

## Appendix B: SCF Faith-based and Community Organization Survey

OMB No. XXXX-XXXX  
Expiration Date: mm/dd/20yy

### Strengthening Communities Fund, Nonprofit Capacity Building Program Evaluation Survey **FBCO SURVEY** – DRAFT per 01/19/2011

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 to participate in this survey because it received training, technical assistance, or funding (a grant) from a SCF-funded entity to help build your organization's capacity. We are asking you to complete this questionnaire so we can obtain complete and accurate information from the organizations that received assistance 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 assistance through SCF. 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 the assistance you receive 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 30 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

## FBCO Survey

### About Your Organization

1. What are the main services your organization provides? (Check all that apply)

- Advocacy and legal services
- Children and youth services
- Elder services
- Employment and Training
- Financial management and asset building services
- Food/Meal services
- Housing assistance, including homeless services
- Information and Referral services
- Other (specify) \_\_\_\_\_

2. 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, e.g., two half-time employees = one FTE): \_\_\_\_\_

3. On average, about how many volunteers do you have working at your organization in a typical month? (If none, enter zero).  
\_\_\_\_\_ (If zero, go to Q5)

4. Do any of your volunteers work directly with your SCF-related activities?

- Yes, how many? \_\_\_\_\_
- No

5. Overall, approximately how many people does your organization serve in a typical month? (If you serve the same person more than one time per month, count this individual as one.)  
\_\_\_\_\_ (number)

- We do not provide direct services to individuals or families

### About the SCF Program

6. About how many months did your organization receive SCF capacity-building services? \_\_\_\_\_ (number of months)

7. How did your organization learn about the SCF program and its services, such as training or technical assistance (TA)? (Check all that apply)

- Announcement in local newsletter or other publication
- Announcement on a website:
- Announcement sent by mail
- Announcement sent by email/listserv
- Meeting or orientation specifically about SCF
- Conference or other gathering of faith-based and community organizations
- Personal/professional network (e.g., word of mouth)
- Social networking site (e.g., Facebook, Twitter, blogs, etc.)
- Other (Specify) \_\_\_\_\_

8. Has your organization provided new services or expanded existing services in any of the following areas as a result of the SCF program?

	<u>New Service</u>	<u>Expanded Service</u>	<u>Didn't Do This</u>
Job readiness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employment training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employment support services (e.g., child care, counseling, transportation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assessment of "green needs"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Training for "green jobs"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information/counseling for recovery-related benefits or programs, including EITC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conduct workforce assessments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	

9. Before receiving SCF capacity-building assistance, approximately how many people did your organization serve in a typical month? (If you served the same person more than one time per month, count this individual as one.) \_\_\_\_\_ (number)

- We do not provide direct services to individuals or families

10. How would you rate the helpfulness of the assistance/service you received under SCF?

	<u>Excellent</u>	<u>Good</u>	<u>Fair</u>	<u>Poor</u>	<u>N/A</u>
One-on-one customized technical assistance (TA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Training through workshops or conferences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Funding or a grant received from SCF	<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"/>

10a. If poor on any of the above, why did you say that? \_\_\_\_\_

11. Overall, to what extent did the SCF program address your organization's capacity-building needs?

- Considerable extent
- Somewhat
- A little
- Not at all

11a. If not at all, why did you say that? \_\_\_\_\_

## About Capacity-Building Assistance You Received Through SCF

*The following sections ask about the areas in which your organization may have received capacity-building assistance. Please answer each question as best as you can.*

### *Financial Management*

12. Please indicate the extent to which each of the following was a capacity-building focus area for your organization. Check *one box* for each focus area. See the key below.

A = Implemented steps to address focus area

B = Developed plans or ideas to work on this, but haven't implemented them yet

C = Know we should work on this, but we lack the time or resources

D = Not a focus because we were satisfied with our achievement in this area; Not a priority at this time

Focus Area	A	B	C	D
Developing systems that will help manage the organization's finances more effectively.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Putting in place a budget process that ensures effective allocation of resources.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### *Funding*

13. Approximately what is the size of your organization's operating budget:

13a. This current budget year? \$ \_\_\_\_\_

13b. Last budget year? \$ \_\_\_\_\_

14. Approximately what percentage of your operating budget came from government (*federal/state/local, combined*)

14a. This current budget year? \_\_\_\_\_%

14b. Last budget year? \_\_\_\_\_%

15. Please indicate the extent to which each of the following was a focus area for your organization. Check *one box* for each focus area. See the key below.

- A = Implemented steps to address focus area
- B = Developed plans or ideas to work on this, but haven't implemented them yet
- C = Know we should work on this, but we lack the time or resources
- D = Not a focus because we were satisfied with our achievement in this area; Not a priority at this time

Focus Area	A	B	C	D
Identifying and pursuing new sources of <i>government</i> funding.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Identifying and pursuing new sources of <i>non-government</i> funding.	<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"/>
Developing a fund-development plan (including setting fundraising goals).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Developing or improving grant-writing capacity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

16. Has your organization obtained funding from any new sources since receiving assistance under the SCF program?

- Yes     No (*If no, go to Q17*)

16a. If yes, what was the source of the new funds?

- Government     Non-government     Both

### **Leadership and Staff Development**

17. Please indicate the extent to which each of the following was a focus area for your organization. Check *one box* for each focus area. See the key below.

- A = Implemented steps to address focus area
- B = Developed plans or ideas to work on this, but haven't implemented them yet
- C = Know we should work on this, but we lack the time or resources
- D = Not a focus because we were satisfied with our achievement in this area; Not a priority at this time

Focus Area	A	B	C	D
Creating a plan or locating resources to help our executive director and/or other staff improve their leadership skills.	<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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Providing staff with professional development and training to enhance skills in administration and management.	<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"/>

### **Governance**

18. Does your organization have a Board of Directors?

- Yes     No, but we have an advisory panel     No

18a. If no Board of Directors, does your organization have plans for establishing a Board of Directors?

- Yes     No

19. Please indicate the extent to which each of the following was a focus area for your organization. Check *one box* for each focus area. See the key below.

- A = Implemented steps to address focus area
- B = Developed plans or ideas to work on this, but haven't implemented them yet
- C = Know we should work on this, but we lack the time or resources
- D = Not a focus because we were satisfied with our achievement in this area; Not a priority at this time

Focus Area	A	B	C	D
Researching/finding resources to determine how best to form a board	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recruiting Board members with diverse expertise or skill sets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Developing a Board that represents a cross-section of our community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Providing information to the Board so they can better understand their responsibilities or improve their performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Information Technology**

20. Please indicate the extent to which each of the following was a focus area for your organization. Check *one box* for each focus area. See the key below.

- A = Implemented steps to address focus area
- B = Developed plans or ideas to work on this, but haven't implemented them yet
- C = Know we should work on this, but we lack the time or resources
- D = Not a focus because we were satisfied with our achievement in this area; Not a priority at this time

Focus Area	A	B	C	D
Increasing the number of computers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adding or upgrading software				
Increasing staff capabilities to use computers or software programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Developing or improving information systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Performance Measurement and Evaluation**

21. Please indicate the extent to which each of the following was a focus area for your organization. Check *one box* for each focus area. See the key below.

- A = Implemented steps to address focus area
- B = Developed plans or ideas to work on this, but haven't implemented them yet
- C = Know we should work on this, but we lack the time or resources
- D = Not a focus because we were satisfied with our achievement in this area; Not a priority at this time

Focus Areas	A	B	C	D
Developing or improving systems to track services provided to individuals/families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Developing or improving procedures to collect and record information about individual service recipients' outcomes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Developing or improving procedures to collect information on service recipients' satisfaction with services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Developing or improving procedures to analyze and use outcome information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Community Engagement

22. Since receiving services through the SCF program, has your organization undertaken a specific activity (e.g., meeting with constituents, community mapping, needs assessment survey) to gain a better understanding of the needs in your service area/community?

Yes  No

23. Since receiving services through the SCF program, has your organization raised awareness about your organization to individuals or families in your community/service area by doing any of the following?

	Yes	No
22a. Created or updated a website	<input type="checkbox"/>	<input type="checkbox"/>
22b. Developed or distributed written materials (e.g., brochure or newsletter)	<input type="checkbox"/>	<input type="checkbox"/>
22c. Made presentations to nonprofits or FBCOs	<input type="checkbox"/>	<input type="checkbox"/>
22d. Used public service announcements or paid advertising	<input type="checkbox"/>	<input type="checkbox"/>
22e. Other ( <i>Specify</i> ) _____		

24. Since receiving services through the SCF program, has your organization raised awareness about your organization to potential partners or funders by doing any of the following?

	Yes	No
23a. Created or updated a website	<input type="checkbox"/>	<input type="checkbox"/>
23b. Developed or distributed written materials (e.g., brochure or newsletter)	<input type="checkbox"/>	<input type="checkbox"/>
23c. Made presentations to nonprofits or FBCOs	<input type="checkbox"/>	<input type="checkbox"/>
23d. Used public service announcements or paid advertising	<input type="checkbox"/>	<input type="checkbox"/>
23e. Other ( <i>Specify</i> ) _____		

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

	Yes	No
24a. Form a new partnership or collaboration	<input type="checkbox"/>	<input type="checkbox"/>
24b. Join for the first time an existing partnership or collaboration	<input type="checkbox"/>	<input type="checkbox"/>

Note: If no to both, continue to Q28

26. Were any of these partnerships or collaborations with: (*Check all that apply*)

	<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"/>

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

	<u>Yes</u>	<u>No</u>
To receive and make service recipient referrals	<input type="checkbox"/>	<input type="checkbox"/>
To develop and operate joint programming	<input type="checkbox"/>	<input type="checkbox"/>
To access new funding sources (funding alliance)	<input type="checkbox"/>	<input type="checkbox"/>
To participate in advocacy, awareness and education	<input type="checkbox"/>	<input type="checkbox"/>
To assess community/service recipient needs	<input type="checkbox"/>	<input type="checkbox"/>
Peer learning (learning circle, study group)	<input type="checkbox"/>	<input type="checkbox"/>

Other (*please specify*) \_\_\_\_\_

## Assessment of the SCF program

28. To what extent did the assistance your organization received through the SCF program help build/improve:

	<u>Considerably</u>	<u>A fair amount</u>	<u>A little</u>	<u>Not at all</u>	<u>N/A</u>
Financial management systems and processes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fund-raising capabilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Board capabilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Management and staff capabilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Capacity to manage volunteers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information technology capabilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performance measurement/evaluation capabilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

29. To what extent did the assistance your organization received through the SCF program:

	<u>Considerably</u>	<u>A fair amount</u>	<u>A little</u>	<u>Not at all</u>	<u>N/A</u>
Improve your organizations' ability to help people affected by the recession	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Improve your organization's ability to continue operating in the future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increase the recognition or awareness of your organization by others in the community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

30. How confident are you that your organization will sustain the capacity-building improvements acquired through the SCF program?

Very confident    Confident    Not too confident    Not at all confident    N/A

31. Has your organization developed a plan or taken other steps to sustain the capacity-building improvements acquired through the SCF program?    Yes    No

OMB No. XXXX-XXXX  
Expiration Date: mm/dd/20yy

32. Overall, how would you rate your experience with the SCF program?

Excellent    Good    Fair    Poor

33a. If poor, why did you say that? \_\_\_\_\_

33. If you have any additional comments about the SCF program, please write them below.

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