

Compassion Capital Fund Evaluation Baseline Survey

This survey is a part of the application for assistance (financial and technical assistance) from the Iowa Family Policy Center. Completing an application for assistance is voluntary. However, completion of this form is a requirement for organizations that choose to apply for assistance. Completed surveys should be submitted with all the other materials required as part of your request for financial assistance or technical assistance.

Information obtained through this survey will also be used for research purposes in a study sponsored by the U.S. Department of Health and Human Services to learn about the effects of capacity building services supported through the Compassion Capital Fund (CCF) program.

The survey responses will be accessed by the intermediary organization to which you are applying for assistance and by staff at the research firms conducting the evaluation of the Compassion Capital Fund. The research firms are: Abt Associates and Branch Associates. The evaluation includes collecting information from faith-based and community organizations at the time of an initial request for assistance and again approximately 15 months later to obtain updated information.

Notice: The Paperwork Reduction Act of 1995 requires the agency to inform all potential persons who respond to this collection of information that such persons are not required to respond unless it displays a currently valid OMB control number. (See 5 C.F.R. 1320.5(b)(2)(i)). The time required to complete this collection of information is estimated to average 30 minutes per response, including the time to review instructions and complete the information collection.

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.

Please answer the questions in this survey about the organization (or project) that will be the *primary recipient/beneficiary* of the assistance requested, should your application be accepted. Throughout this questionnaire, the unit that is slated to be the primary recipient/beneficiary of the assistance is referred to as “your organization.” Please answer all questions about the current state of your organization.

1. Name of your organization: _____
2. Address: _____
3. Name of individual primarily responsible for completing this application: _____
4. Title: _____
5. Phone number: _____ - _____ - _____ Email address: _____
6. Is your organization requesting: Financial assistance Technical assistance Both

7. For what purpose(s) are you applying for assistance? *(Check all that apply)*

- Start up new program
- Implement programmatic Best Practices
- Expand type of services
- Increase number of people served
- Develop Board of Directors
- Train administrative staff
- Train program staff
- Increase/diversify funding and resources
- Improve image/public relations
- Improve general management, financial management or administrative systems
- Develop system for tracking outcomes
- Recruit, develop, or manage volunteers
- Expand/strengthen community partnerships/networking
- Strengthen long-term sustainability of the organization
- Other *(Specify):* _____

8. Prior to this application, did your organization receive any assistance from the Iowa Family Policy Center?

- Yes → Received financial assistance
 - Received one-on-one, customized technical assistance
 - Received training
- No

9. How did your organization learn about the availability of the Iowa Family Policy Center's CCF financial assistance (sub award) program or technical assistance (TA) services?

- Announcement in local newsletter or other publication
- Announcement on intermediary's website or other website *(Specify site):* _____
- Notice from intermediary's mailing list (or email list)
- Conference or other gathering of faith-based and community organizations (name of conference/group): _____
- Other *(Specify):* _____

Organization Profile

10. Please check the boxes that describe the organization that is the intended recipient/beneficiary of the requested assistance. The organization is... *(Check all that apply)*

- Unincorporated
- Incorporated, but hosted by a 501(c)(3) organization that serves as a fiscal agent
- In process of obtaining 501(c)(3) status
- 501(c)(3) organization
- Other *(Specify):* _____

11. In what year was your organization established? _____

12. In what year did your organization begin providing services? _____

13. Please check the box that best describes your organization:

- Faith-based/religious organization
- Non-religious community-based organization

14. Which describes the geographic area(s) where your organization provides services? *(Check all that apply)*

- Urban (continuously built-up area of 50,000 residents or more)
- Large town (population between 10,000 and 50,000)
- Rural (population under 2,500, not within a greater metropolitan area)
- Suburban (area with a commuting relationship with an urban center)

15. Does your organization have a written mission statement? Yes No
16. Does your organization have a written strategic plan? Yes No
17. In the past 12 months, has your organization conducted or participated in an assessment of organizational strengths/needs?
 Yes No
- 17a. If yes, was the assessment conducted/guided by an external individual/entity? Yes No

Program Services

18. What are your organization's primary programmatic areas?(Check all that apply)
- | | |
|--|---|
| <input type="checkbox"/> At risk youth/children and youth services | <input type="checkbox"/> Prison ministry or prisoner reentry services |
| <input type="checkbox"/> Economic/community development | <input type="checkbox"/> Drug and alcohol rehabilitation |
| <input type="checkbox"/> Elderly/disabled services | <input type="checkbox"/> Education |
| <input type="checkbox"/> Health Services | <input type="checkbox"/> Services to immigrants (including ESL) |
| <input type="checkbox"/> Homelessness/housing assistance | <input type="checkbox"/> Other (Specify:) _____ |
| <input type="checkbox"/> Hunger | _____ |
| <input type="checkbox"/> Job training/welfare-to-work | <input type="checkbox"/> Other (Specify:) _____ |
| <input type="checkbox"/> Marriage/relationships | _____ |
| <input type="checkbox"/> Abstinence/pregnancy prevention | _____ |
19. Has your organization added/expanded programmatic areas within the past 12 months? Yes No
20. Please give your best estimate of the total number of individuals/families your organization served in the most recent month of full service delivery: _____
- 20a. Compared to about the same period a year ago, has the number of individuals or families served
 Increased Decreased Stayed about the same
21. Does your organization conduct formal measurement/assessments of the results and benefits of the services provided to individuals or families? Yes No
- 21a. If yes, who conducts the assessment: In-house staff External individual/organization Both
22. Does your organization seek/obtain regular feedback from individuals/families on their satisfaction with services?
 Yes No

23. Below is a table listing possible focus areas for an organization. Please check *one box* for each focus area. See the key below.

A = Not a focus because we are satisfied with our achievement in this area
B = Have implemented steps to address focus area
C = Have developed plans or ideas to work on this, but haven't implemented them yet
D = Know we should work on this but we lack the time or resources
E = Not an area of focus at this time

Focus Area	A	B	C	D	E
Increasing the number of clients served by the organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increasing the number or scope of services offered to clients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Incorporating a new approach to services to improve quality/ effectiveness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Expanding services to include new group of service recipients or geographic area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Developing a way to collect more information about our clients, including number and characteristics of clients as well as how they are helped by our programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strengthening the organization's ability to evaluate its overall effectiveness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Financial Management

24. In the last completed fiscal year, what were your organization's total expenditures? \$ _____
25. Does your organization have a designated person who is responsible for financial management (paying bills, making deposits, keeping records)? Yes No
26. Is the Executive Director/head of your organization the person responsible for financial management or is there another person responsible for this activity?
 Executive Director/head Another staff person Other: explain _____
27. Your organization prepares its budget:
 Annually
 Quarterly
 Monthly
 Other (*Specify:*) _____
 The organization does not develop a budget on a regular basis.
28. Has your organization had an audit of its finances/financial records by an external auditor? Yes No
- 28a. If yes, was an audit conducted in any of the following years: 2002, 2003, or 2004? Yes No
29. Does your organization have written financial management procedures that provide checks and balances for ensuring expenditures are properly authorized?
 Yes No
30. Please indicate the extent to which each of the following is considered a focus area for your organization. Please check *one* box for each focus area. See the key below.
 A = Not a focus because we are satisfied with our achievement in this area
 B = Have implemented steps to address focus area
 C = Have developed plans or ideas to work on this, but haven't implemented them yet
 D = Know we should work on this but we lack the time or resources
 E = Not an area of focus at this time

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

Funding

31. Has your organization ever applied for a federal grant or contract? Yes No Don't know

32. Please answer the following questions as they apply to fundraising activities over the past 12 months.

	Number of applications for funding submitted in the past 12 months	Number of applications approved in the past 12 months	Total amount of funds from this source in past 12 months	% of total revenue obtained from this source in the past 12 months
Grants/contracts from federal government agencies				
Grants/contracts from state/local government agencies				
Grants/contracts from Foundations				
Grants from other federated giving groups (e.g., United Way)				
Direct mail fundraising				
Special fundraising events				
Fundraising appeals made in church or community				
Door-to-door fundraising appeals				
Other (<i>Specify:</i>) _____				

33. Has your organization sought funding from any new sources (never before accessed) over the past 12 months?

- Yes No

33a. Has your organization obtained funding from any new sources (never before accessed) over the past 12 months?

- Yes No

34. Has your organization ever hired a grant/contract writer to prepare applications for funding?

- Yes No

35. Has your organization ever hired a grant/contract writer to train staff to prepare applications for funding?

- Yes No

36. Has your organization ever sent key staff to grant/contract writing workshops or similar learning opportunities?

- Yes No

37. Does your organization have a written fund raising/fund-development plan?

- Yes No

38. Below is a table listing possible focus areas for an organization. Please check *one box* for each focus area. See the key below.

- A = Not a focus because we are satisfied with our achievement in this area
- B = Have implemented steps to address focus area
- C = Have developed plans or ideas to work on this, but haven't implemented them yet
- D = Know we should work on this but we lack the time or resources
- E = Not an area of focus at this time

Focus Area	A	B	C	D	E
Identifying and pursuing new sources of <i>government</i> funding.	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Identifying and pursuing new sources of in-kind donations.	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>

Human Resources

The following set of questions is about the staff at your organization. Please report only on staff who work for your organization on a regular basis at least two hours per week, either as paid staff or as unpaid staff/volunteers.

39. Please indicate the number of staff of each type and count each person as either primarily an administrative staff person (column b) or primarily a direct service staff person (column c). Column (a) should be equal to (b) + (c).

	(a) Total number of staff currently working at organization	(b) Number of staff primarily working in an administrative capacity	(c) Number of staff primarily providing direct services
Paid Staff			
full-time (30 or more hrs/wk)	# _____	# _____	# _____
part-time (between 2 and 30 hrs/wk)	# _____	# _____	# _____
Unpaid Staff/Volunteers			
full-time (30 or more hrs/wk)	# _____	# _____	# _____
part-time (between 2 and 30 hrs/wk)	# _____	# _____	# _____

40. What is the estimated total number of volunteer hours contributed by all unpaid staff/volunteers in an average week?

41. Compared to about the same period a year ago, has the number of paid staff

- Increased Decreased Stayed about the same

42. Compared to about the same period a year ago, has the number of volunteer staff

- Increased Decreased Stayed about the same

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

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

44. Over the past 5 years (or, if your organization is less than 5 years old, over the life of the organization), how many individuals have served as head of your organization? _____

45. Is there a written job description for each staff position or job category?

- Paid staff: Yes No
 Volunteer staff: Yes No

46. Does your organization conduct annual performance reviews for

- Paid staff? Yes No
 Volunteer staff? Yes No

Leadership and Staff Development

47. Use the chart below to indicate the extent to which the head of your organization or staff(paid or volunteer) participated in training (or similar learning opportunities) related to:

- management and administration** (such as financial management, personnel management, outcomes measurement),
fundraising (grant writing, developing a funding plan), or
service delivery (training in order to start a new service, training to increase skills needed for direct service role)

	(a) Did the head of the organization participate in the past 12 months	(b) Number of other paid and volunteer staff that participated in the past 12 months
Training related to management and administration	<input type="checkbox"/> Yes <input type="checkbox"/> No	#
Training related to fundraising	<input type="checkbox"/> Yes <input type="checkbox"/> No	#
Training related to service delivery	<input type="checkbox"/> Yes <input type="checkbox"/> No	#

48. In the past 12 months, has the head of your organization met regularly with a mentor who shares expertise and provides coaching and guidance regarding the duties and responsibilities of an executive director/organizational leader?

- Yes No

49. In the past 12 months, has any staff met regularly with a mentor who shares expertise and provides instruction and guidance on performing the roles assigned to the staff?

- Yes No

50. Below is a table listing possible focus areas for an organization. Please check *one box* for each focus area. See the key below.

- A = Not a focus because we are satisfied with our achievement in this area
 B = Have implemented steps to address focus area
 C = Have developed plans or ideas to work on this, but haven't implemented them yet
 D = Know we should work on this but we lack the time or resources
 E = Not an area of focus at this time

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

Governance

51. Is there a Board of Directors focused solely on your organization? (Recall that "your organization" refers to the unit that is slated to be the primary beneficiary of this assistance.)

- Yes No

51a. If no, does your organization have plans for establishing a Board of directors? Yes No (Go to question 59)

52. How many individuals are currently on your organization's Board? _____

53. How many vacant positions are there on the Board? _____

54. Does the Board provide a formal orientation for new Board members? Yes No

55. At Board meetings, does someone regularly take minutes and keep record of attendance? Yes No

56. What are the primary activities of the Board (*Check all that apply*)

- | | |
|--|---|
| <input type="checkbox"/> Outreach to community and key stakeholders | <input type="checkbox"/> Review organization's financial records to ensure funds were properly spent in support of the organization's mission |
| <input type="checkbox"/> Develop organization's budget | <input type="checkbox"/> Conduct performance reviews of executive director |
| <input type="checkbox"/> Recruit new board members | <input type="checkbox"/> Conduct performance reviews of other staff |
| <input type="checkbox"/> Set goals and strategies for the organization | <input type="checkbox"/> Other (specify): _____ |
| <input type="checkbox"/> Review performance of programs & program outcomes | |

57. In the ***past 12 months***, did any members of the Board participate in any training or similar learning opportunities to learn more about governance or roles and responsibilities of Board members?

- Yes No

58. Below is a table listing possible focus areas for an organization. Please check *one box* for each focus area. See the key below.

- A = Not a focus because we are satisfied with our achievement in this area
 B = Have implemented steps to address focus area
 C = Have developed plans or ideas to work on this, but haven't implemented them yet
 D = Know we should work on this but we lack the time or resources
 E = Not an area of focus at this time

Focus Area	A	B	C	D	E
Recruiting Board members with diverse expertise	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Developing a Board with ties to different constituencies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Providing information to the Board so they can better understand their responsibilities and create plans for improving their performance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Technology

59. How many functioning computers does your organization have? _____

60. Is this number sufficient for organization/staff needs? Yes No

61. Are staff sufficiently proficient in the use of computers/software as needed by your organization? Yes No

62. What kind of access does your organization have to the Internet?

- High Speed access
 Dial Up access
 No Internet access

63. Is the Internet used in support of organizational activities? Yes No

63a. If yes, in what ways (check all that apply)

- Supports the organizational website
- Staff uses internet to learn about funding opportunities
- Staff uses internet to gather information (data/statistics) needed to write grant applications
- Other (Specify:) _____

Recordkeeping

64. Does your organization regularly use computer software to keep financial records? Yes No

65. Organizations keep different types of records about program participants and services. Please indicate whether you keep records in the areas below and whether they are kept as paper or electronic records.

- A = We do not keep records on this
- B = We keep records on paper
- C = We keep records electronically

Types of Records	A	B	C
Number of individuals or families enrolled in/served through programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Referral sources of service recipients (referred by another agency, heard about program from friend)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Needs of individuals/families upon first contact with program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Types of services provided to individuals/families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information about individual service recipients' outcomes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Specify:) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Community Engagement

66. Which of the following has your organization done in the past 12 months to expand awareness about the organization to individuals or families in the community/service area? (Check all that apply)

- Created or updated a website
- Developed or distributed written materials (such as a brochure or newsletter)
- Made presentations to faith-based or other community groups
- Utilized public service announcements or paid advertising
- Other (Specify:) _____
- None

66a. Which of the following has your organization done in the past 12 months to expand awareness about the organization to potential partners or funders? (Check all that apply)

- Created or updated a website
- Developed or distributed written materials (such as a brochure or newsletter)
- Made presentations to faith-based or other community groups
- Utilized public service announcements or paid advertising
- Other (Specify:) _____
- None

67. Within the past 12 months, has your organization undertaken a specific activity (e.g., meeting with constituents, community mapping, needs assessment survey) to gain an understanding of the needs in your service area/community?

- Yes No

68. Is your organization engaged in partnership arrangements with other organization in the community/service area?

- Yes No

68a. If yes, what are the primary purposes of the partnership(s) (*check all that apply*)

- To receive and make service recipient referrals
 - To develop & operate joint programming
 - To access new funding sources (funding alliance)
 - To recruit volunteers
 - To participate in advocacy, awareness and education
 - To obtain in-kind donations
 - To assess community/service recipient needs
 - Peer learning (learning circle, study group)
 - To access complementary skills/knowledge (*Specify:*) _____
 - Other reasons for partnership (*Specify:*) _____
-

69b. If yes, what sector is/are project partners (*Check all that apply*)

- Government
- Business
- Educational institution
- Secular non-profit
- Faith-based sector