

## Appendix A: SCF Grantee Survey

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### Strengthening Communities Fund, Nonprofit Capacity Building Program Evaluation Survey **GRANTEE SURVEY**

The Urban Institute has been asked by the U.S. Department of Health and Human Services, Administration for Children and Families, to conduct an evaluation of the Strengthening Communities Fund (SCF) program. The purpose of the study is to assess how well the SCF program is meeting its primary objective of improving the organizational capacity of nonprofit and faith-based and community organizations (FBCOs). The Urban Institute is a nonprofit, nonpartisan policy research and educational organization based in Washington, D.C.

Your organization was selected because it received a grant from HHS to provide a SCF program in your service area. We are asking you to complete this questionnaire so we can obtain complete and accurate information from all grantees that received awards under the SCF program.

To take the survey online, please go to the following website:

[https://surveys.urban.org/\[ADD CODE NAME\]](https://surveys.urban.org/[ADD CODE NAME])

Enter the following username and access code:

**Username:** «USERNAME»      **Access Code:** nonprofit

The information you provide will be seen only by Urban Institute staff for the sole purpose of learning about the effects of capacity building services supported through the SCF program. Your answers will be combined with those of other organizations that received SCF grants. Results of the study will be reported across organizations. We will not report information that will identify any particular individual or organization.

We appreciate your participation in this survey. You do not have to answer any questions you do not want to answer. While completing the survey is voluntary and refusal to participate will not affect your grant in any way, you are strongly encouraged to participate so your organization's unique experience is reflected in the study and the overall findings represent organizations such as yours.

If you have questions or problems completing this survey, please contact us at the **UI Survey Hotline at: 1-800-XXX-XXXX**.

**Notice:** According to the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it displays a currently valid OMB control number. The time required to complete this questionnaire is estimated to average 15 minutes to complete this survey, including the time to review instructions and complete the information collection.

Responses to this data collection will be used only for statistical purposes. We will treat your information in a private manner and will not identify you or your organization to anyone outside the study team, except as required by law.

# Strengthening Communities Fund, Nonprofit Capacity Building Program Evaluation Survey **GRANTEE SURVEY**

## About Your Organization

1. About how many paid staff members do you have working at your organization (include Americorps or VISTA members)?  
If none, enter zero. *(Count part-time employees as full-time equivalents, FTEs, e.g., two half-time employees = one FTE):*  
\_\_\_\_\_
- 1a. In the division/department/office implementing the SCF grant, how many paid staff members are involved in implementing the SCF program (include Americorps or VISTA members)? \_\_\_\_\_
2. On average, about how many volunteers do you have working at your organization or governmental unit in a typical month? (If none, enter zero). \_\_\_\_\_ *(If zero, go to Q4)*
3. Do any of your volunteers work directly with your SCF-related activities?  
 Yes, how many? \_\_\_\_\_  
 No
4. Approximately what is your organization's current operating budget? \$ \_\_\_\_\_
5. Prior to receiving the SCF grant, did your organization ever receive funding from federal/state/local government?  
 Yes  
 No

## Prior Experience and Outreach

**Note: Throughout this questionnaire FBCO refers to nonprofit organizations and faith-based community organizations.**

6. Prior to receiving a grant from SCF, did your organization provide training and/or technical assistance to nonprofits or faith-based community organizations (FBCOs)?  
 Yes  
 No *(Go to Q7)*
- 6a. If yes, for approximately how many years have you provided training and technical assistance to FBCOs?  
 Less than a year  
 1 year  
 2 to 3 years  
 4 to 5 years  
 More than 5 years

7. What approaches or methods did your organization use to inform FBCOs about the SCF program? (Check all that apply)

- Local newsletters or other publications
- Your organization's website or other websites
- Mailed notices or information about SCF
- Emailed notices or information about SCF
- Held informational meetings about SCF
- Conferences or other meetings
- Personal/professional networks, including word of mouth
- Social networking sites (e.g. Facebook, Twitter, blogs, etc.)
- Other (Specify): \_\_\_\_\_

### Assessment of Needs and Extent of Improvement

8. When your organization began working with FBCOs under SCF, in general, what was the initial level of FBCO need in each of the following capacity-building areas:

	<b><u>Considerable Need</u></b>	<b><u>Some Need</u></b>	<b><u>Very Little or No Need</u></b>	<b><u>Didn't Work in this Area; N/A</u></b>
8a. Organizational development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8b. Program/service development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8c. Collaboration and community engagement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8d. Leadership development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8e. Evaluation of effectiveness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. After receiving training or technical assistance (or a subaward), to what extent, in general, did FBCOs show improvement in:

	<b><u>Considerable Improvement</u></b>	<b><u>Some Improvement</u></b>	<b><u>Very Little or No Improvement</u></b>	<b><u>Didn't Work in this Area; N/A</u></b>
9a. Organizational development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9b. Program/service development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9c. Collaboration and community engagement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9d. Leadership development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9e. Evaluation of effectiveness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Community Engagement

10. As a result of the SCF program, did your organization do any of the following?

10a. Form a new partnership or collaboration?

Yes      No

10b. Join for the first time an existing partnership or collaboration?

Note: If no to both, state/local/tribal grantees continue to Q13; nonprofit grantees, go to Q15

11. Were any of these partnerships or collaborations with:

	<u>Yes</u>	<u>No</u>
Government	<input type="checkbox"/>	<input type="checkbox"/>
Business	<input type="checkbox"/>	<input type="checkbox"/>
Educational institution	<input type="checkbox"/>	<input type="checkbox"/>
Secular nonprofit	<input type="checkbox"/>	<input type="checkbox"/>
Faith-based organization	<input type="checkbox"/>	<input type="checkbox"/>

12. What was the purpose of the partnerships or collaborations? (Check all that apply)

- To provide training and technical assistance to FBCOs
- To increase communication about SCF grants and benefits
- To increase awareness about the federal government's economic recovery program (American Recovery and Reinvestment Act) or other anti-poverty programs
- To address a specific problem in the community

Yes      No

Other (please specify): \_\_\_\_\_

Note: State/local/tribal grantees continue to Q13; nonprofit grantees, go to Q15;

**THIS SECTION IS FOR STATE/LOCAL/TRIBAL GRANTEES ONLY:**

State/local/tribal grantees that received SCF grants were expected to build their own internal capacity. Please answer the following questions regarding your internal capacity building.

13. When your organization first received the SCF grant, on average, what was your agency's/unit's initial level of need in each of the following capacity-building areas:

	<b><u>Considerable Need</u></b>	<b><u>Some Need</u></b>	<b><u>Very Little or No Need</u></b>	<b><u>Didn't Work in this Area; N/A</u></b>
13a. Organizational development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13b. Program/service development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13c. Collaboration and community engagement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13d. Leadership development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13e. Evaluation of effectiveness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. On average, how would you currently assess the extent to which your agency/unit has shown improvement in:

	<b><u>Considerable Improvement</u></b>	<b><u>Some Improvement</u></b>	<b><u>Very Little or No Improvement</u></b>	<b><u>Didn't Work in this Area; N/A</u></b>
14a. Organizational development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14b. Program/service development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14c. Collaboration and community engagement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14d. Leadership development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14e. Evaluation of effectiveness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### About the SCF Program

15. Considering both the complexity and time required to complete SCF program tasks, how would you rate the following?

	<u>Excellent</u>	<u>Good</u>	<u>Fair</u>	<u>Poor</u>
The SCF application process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The SCF reporting forms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The ability to make changes/modifications in the plans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

16. How would you rate these aspects of the SCF program?

	<u>Excellent</u>	<u>Good</u>	<u>Fair</u>	<u>Poor</u>
Timeliness of approval process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Timeliness of payments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contract monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

17. Overall, how would you rate your experience with the administration of the SCF program?

- Excellent    Good    Fair    Poor

18. If you have any additional comments about the SCF program or recommendations for improving it, please write them below.

**Thank you for your time and cooperation in completing this survey.**