM

DON'T KNOW.....d
 REFUSED.....r

F5. How many total years of experience do you have in this line of work?

PROBE: Include experience both at this organization and elsewhere.

|_|_| YEARS |_|_| MONTHS

DON'T KNOW.....d

REFUSED.....r

F6. What is the highest degree you have obtained?

Los Angeles
Nonprofit
Human Services
Survey, 2002 L6

CODE ONLY ONE

LESS THAN HIGH SCHOOL DIPLOMA.....01

HIGH SCHOOL DIPLOMA OR GED.....02

SOME COLLEGE OR TECHNICAL SCHOOL.....03

ASSOCIATE DEGREE.....04

BACHELOR'S DEGREE.....05

MASTER'S OR PROFESSIONAL DEGREE.....06

DOCTORAL DEGREE07

DON'T KNOW.....d

REFUSED.....r

F7. **INTERVIEWER: IF RESPONDENT COULD NOT ANSWER ONE OR MORE QUESTIONS IN SECTIONS B, C, OR D, PLEASE ASK:**

Is there someone else at your organization that you recommend we talk to?

Name: _____

Job Title: _____

Phone Number: (|_|_|_|)|_|_|_|_|_|_|_|_|_|_|
AREA CODE

Your answers were helpful and we appreciate your contribution to the study. We will be calling a small group of respondents in the next couple of months to talk more about experiences applying for federal grants. We hope you will be available to talk with us if we call in the future. Thank you for taking the time to talk with me.

MPR DOCUMENTATION PURPOSES ONLY:

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(Revised—4/26/07) 2/5/2021 7:00 PM

Dot revised for Martha

FBO 6304-300