

Compassion Capital Fund Evaluation Targeted Capacity Building Program Survey of Faith-based and Community Organizations

The Office of Community Services, Administration for Children and Families (ACF) within the Department of Health and Human Services is conducting a study to examine the benefits of the Targeted Capacity Building (Mini-Grant) Program funded through the Compassion Capital Fund (CCF). ACF has contracted with Branch Associates, Inc., and their sub-contractor, Abt Associates, Inc., to carry out the study.

As part of a larger study of the CCF program, we are surveying organizations that received a CCF Mini-Grant in 2003, 2004, and/or 2005. Our records indicate that your organization received a Mini Grant in 2003 [2004 or 2005]. Your participation in completing this survey will greatly benefit the Compassion Capital Fund program. Information you provide will assist the Administration for Children and Families in assessing and improving the CCF program in general and the Targeted Capacity Building Program specifically.

Please note that responses to this data collection will be used only for statistical purposes. The reports prepared for this study will summarize findings across organizations and will not associate responses with a specific organization or individual. We will not provide information that identifies you or your organization to anyone outside the study team, except as required by law. Completing this survey is voluntary.

Instructions:

Please complete the following questions to help us evaluate the CCF Mini-Grant program. Please answer each of the questions in this survey about the primary recipient of the Mini-Grant award. Throughout this questionnaire, the primary recipient will be referred to as “your organization.”

Please make a copy of the completed survey for your records prior to sending the completed document back to Branch Associates. Research staff may contact you if clarification is needed for any of your responses.

Please return this survey in the enclosed pre-stamped envelope by (to be inserted: 30 days). Thank you for your time in completing this survey!

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this data collection instrument is xxxx-xxxx. The time required to complete these worksheets is estimated to average 30 minutes per response, including the time to review instructions, search existing data sources, gather the data needed, and fill in

the survey

1. Name of the organization that was the recipient of the CCF Targeted Capacity Building Program Grant (Mini-Grant):

2. Street Address _____

City: _____ State: _____ Zipcode _____

3. Name of the individual primarily responsible for completing this survey:

4. Title: _____

5. How long have you been with the organization?

- 1 year
- 2 years
- 3 years
- 4 years
- Over 4 years

6. Phone number: _____

7. Email address: _____

8. Check the box that best describes your Organization: (*check one*)

- ₁ Faith-based organization ₂ Secular organization

9. What is/are your Organization's current primary programmatic area(s)? (*Check all that apply*)

- | | |
|---|---|
| <input type="checkbox"/> ₁ Abstinence | <input type="checkbox"/> ₈ Homelessness/housing assistance |
| <input type="checkbox"/> ₂ At-risk youth/children and youth services | <input type="checkbox"/> ₉ Hunger |
| <input type="checkbox"/> ₃ Drug and alcohol rehabilitation | <input type="checkbox"/> ₁₀ Job training/welfare-to-work |
| <input type="checkbox"/> ₄ Economic/community development | <input type="checkbox"/> ₁₁ Marriage/relationships |
| <input type="checkbox"/> ₅ Education/training | <input type="checkbox"/> ₁₂ Prison services or prisoner reentry services |
| <input type="checkbox"/> ₆ Elderly/disabled services | <input type="checkbox"/> ₁₄ Rural community services |
| <input type="checkbox"/> ₇ Health Services
(including HIV/AIDS/pregnancy) | <input type="checkbox"/> ₁₃ Services to immigrants (including ESL) |
| | <input type="checkbox"/> ₁₅ Other (Specify): _____ |

10. Is your organization currently:

- ₁ Unincorporated
- ₂ Incorporated, but hosted by a 501 (c) (3) organization that serves as a fiscal agent
- ₃ In process of obtaining 501(c) (3) status
- ₄ 501(c) (3) organization → Date received 501(c) (3) _____
- ₅ Other (specify) _____

11. In what year was your organization formed? _____

12. In the last completed fiscal year, what were your organization's total expenditures? _____

13. Please indicate the current number of staff in your organization

Paid staff

Full-time (30 or more hours per week) # _____

Part-time (Less than 30 hours per week) # _____

Unpaid Staff/Volunteers

Full-time (30 or more hours per week) # _____

Part-time (Less than 30 hours per week) # _____

14. Is the head of your organization (e.g., the executive director) a paid position?

- ₁ Yes, paid full-time salary
- ₂ Yes, paid part-time salary
- ₃ No, not a paid position

15. We would like to know about the number of people your organization serves. Please give your best estimate of the total number of individuals and/or families your organization served in the most recent month of full service delivery:

_____ # served

We do not provide services to individuals or families

16. How did your organization learn about the availability of the CCF Mini-Grant Program? (*check all that apply*)

- ₁ Notice from a mailing list (or email list)
- ₂ Conference or other gathering of faith-based and community organizations
- ₃ General web search for possible funding sources
- ₄ Personal/professional network (word of mouth)
- ₅ Other (please specify) _____

17. Use the table below to indicate any other **organizational capacity building assistance** your organization received from 2003-2006 (in addition to the CCF Mini-Grant).

Year	Received financial assistance (sub-award or direct grant) in addition to the CCF Mini-Grant	Received customized one-on-one technical assistance	Received training (i.e. classes, workshops)	Was any of this assistance provided by a CCF-funded Intermediary?
2003	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No	<input type="checkbox"/> ₁ Yes; Name _____ <input type="checkbox"/> ₂ No <input type="checkbox"/> ₃ Don't Know
2004	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No	<input type="checkbox"/> ₁ Yes; Name _____ <input type="checkbox"/> ₂ No <input type="checkbox"/> ₃ Don't Know
2005	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No	<input type="checkbox"/> ₁ Yes; Name _____ <input type="checkbox"/> ₂ No <input type="checkbox"/> ₂ Don't Know
2006	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No	<input type="checkbox"/> ₁ Yes; Name _____ <input type="checkbox"/> ₂ No <input type="checkbox"/> ₂ Don't Know

The rest of this survey is focused on learning how the CCF Mini-Grant affected your organization.

18. Did the Mini-Grant enable your Organization to **start a new program**?

- ₁ Yes (Proceed to Question #18a)
- ₂ No (Proceed to Question #19)

18a. If yes, was your Organization able to sustain this new program after the Mini-Grant funds ran out?

- ₁ Yes → Please explain how your organization sustained the new program: (*check all that apply*)
 - ₁ New funding source
 - ₂ Replaced paid staff with volunteers
 - ₃ New partnership with another organization
 - ₄ More efficient use of existing resources; describe _____
 - ₅ Other (please explain) _____
- ₂ No

19. Did the Mini-Grant enable your Organization to **serve more clients** (families or individuals)? (*check all that apply*)

- ₁ Yes, we expanded an existing program or service → Indicate the number of additional clients: # _____
- ₂ Yes, we started a new program → Indicate the number of additional clients: # _____

(If yes to either above, proceed to #19a and 19b)

No (Proceed to Question #20)

19a. Was your Organization able to sustain this number of clients after the Mini-Grant funds ran out?

- Yes (If yes, proceed to question #19b)
- No (If no, proceed to question #20)

19b. Please explain how your organization sustained the increased number of clients: *(check all that apply)*

- New funding source
- Replaced paid staff with volunteers
- More effective outreach
- Higher quality services attracts more clients
- New partnership with another organization
- More efficient use of existing resources; describe _____
- Other (please explain) _____

20. Did the Mini Grant enable your Organization to **hire more staff**?

Yes → Indicate the total number of additional staff: #____part-time and/or #____ full-time
 (If yes, proceed to Question #20a)

No (Proceed to Question #21)

20a. If yes, was your Organization able to sustain this increase in staffing levels after the Mini-Grant funds ran out? *(check all that apply)*

- Yes, staff are paid through other funding sources
- Yes, staff work on volunteer basis
- Yes, other means (please explain) _____
- No

21. Organizations used CCF Mini-Grant funds in many different ways. Please indicate the specific ways that your organization used the CCF Mini-Grant to strengthen your organization.

1. Increased Access to Technology

a. Obtained computers and related hardware and software necessary to manage the organization	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Obtained access to high-speed Internet	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Trained staff in use of technology (e.g., spreadsheet skills)	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Developed individual email/voicemail accounts for staff	<input type="checkbox"/> Yes <input type="checkbox"/> No

2. Improved Facilities or Equipment

a. Purchased equipment	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Purchased supplies	<input type="checkbox"/> Yes <input type="checkbox"/> No

3. Improved Organization's Governance

a. Established Board of Directors	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No
b. Defined roles and responsibilities for Board members	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No
c. Recruited new Board members to increase diversity and effectiveness of Board	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No
d. Established Board committees to accomplish goals	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No
e. Developed formal orientation for new Board members	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No

4. Improved Organization's Ability to Manage its Finances

a. Developed systems for recording financial transactions and generating regular (monthly, quarterly) budgets	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No
b. Developed systems for tracking income and expenses	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No
c. Developed systems for managing cash flow	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No
d. Adopted a computerized bookkeeping system	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No
e. Began using new financial software (e.g., Quickbooks)	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No
f. Instituted internal controls to improve oversight of finances	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No
g. Hired CPA to conduct independent audit	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No

5. Increased ability to seek/diversify funding sources or resources

a. Obtained 501(c)(3) status	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No
b. Hired grant writer	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No
c. Developed fund-development plan	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No
d. Applied for the first time for funding from a new funding source	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No
e. Obtained in-kind donations from new source	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No

6. Increased ability to do effective long-term planning

a. Developed or refined a written mission statement	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No
b. Gathered information from constituents to inform strategic decisions	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No
c. Developed a written workplan for implementing long-range and annual goals and objectives	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No
d. Created or updated a written strategic plan	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No

7. Developed system for tracking outcomes

a. Began collecting basic information about program clients	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No
b. Developed an automated system for tracking information about clients and program services	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No
c. Identified specific key outcomes for program and began collecting outcome data on an ongoing basis	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No
d. Began tracking long-term outcomes	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No

8. Expanded awareness of the organization and/or developed community linkages

a. Created or updated website	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No
b. Developed or distributed written materials (such as brochure or newsletter)	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No
c. Made presentations to faith-based or other community groups	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No
d. Developed a new partnership arrangement with other organization(s)	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No

9. Other Uses of the Mini-Grant?

₁ Yes ₂ No

If yes, please describe:

22. Use the chart below to describe your Organization's grant writing and fundraising activities related to each of the funding sources listed in the first column *prior to the receipt of the CCF Mini-Grant* and *since the receipt of the Mini-Grant*.

Funding Sources	Prior to September 2003 [change for '04, '05 grantees] Award of CCF Mini Grant		Since Receipt of CCF Mini Grant in 2003 [change for 2004 and 2005 grantees]				
	Had your Organization <u>applied</u> for funding to this source?	Had your Organization <u>obtained</u> funds from this source?	Has your Organization <u>applied</u> for funding from this source?	How <u>many applications</u> has your Organization submitted to this source?	Has your Organization <u>obtained</u> funds from this source?	How many applications have been funded by this source?	What was the total amount of funding from this source?
1. Federal government agencies (other than OCS/ACF CCF Mini Grant)	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No	#: _____	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No	#: _____	\$ _____
2. State or local government agencies	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No	#: _____	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No	#: _____	\$ _____
3. Foundations	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No	#: _____	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No	#: _____	\$ _____
4. Federated giving groups (e.g., United Way)	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No	#: _____	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No	#: _____	\$ _____
5. Other Funding Sources (Specify:) _____ _____	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No	#: _____	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No	#: _____	\$ _____

23.

24. Think about the changes that your organization has undergone since the receipt of CCF Mini-Grant and select a response category for each of the following questions.

In addition, in order to assist us in improving the Targeted Capacity Building program, we are interested in better understanding any barriers or problems that may have lead to a “not at all” or “very little” response as well as what activities/factors lead to “to a great extent” or “somewhat” response. Please provide a brief explanation for your response to each question.

	Not at all	Very little	Somewhat	To a great extent
a. To what extent did the Mini-Grant make a positive difference in your Organization’s overall organizational development ?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

Please provide a brief explanation for the response you chose:

	Not at all	Very little	Somewhat	To a great extent
b. To what extent did the Mini-Grant make a positive difference in leadership development within your Organization?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

Please provide a brief explanation for the response you chose:

	Not at all	Very little	Somewhat	To a great extent
c. To what extent did the Mini-Grant make a positive difference in your Organization's overall revenue development strategy ?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

Please provide a brief explanation for the response you chose:

	Not at all	Very little	Somewhat	To a great extent
d. To what extent did the Mini-Grant make a positive difference in the level or quality of your Organization's services to individuals/families ?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

Please provide a brief explanation for the response you chose:

	Not at all	Very little	Somewhat	To a great extent
e. To what extent did the Mini-Grant contribute to <i>improved outcomes for the participants</i> your Organization serves?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

Please provide a brief explanation for the response you chose:

	Not at all	Very little	Somewhat	To a great extent
f. To what extent did the Mini-Grant contribute to <i>improved community linkages or partnerships</i> ?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

Please provide a brief explanation for the response you chose:
