You are receiving this message because your organization expressed an interest in the 2015 Social Innovation Fund (SIF) grant competition. Social Innovation Fund (SIF) grants are competitively awarded to eligible grantmaking institutions to develop innovative programs that address one or more of the SIF’s three focus areas: youth development, economic opportunity, and healthy futures.

We are conducting a short, 5-minute survey to identify why organizations that expressed an interest by participating in a webinar or conference call, or submitting a notice of intent to apply ultimately decided not to apply. Your response to the survey is strictly confidential (will not be shared with any third parties). While completion of this survey is voluntary, your participation will help the Corporation for National and Community Service (CNCS) improve the Social Innovation Fund program and application submission process.

OMB Control Number: 3045-0137 Expiration Date: 5/31/2018

This 5-minute survey will help CNCS assess the Social Innovation Fund application process.

**Questions**

1. Please provide the following demographic information:
	1. **Organization Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** (foundation, local nonprofit, national nonprofit, local government, etc.)
	2. **Organization Size:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (approximate annual budget size in dollars)
	3. The **U.S. state or territory** in which your organization is based: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. How did you **first** hear about the 2015 SIF grant competition?
*Please select only one response.*
	* CNCS website ([www.nationalservice.gov](http://www.nationalservice.gov))
	* Other website or internet resource
		+ *If yes, please identify, if you are able*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	* Presentation by SIF staff
		+ *If yes, please identify the presentation title or date, if you are able*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	* Word of mouth from a current or previous SIF grantee, subgrantee, or applicant
	* Other word-of-mouth
		+ *If yes, please identify, if you are able*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	* The SIF newsletter
	* Twitter: @SIFund ([www.twitter.com/SIFund](http://www.twitter.com/SIFund))
	* Other Social Media
		+ *If yes, please identify, if you are able*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Please select the response(s) that best describe how you engaged with the 2015 grant competition and application process:
*Please select all that apply.*
	* Read details about the competition
	* Read the 2015 SIF Notice of Funding Availability
	* Participated in one or more informational calls/webinars provided by the SIF
		+ If yes, please identify the presentation title or date, if you are able: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	* Submitted a Notice of Intent to Apply
	* Created an application in eGrants but did not submit
4. If you did not submit an application for the 2015 SIF grant competition, what factor(s) contributed to this?
*Please select all that apply.*
	* Learned about the opportunity too late to complete an application before the deadline
	* Did not meet eligibility criteria
	* Insufficient organizational capacity to take on a SIF grant at this time
	* Program to be funded not appropriate for SIF funding at this time (insufficient evidence, etc.)
	* Could not secure sufficient match commitments
	* Could not secure partnership with an eligible applicant (and are not eligible ourselves)
	* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. (Optional) Use this space to provide more information about your answer(s) to Question 4: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. (Optional) Please provide any additional information you think would assist CNCS in improving the Social Innovation Fund program and application submission process: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thank you for your submission to our survey! We appreciate your feedback as we seek to improve the Social Innovation Fund program and future grant competitions.

PUBLIC BURDEN STATEMENT: Public reporting burden for this collection of information is estimated to average five minutes per submission, including reviewing instructions, gathering and maintaining the data needed, and completing the form. Comments on the burden or content of this instrument may be sent to the Corporation for National and Community Service, Attn: Amy Borgstrom, 1201 New York Avenue, NW, Washington, D.C. 20525. The Corporation informs people who may respond to this collection of information that they are not required to respond to the collection of information unless the OMB control number and expiration date displayed on page 1 are current and valid. (See 5 C.F.R. 1320.5(b)(2)(i).)