

**Strengthening Communities Fund, Nonprofit Capacity Building Program
Evaluation Survey**

GRANTEE SURVEY

Screen Shots of the Web Version of the Survey

Strengthening Communities Fund, Nonprofit Capacity Building Program: Grantee Survey

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

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 1-855-735-4332.

Notice: Paperwork Reduction Act of 1995 (Pub. L. 104-13). Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

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.

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About Your Organization

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):

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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)?

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On average, about how many volunteers do you have working at your organization or governmental unit in a typical month?

(If none, enter zero).

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If the respondent used volunteers, then the following question is asked:


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

No

Yes, how many?


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Approximately what is your organization's current operating budget?

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Prior to receiving the SCF grant, did your organization ever receive funding from federal/state/local government?

- Yes
- No

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Prior Experience and Outreach

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

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

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If Yes, the respondent is asked the following question:

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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

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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):

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Assessment of Needs and Extent of Improvement

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:

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

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

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

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Community Engagement

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

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

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If Yes to either option in the question above, the respondent is asked the following two questions:

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Were any of these partnerships or collaborations with:

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

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What was the purpose of the partnerships or collaborations?

(Check all that apply)

	Yes	No
To provide training and technical assistance to FBCOs	<input type="checkbox"/>	<input type="checkbox"/>
To increase communication about SCF grants and benefits	<input type="checkbox"/>	<input type="checkbox"/>
To increase awareness about the federal government's economic recovery program (American Recovery and Reinvestment Act) or other anti-poverty programs	<input type="checkbox"/>	<input type="checkbox"/>
To address a specific problem in the community	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify):	<input type="checkbox"/>	<input type="checkbox"/>

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The following two questions are for State, Local, and Tribal Grantees only:

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Internal Capacity


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.

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:

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

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

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

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About the SCF Program

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

	Excellent	Good	Fair	Poor
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 plans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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How would you rate these aspects of the SCF program?

	Excellent	Good	Fair	Poor
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"/>

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

Excellent Good Fair Poor

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

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Thank you for your time and cooperation in completing this survey!



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