Indiana Nonprofits: Scope and Community Dimensions Survey

A. General Questions

Q1. This survey is directed at **nonprofit, non-governmental organizations, and associations of all types, including churches**. Is your organization a nonprofit organization, association, or a similar organization as noted above?

- ○ Yes, **PLEASE CONTINUE TO Q2 BELOW.**

- ○ No, **PLEASE RETURN THIS QUESTIONNAIRE UNANSWERED SO WE MAY UPDATE OUR RECORDS.** **STOP**

Reminder: *If your nonprofit is part of a larger group (like a local chapter of a national organization), please respond only for your own LOCAL organization.*

Q2. Please write the TITLE or POSITION of the person who has PRIMARY responsibility for responding to this survey:

_____

Q3. What year was your organization founded as a nonprofit? *(Enter a four-digit year)*

Q4. Currently, is your organization formally affiliated with any other organization?
(Select only one response)

- ○ No, we are not formally affiliated with any other organization
- ○ Yes, we are a headquarters organization with local affiliates
- ○ Yes, we are a local affiliate of another organization
- ○ Yes, we are affiliated with another organization in other ways. Please describe: _____

_____

- ○ Don't know

Q5. Is your organization eligible to receive tax-deductible donations for the purpose of any of the following taxes?
(Check all that apply)

Federal income tax	☐
State income tax	☐
None	○

Q6. Does your organization make grants or provide financial support to other nonprofits?
(Select only one response)

- ○ Yes, grant-making is our primary activity
- ○ Yes, but grant-making is only one of our activities
- ○ Yes, we contribute financial support to other nonprofits, but do not make grants
- ○ No, we do not make grants or financial contributions to other nonprofits
- ○ Don't know

Q7. Please estimate the following for your organization: *(Write 0 if none)*

Total revenues in the most recent fiscal or calendar year	$_____
Total expenses in the most recent fiscal or calendar year	$_____
Total assets at the end of the most recent fiscal or calendar year	$_____
Total liabilities at the end of the most recent fiscal or calendar year	$_____

B. Programs and Services

Q1. Which classification(s) best describe(s) your organization's PRIMARY purpose or mission?

PRIMARY PURPOSE OR MISSION (from National Taxonomy of Exempt Entities):	*Check up to three responses*
Arts, culture, and humanities (e.g., visual, performing, or folk arts; media & communications; the humanities; museums, historical societies, historical & commemorative events; other arts & culture)	☐
Education (e.g., preschools; elementary schools; high schools; charter schools; colleges & universities; special education; vocational/technical schools; adult education; libraries; student services; student sororities fraternities; parent teacher groups; other education services)	☐
Environment and animals (e.g., environmental protection, preservation, improvement & beautification; natural resource conservations & protection; botanical gardens, garden clubs; animal protection & welfare; wildlife preservation & protection; zoos; veterinary services; animal training)	☐
Health (e.g., general & rehabilitative health; mental health and crisis intervention; voluntary health associations; medical diseases, disorders & disciplines; medical research)	☐
Human services (e.g., human services; youth development; food & nutrition; housing; employment & jobs; recreation, sports & leisure; public safety, disasters & relief; crime & legal; prevention of neglect, abuse, & exploitation)	☐
International, foreign affairs (e.g., international understanding & exchange; international social, economic or political development; national, multilateral or international security)	☐
Public, societal benefit (e.g., civil rights, social action, & advocacy; community improvement & capacity building; philanthropy, voluntarism, & grantmaking; science and research; veterans organizations; consumer protection; utilities; financial institutions; leadership development)	☐
Religion, spiritual development (e.g., organizations associated with a particular religion or sect; religious media & communications; interfaith coalitions)	☐
Membership, mutual benefit (e.g., insurance companies & associations; pension & retirement funds; employee benefit associations; fraternal beneficiary societies; cemeteries)	☐
Other, please specify: _____	☐

Q2. How has DEMAND or NEED for your organization's programs, services or activities changed over the 36 months?
(Select only one response)

- ○ Decreased
- ○ Stayed about the same
- ○ Increased
- ○ Don't know

Q3. Does your organization participate in or support social service, community development, or neighborhood organizing projects? (Please don't include projects that use or rent space in your building but have no connection to your organization otherwise)
(Select only one response)

- ○ Yes
- ○ No ➡️ **PLEASE SKIP TO SECTION C1: Membership Associations**

> **Q3A. Roughly how many total hours in a typical week do all your PAID staff combined spend on your organization's social service, community development, and/or neighborhood organizing projects?**
>
> - ○ N/A – no paid staff
> - ○ No hours – work done entirely by volunteers
> - ○ Less than 10 hours per week by paid staff
> - ○ 10-39 hours per week by paid staff
> - ○ More than 40 hours per week by paid staff

C1. Membership Associations

Q1. Is your organization a MEMBERSHIP ASSOCIATION? (Membership associations seek to promote the mutual interests of their members. Members usually contribute time, money, and/or expertise to its operations and governance. Members can include individual people, other organizations, or both. Please do not include board members, staff, or clients.)
(Select only one response)

- ○ Yes, the organization is a membership association that promotes the mutual interests of its members
- ○ No, the organization is not a membership association → **PLEASE SKIP TO SECTION C2: Faith-Based Organizations**

Q2. About how many INDIVIDUAL members does your organization currently have? *(Write 0 if none, **then skip to SECTION C1: Q3)***

Number of INDIVIDUAL members: _____

Q2A. During the last 12 months, please estimate how many of your INDIVIDUAL members did the following:

	None or very few	Some	Most or almost all
Paid dues	○	○	○
Made a financial contribution (other than paying dues or fees)	○	○	○
Interacted with your organization electronically (e.g., through email, Facebook, Twitter, etc.)	○	○	○
Interacted with your organization in person (e.g., by attending meetings, events, activities, etc.)	○	○	○
Took on a leadership role with your organization (e.g., serving on a committee, running an event)	○	○	○

Q3. How many ORGANIZATIONAL members does your organization currently have? *(Write 0 if none, **then skip to SECTION C1: Q4)***

Number of ORGANIZATIONAL members: _____

Q3A. During the last 12 months, please estimate how many of your ORGANIZATIONAL members did the following:

	None or very few	Some	Most or almost all
Paid dues	○	○	○
Made a financial contribution (other than paying dues or fees)	○	○	○
Had one or more official representatives from the member organization interact with your organization electronically	○	○	○
Had one or more official representatives from the member organization interact with your organization in person	○	○	○
Had one or more official representatives from the other organization take on a leadership role with your organization	○	○	○

Q4. How much have your membership numbers changed over the past 36 months?
(Select only one response)

Decreased a lot	Decreased somewhat	Stayed about the same	Increased somewhat	Increased a lot	Don't know
○	○	○	○	○	○

C2. Faith-Based Organizations

Reminder: **please respond only for YOUR OWN organization.**

Q1. Is your organization FAITH-BASED (e.g., religious congregation, religious charity, or other faith-based nonprofit)?
(Select only one response)

- ○ Yes, a religious congregation (e.g. church, synagogue, temple, mosque)
- ○ Yes, a religious charity or other faith-based organization – *Please skip to SECTION C2: Q3*
- ○ No ⟶ PLEASE SKIP TO SECTION D: Organizational Structures and Program Evaluation

Q2. How many individual members does your organization have? *(Write 0 if none)*

Number of INDIVIDUAL members: _____

Q3. Is your organization affiliated with a particular religious group or denomination?
(Select only one response)

- ○ Yes, please specify: _____
- ○ No

D. Organizational Structures and Program Evaluation

Reminder: **If your nonprofit is part of a larger group (like a local chapter of a national organization), please respond only for your own local organization.**

Q1. Does your organization currently have any of the following ORGANIZATIONAL COMPONENTS?
(Check all that apply)

Organizational website	☐
Written governance policies or by-laws	☐
Written conflict of interest policy	☐
Written dissolution plan	☐
Written whistleblower policy	☐
Written document retention policy	☐
Other written policies & procedures (e.g., gift acceptance policy, confidentiality policy, code of ethics, etc.)	☐
Annual report with financial information produced within the last year	☐
Audited financial statement produced within the past two years	☐
Written minutes of board meetings	☐
None	○

Q2. How much of a challenge do the following MANAGEMENT ACTIVITIES currently pose for your organization?

	Not a challenge	Minor challenge	Somewhat of a challenge	Major challenge	Don't do this activity
Creating and implementing a strategic plan for your organization	○	○	○	○	○
Performing routine administrative tasks indirectly related to mission (e.g., payroll)	○	○	○	○	○
Managing the facilities or space your organization uses	○	○	○	○	○
Other, please specify: _____ _____	○	○	○	○	○

Q3. Over the last 36 months, how have changes to the following U.S. federal, state, or local government policies impacted your organization's ability to fulfill its mission?

	Negative impact	No impact	Positive impact	No change in this policy	Don't know
Environmental policies (e.g., EPA regulations)	○	○	○	○	○
Government contract procurement policies	○	○	○	○	○
Client eligibility for government programs	○	○	○	○	○
Professional licensing requirements	○	○	○	○	○
Health and safety regulations (e.g., OSHA)	○	○	○	○	○
Health insurance requirements (e.g., Affordable Care Act)	○	○	○	○	○
Changes in personnel/legal regulations & employment law (e.g., staff benefits, maternity/paternity/family care leave, non-discrimination regulations, minimum wages, overtime pay)	○	○	○	○	○
Tax policies (e.g., property tax exemptions, limits on tax-deductible contributions)	○	○	○	○	○
Other changes to government policies (please specify): _____ _____	○	○	○	○	○

Q4. How much of a challenge do the following PROGRAM AND PLANNING ACTIVITIES currently pose for your organization?

	Not a challenge	Minor challenge	Somewhat of a challenge	Major challenge	Don't do this activity
Developing and delivering high quality programs/services	○	○	○	○	○
Evaluating or assessing program outcomes or impact	○	○	○	○	○
Other, please specify: _____	○	○	○	○	○

Q5. Has your organization EVALUATED any of your programs during the last 36 months? (Program evaluation means to systematically assess the processes and/or outcomes of a program in order to further develop or improve it)
(Select only one response)

- ○ Yes
- ○ No ⟶ **PLEASE SKIP TO SECTION E: Human Resources**

    Q5A. Who administered the most recent evaluation?

	Primary role	Secondary role	Not involved
Paid staff	○	○	○
Board member(s) or unpaid volunteer(s)	○	○	○
Paid outside consultant	○	○	○
Other, please specify: _____	○	○	○

    Q5B. Do any of your organization's grantors or funders require program evaluation?
    (Select only one response)

- ○ Yes
- ○ No

E. Human Resources

Q1. Does your organization currently have its own BOARD OF DIRECTORS (governing board, board of trustees, branch council, etc.)?
(Select only one response)

- ○ Yes
- ○ No ⟶ **PLEASE SKIP TO SECTION E: Q2**
- ○ Some other form of governance, please specify: _____ ⟶ **PLEASE SKIP TO SECTION E: Q2**

    Q1A. How many board members does your organization currently have? Do you have any open board positions not currently filled? If so, how many? *(Write 0 if none)*

    Number of board members: _____

    Number of vacant positions: _____

Q1B. Who has primary responsibility for SELECTING new board members?
(Check all that apply)

Current board members (e.g., via board vote)	☐
Staff (e.g., via appointment)	☐
Members (e.g., via election)	☐
Other, please specify: _____	☐
Your organization does not select new board members	○

Q1C. How much of a challenge do the following BOARD MANAGEMENT activities currently pose for your organization?

	Not a challenge	Minor challenge	Somewhat of a challenge	Major challenge	Don't do this activity
Identify qualified board members	○	○	○	○	○
Recruit & retain qualified board members	○	○	○	○	○
Assess board member performance	○	○	○	○	○
Manage/improve board/staff relations	○	○	○	○	○
Other, please specify: _____	○	○	○	○	○

Q1D. Does your organization provide any of the following for your board members?
(Check all that apply)

Orientation process	☐
Written board manuals	☐
Board role/job descriptions	☐
Training/development opportunities beyond orientation (e.g., workshops, conferences)	☐
Written personnel policies (e.g., attendance, disciplinary procedures)	☐
None	○

Q2. During the last 12 months, about how many people (if any) did VOLUNTEER work for your organization? (A volunteer is any individual who works for your organization without receiving pay. ***Please do not include board members.***) *(Write 0 if none, then **skip to SECTION E: Q3**)*

Number of volunteers: _____

Q2A. During the past 12 months, approximately what percent of all volunteers were ONGOING VOLUNTEERS who volunteered with your organization at least once a month? *(Please do not include board members.)*

Percent that were ongoing volunteers: _____ %

Q2B. How IMPORTANT are volunteers to the work of your organization? (*Please do not include board members*)
(Select only one response)

- ○ Essential - we depend entirely on volunteers to carry out our mission
- ○ Very important - we depend on volunteers for a wide range of tasks, but not all
- ○ Somewhat important - we depend on volunteers for several key tasks
- ○ Not very important - we depend on volunteers for only non-essential tasks
- ○ Not at all important - we could carry out our mission without using volunteers
- ○ Detrimental - volunteers make it more difficult to carry out our mission
- ○ Don't know

Q2C. How much of a challenge do the following VOLUNTEER MANAGEMENT activities currently pose for your organization?

	Not a challenge	Minor challenge	Somewhat of a challenge	Major challenge	Don't do this activity
Recruit & retain qualified volunteers	○	○	○	○	○
Assess & manage volunteer performance	○	○	○	○	○
Other, please specify: _____	○	○	○	○	○

Q2D. Does your organization provide any of the following for your volunteers? *(Check all that apply)*

Orientation process	☐
Written instruction manuals	☐
Volunteer position/work description	☐
Training/development opportunities beyond orientation (e.g., workshops, conferences)	☐
Written personnel policies (e.g., attendance, disciplinary procedures)	☐
Designated volunteer coordinator (the role of volunteer coordinator may be all or only part of their responsibilities)	☐

> **Q2Da. Is the volunteer coordinator:**
> - ○ Full-time paid
> - ○ Full-time unpaid
> - ○ Part-time paid
> - ○ Part-time unpaid

None	○

Q3. How many PAID employees currently work full or part time at your organization?

Number of full time paid employees: _____   (Full time is defined as 35-40 hours per week)

Number of part time paid employees: _____   (Part time is defined as 35 hours per week)

- ○ Your organization has no paid employees   ➡️ **PLEASE SKIP TO SECTION F: Marketing & Technology**

Q3A. Does your organization currently have a paid EXECUTIVE DIRECTOR or similar employee with executive responsibilities?
(Select only one response)

- o Yes
- o No

Q3B. How much of a challenge do the following EMPLOYEE MANAGEMENT activities currently pose for your organization?

	Not a challenge	Minor challenge	Somewhat of a challenge	Major challenge	Don't do this activity
Recruit and retain qualified employees	○	○	○	○	○
Assess & manage employee performance	○	○	○	○	○
Provide adequate compensation/benefits	○	○	○	○	○
Other, please specify: _____	○	○	○	○	○

Q3C. Does your organization provide any of the following for your employees?
(Check all that apply)

Orientation process	☐
Written instruction manuals	☐
Position/job descriptions	☐
Training/development opportunities beyond orientation (e.g., workshops, conferences)	☐
Written personnel policies (e.g., attendance, disciplinary procedures)	☐
None	○

F. Marketing & Technology

Q1. How much of a challenge do the following MARKETING ACTIVITIES currently pose for your organization?
(Marketing means promoting and selling services, activities, or products, including market research and advertising)

	Not a challenge	Minor challenge	Somewhat of a challenge	Major challenge	Don't do this activity
Creating effective marketing materials	○	○	○	○	○
Attracting new members/clients	○	○	○	○	○
Identifying the best tools/ mediums for reaching various constituency groups (e.g., mailings, press releases, social media, etc.)	○	○	○	○	○
Enhancing the visibility/reputation of your organization	○	○	○	○	○
Other, please specify: _____	○	○	○	○	○

Q2. During the past 12 months, how often did your organization use the following technology resources?

	Never/ Rarely	Occasionally	Frequently	Almost all the time
Facebook account	○	○	○	○
Twitter account	○	○	○	○
Other social media accounts (e.g., LinkedIn, Instagram, blogs, etc.)	○	○	○	○
Donor database or constituent relationship management software (e.g., eTapestry, Salesforce, Boomerang, Raiser's Edge)	○	○	○	○
Dedicated and reputable sites for nonprofits (e.g., GuideStar, Foundation Center, Indiana Nonprofit Resource Network)	○	○	○	○
Internet search using standard search engines (e.g. Google, Bing, Yahoo)	○	○	○	○
Electronic financial records	○	○	○	○
Electronic client/member/program records	○	○	○	○
Routine data backups	○	○	○	○
IT security (e.g., secure servers, anti-virus & related programs)	○	○	○	○
Receipt of online donations or online sales	○	○	○	○

Q3. How much of a challenge do the following TECHNOLOGY RESOURCES AND ACTIVITIES currently pose for your organization?

	Not a challenge	Minor challenge	Somewhat of a challenge	Major challenge	Don't do this activity
Identifying technology tools and resources for improving service delivery	○	○	○	○	○
Getting decision-makers or funders to understand the importance of getting good technology	○	○	○	○	○
Training staff/volunteers in software/applications	○	○	○	○	○
Creating and maintaining an engaging, up-to-date website	○	○	○	○	○
Creating, updating, and using donor database software to track donors and conduct fundraising analyses	○	○	○	○	○
Getting help to address information technology problems	○	○	○	○	○
Other (please specify): _____	○	○	○	○	○

G. Advocacy and Policy Activities

Q1. Does your organization engage in ADVOCACY and/or PUBLIC EDUCATION activities? This might include promoting the interests of specific groups (e.g., children, seniors, people of different races, veterans, businesses, etc.) or specific issues (e.g., healthcare, environmental issues, religion, etc.) in order to influence policy-makers or the general public. *(Select only one response)*

- ○ Yes
- ○ No   ⟶   **PLEASE SKIP TO SECTION H: Relationships with Other Organizations**

Q2. Has your organization filed for 501(h) election status (on IRS Form 5768 to make limited expenditures to influence legislation)?

- ○ Yes
- ○ No
- ○ Don't Know

Q3. Do your organization's efforts to influence policy-makers or the general public focus on the interests of any of the following groups?
(Check all that apply)

	Policy Makers	General Public
Racial & ethnic groups	☐	☐
Gender groups	☐	☐
Sexual orientation groups	☐	☐
Age groups (e.g., children, youth, the elderly)	☐	☐
Low-income groups	☐	☐
Veterans	☐	☐
People with disabilities	☐	☐
Labor or workers groups	☐	☐
Business organizations (e.g., trade associations, Chambers of Commerce)	☐	☐
Other (please specify): _____	☐	☐

Q4. Do your organization's efforts to influence policy-makers or the general public promote positions on any of the following issues?
(Check all that apply)

	Policy Makers	General Public
Labor and/or the economy	☐	☐
Healthcare	☐	☐
Education	☐	☐
Women's reproductive issues	☐	☐
Environment	☐	☐
Human and/or animal rights	☐	☐
Religious principles or values	☐	☐
Political activities	☐	☐
Other (please specify): _____	☐	☐

Q5. How many resources does your organization currently devote to efforts to influence policy-makers or the general public, out of total organizational resources of each type?

	None or very little	Some	Most or almost all
Staff time	○	○	○
Volunteer time	○	○	○
Financial resources	○	○	○

Q6. During the past 12 months, how often did your organization seek to influence policy-makers or the general public by conducting the following types of activities?

	Never/ Rarely	Occasionally	Frequently	Almost all the time
Educate the general public about a specific policy issue and/or the interests of certain groups	○	○	○	○
Conduct and publicize research to the media, the public, or policymakers (either at your own initiative or responding to a request for research)	○	○	○	○
Work together with other organizations that are interested in similar policy issues or interest groups to conduct advocacy and/or public education activities	○	○	○	○
Develop relationships with government officials (e.g., meet with officials about your organization's work, interact socially with officials, work together in a planning or advisory group, discuss obtaining government funding with officials, etc.)	○	○	○	○
Testify at legislative or administrative hearings, or help draft legislation or regulations	○	○	○	○
Lobby policy-makers on behalf of or against a proposed bill, regulation, or other policy pronouncement	○	○	○	○
Mobilize people to participate in public events (e.g., marches, rallies, protests, boycotts, demonstrations)	○	○	○	○
Encourage members or participants to write, call, fax, or email policymakers or local media	○	○	○	○
Mobilize voters (e.g., register people to vote, transport voters to polling stations)	○	○	○	○
Endorse a candidate for public office, encourage members or participants to help elect a specific candidate, or encourage members or participants to join or donate to a specific political party (if legally allowable)	○	○	○	○
Other (please specify): _____ _____ _____	○	○	○	○

Q7. How much of a challenge do the following ADVOCACY ACTIVITIES currently pose for your organization?

	Not a challenge	Minor challenge	Somewhat of a challenge	Major challenge	Don't do this activity
Obtaining funding for direct advocacy or public education activities	○	○	○	○	○
Gaining access to key policy makers	○	○	○	○	○
Finding volunteers and/or staff with the right skills or capacities to take on advocacy leadership roles	○	○	○	○	○
Overcoming legal limitations on nonprofit advocacy activities	○	○	○	○	○
Developing agreement within your organization on whether & how to engage in advocacy activities	○	○	○	○	○
Other (please specify): _____	○	○	○	○	○

Q8. Does your organization currently use a registered lobbyist to lobby government officials at any level?
(Select only one response)

- o   Yes
- o   No

H.   Relationships with Other Organizations

Q1. Is your organization currently involved in FORMAL COLLABORATIONS and/or INFORMAL NETWORKS with other organizations? (Formal collaboration is defined as a codified legal, fiscal, administrative, or individual program-based relationship with another organization. Informal network is defined as more general cooperation or coordination with another organization)
(Check all that apply)

One or more formal collaborations (i.e., codified legal, fiscal, administrative, or individual program-based relationship with another organization)	☐
One or more informal networks (i.e., general cooperation or coordination with another organization)	☐
Neither formal collaborations or informal networks	○

PLEASE SKIP TO SECTION I: Financial Information

Q1A. Please briefly describe the purpose of your organization's MOST IMPORTANT collaboration or network.

_____

_____

_____

_____

Q1B. Does your organization's MOST IMPORTANT collaboration or network make it HARDER or EASIER to do the following?

	Harder	No impact	Easier	N/A
Deliver programs and/or services	○	○	○	○
Reach more clients/members	○	○	○	○
Obtain financial resources	○	○	○	○
Recruit/retain staff	○	○	○	○
Recruit/retain board members	○	○	○	○
Recruit/retain volunteers	○	○	○	○
Enhance your organization's visibility/reputation	○	○	○	○

I. Financial Information

Reminder: **If your nonprofit is part of a larger group (like a local chapter of a national organization), please respond only for your own local organization.**

Q1. Please estimate how the following have changed for your organization over the last 36 months:

	Decreased a lot	Decreased somewhat	Stayed the same	Increased somewhat	Increased a lot	N/A
Total revenues	○	○	○	○	○	○
Total expenses	○	○	○	○	○	○
Total assets	○	○	○	○	○	○
Total liabilities	○	○	○	○	○	○

Q2. During the most recent fiscal or calendar year, please estimate what percentage of your organization's revenue was obtained from the following sources:

(Should total 100%)

Government (e.g., grants, fees, sales, appropriations) _____%

Private donations, gifts, or grants (e.g., United Way, foundations, individuals, corporations) _____%

Special events (net of expenses) _____%

Dues/membership fees _____%

Private sale of goods/services (i.e., not to government) _____%

Other sources (including endowment, interest, etc.) _____%

N/A – no revenues. **Please skip to SECTION I: Q4**

Q3. During the most recent fiscal or calendar year, did your organization obtain revenue from any of the following sources?
(Check all that apply)

Government grants	☐
Medicare or Medicaid payments	☐
Government contracts or fee-for-service payments (other than Medicare/Medicaid)	☐
Donations from individuals	☐
Trusts or bequests from individuals	☐
Donor designated funds (e.g., housed at commercial mutual funds or community foundations)	☐
Grants from foundations (including community foundations)	☐
Donations or grants from corporations	☐
Corporate sponsorships or marketing fees	☐
Fees/charges/sales (from individuals or non-governmental entities)	☐
Fees/charges from private third parties (e.g., insurance programs)	☐
Joint ventures	☐
For-profit subsidiaries	☐
None	○

Q4. During the most recent fiscal or calendar year, please estimate what percentage of your organization's expenses went to the following: *(Does not need to total to 100%)*

Staff compensation and benefits: _____\%

Facilities, space, and related utilities: _____\%

    ○ N/A – no expenses

Q5. Does your organization currently have any of the following? *(Check all that apply)*

Funds dedicated to capital improvements (land, buildings, major equipment)	☐
Funds dedicated to capital maintenance	☐
Restricted endowment	☐
Unrestricted endowment	☐
None	○

Q6. How much of a challenge do the following FINANCIAL ACTIVITIES currently pose to your organization?

	Not a challenge	Minor challenge	Somewhat of a challenge	Major challenge	Don't do this activity
Creating budgets and financial statements (e.g., balance sheet)	○	○	○	○	○
Collecting payments from clients, customers, and/or government contractors in a timely manner	○	○	○	○	○
Managing cash flows in order to meet current operating costs (e.g., employee payroll, employee benefits, debt repayment, rent, etc.)	○	○	○	○	○
Securing government grants/contracts	○	○	○	○	○
Securing private foundation grants/corporate support	○	○	○	○	○
Securing individual donations/contributions	○	○	○	○	○
Retaining your donor base	○	○	○	○	○
Expanding your donor base	○	○	○	○	○
Developing a capital campaign	○	○	○	○	○
Hosting successful fundraising events	○	○	○	○	○
Other, please specify: _____	○	○	○	○	○

_____

J. Concluding Questions

Thank you for taking the time to complete the survey!

Q1. Please provide the name and contact information of the person who had primary responsibility for filling out this survey.

Name: _____   Position: _____

Phone: (_____) _____   Email: _____

Q2. Would you like to receive an electronic copy of the findings from this survey?

- ○ Yes
- ○ No

Q3. Would you be willing to talk to us later about some of your organization's achievements or major challenges?

- ○ Yes
- ○ No

Q4. Do you have any comments on this survey?

_____

_____

_____