

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.**



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)

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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	<input type="checkbox"/>
State income tax	<input type="checkbox"/>
None	<input type="radio"/>

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):	<i>Check up to three responses</i>
Arts, culture, and humanities (e.g., visual, performing, or folk arts; media & communications; the humanities; museums, historical societies, historical & commemorative events; other arts & culture)	<input type="checkbox"/>
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)	<input type="checkbox"/>
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)	<input type="checkbox"/>
Health (e.g., general & rehabilitative health; mental health and crisis intervention; voluntary health associations; medical diseases, disorders & disciplines; medical research)	<input type="checkbox"/>
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)	<input type="checkbox"/>
International, foreign affairs (e.g., international understanding & exchange; international social, economic or political development; national, multilateral or international security)	<input type="checkbox"/>
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)	<input type="checkbox"/>
Religion, spiritual development (e.g., organizations associated with a particular religion or sect; religious media & communications; interfaith coalitions)	<input type="checkbox"/>
Membership, mutual benefit (e.g., insurance companies & associations; pension & retirement funds; employee benefit associations; fraternal beneficiary societies; cemeteries)	<input type="checkbox"/>
Other, please specify: _____	<input type="checkbox"/>

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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Made a financial contribution (other than paying dues or fees)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Interacted with your organization electronically (e.g., through email, Facebook, Twitter, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Interacted with your organization in person (e.g., by attending meetings, events, activities, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Took on a leadership role with your organization (e.g., serving on a committee, running an event)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Made a financial contribution (other than paying dues or fees)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Had one or more official representatives from the member organization interact with your organization electronically	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Had one or more official representatives from the member organization interact with your organization in person	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Had one or more official representatives from the other organization take on a leadership role with your organization	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Performing routine administrative tasks indirectly related to mission (e.g., payroll)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Managing the facilities or space your organization uses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other, please specify: _____ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Government contract procurement policies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Client eligibility for government programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Professional licensing requirements	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health and safety regulations (e.g., OSHA)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health insurance requirements (e.g., Affordable Care Act)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Changes in personnel/legal regulations & employment law (e.g., staff benefits, maternity/paternity/family care leave, non-discrimination regulations, minimum wages, overtime pay)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tax policies (e.g., property tax exemptions, limits on tax-deductible contributions)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other changes to government policies (please specify): _____ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Evaluating or assessing program outcomes or impact	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other, please specify: _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Board member(s) or unpaid volunteer(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Paid outside consultant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other, please specify: _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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
- Some other form of governance, please specify: _____

PLEASE SKIP TO SECTION E: Q2

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)	<input type="checkbox"/>
Staff (e.g., via appointment)	<input type="checkbox"/>
Members (e.g., via election)	<input type="checkbox"/>
Other, please specify: _____	<input type="checkbox"/>
Your organization does not select new board members	<input type="radio"/>

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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Recruit & retain qualified board members	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Assess board member performance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Manage/improve board/staff relations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other, please specify: _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q1D. Does your organization provide any of the following for your board members?

(Check all that apply)

Orientation process	<input type="checkbox"/>
Written board manuals	<input type="checkbox"/>
Board role/job descriptions	<input type="checkbox"/>
Training/development opportunities beyond orientation (e.g., workshops, conferences)	<input type="checkbox"/>
Written personnel policies (e.g., attendance, disciplinary procedures)	<input type="checkbox"/>
None	<input type="radio"/>

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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Assess & manage volunteer performance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other, please specify:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

Orientation process	<input type="checkbox"/>
Written instruction manuals	<input type="checkbox"/>
Volunteer position/work description	<input type="checkbox"/>
Training/development opportunities beyond orientation (e.g., workshops, conferences)	<input type="checkbox"/>
Written personnel policies (e.g., attendance, disciplinary procedures)	<input type="checkbox"/>
Designated volunteer coordinator (the role of volunteer coordinator may be all or only part of their responsibilities)	<input type="checkbox"/>
Q2Da. Is the volunteer coordinator:	
<input type="radio"/> Full-time paid	
<input type="radio"/> Full-time unpaid	
<input type="radio"/> Part-time paid	
<input type="radio"/> Part-time unpaid	
None	<input type="radio"/>

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)

- Yes
- 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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Assess & manage employee performance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provide adequate compensation/benefits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other, please specify: _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q3C. Does your organization provide any of the following for your employees?

(Check all that apply)

Orientation process	<input type="checkbox"/>
Written instruction manuals	<input type="checkbox"/>
Position/job descriptions	<input type="checkbox"/>
Training/development opportunities beyond orientation (e.g., workshops, conferences)	<input type="checkbox"/>
Written personnel policies (e.g., attendance, disciplinary procedures)	<input type="checkbox"/>
None	<input type="radio"/>

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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Attracting new members/clients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Identifying the best tools/ mediums for reaching various constituency groups (e.g., mailings, press releases, social media, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Enhancing the visibility/reputation of your organization	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other, please specify: _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Twitter account	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other social media accounts (e.g., LinkedIn, Instagram, blogs, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Donor database or constituent relationship management software (e.g., eTapestry, Salesforce, Boomerang, Raiser's Edge)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dedicated and reputable sites for nonprofits (e.g., GuideStar, Foundation Center, Indiana Nonprofit Resource Network)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Internet search using standard search engines (e.g. Google, Bing, Yahoo)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Electronic financial records	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Electronic client/member/program records	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Routine data backups	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
IT security (e.g., secure servers, anti-virus & related programs)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Receipt of online donations or online sales	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Getting decision-makers or funders to understand the importance of getting good technology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Training staff/volunteers in software/applications	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Creating and maintaining an engaging, up-to-date website	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Creating, updating, and using donor database software to track donors and conduct fundraising analyses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Getting help to address information technology problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please specify): _____ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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	<input type="checkbox"/>	<input type="checkbox"/>
Gender groups	<input type="checkbox"/>	<input type="checkbox"/>
Sexual orientation groups	<input type="checkbox"/>	<input type="checkbox"/>
Age groups (e.g., children, youth, the elderly)	<input type="checkbox"/>	<input type="checkbox"/>
Low-income groups	<input type="checkbox"/>	<input type="checkbox"/>
Veterans	<input type="checkbox"/>	<input type="checkbox"/>
People with disabilities	<input type="checkbox"/>	<input type="checkbox"/>
Labor or workers groups	<input type="checkbox"/>	<input type="checkbox"/>
Business organizations (e.g., trade associations, Chambers of Commerce)	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify): _____	<input type="checkbox"/>	<input type="checkbox"/>

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	<input type="checkbox"/>	<input type="checkbox"/>
Healthcare	<input type="checkbox"/>	<input type="checkbox"/>
Education	<input type="checkbox"/>	<input type="checkbox"/>
Women's reproductive issues	<input type="checkbox"/>	<input type="checkbox"/>
Environment	<input type="checkbox"/>	<input type="checkbox"/>
Human and/or animal rights	<input type="checkbox"/>	<input type="checkbox"/>
Religious principles or values	<input type="checkbox"/>	<input type="checkbox"/>
Political activities	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify): _____	<input type="checkbox"/>	<input type="checkbox"/>

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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Volunteer time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Financial resources	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Conduct and publicize research to the media, the public, or policymakers (either at your own initiative or responding to a request for research)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Work together with other organizations that are interested in similar policy issues or interest groups to conduct advocacy and/or public education activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Testify at legislative or administrative hearings, or help draft legislation or regulations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lobby policy-makers on behalf of or against a proposed bill, regulation, or other policy pronouncement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mobilize people to participate in public events (e.g., marches, rallies, protests, boycotts, demonstrations)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Encourage members or participants to write, call, fax, or email policymakers or local media	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mobilize voters (e.g., register people to vote, transport voters to polling stations)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please specify): _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gaining access to key policy makers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Finding volunteers and/or staff with the right skills or capacities to take on advocacy leadership roles	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overcoming legal limitations on nonprofit advocacy activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Developing agreement within your organization on whether & how to engage in advocacy activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please specify): _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

- Yes
- 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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reach more clients/members	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Obtain financial resources	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Recruit/retain staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Recruit/retain board members	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Recruit/retain volunteers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Enhance your organization's visibility/reputation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Total expenses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Total assets	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Total liabilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

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)	<input type="checkbox"/>
Funds dedicated to capital maintenance	<input type="checkbox"/>
Restricted endowment	<input type="checkbox"/>
Unrestricted endowment	<input type="checkbox"/>
None	<input type="radio"/>

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)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Collecting payments from clients, customers, and/or government contractors in a timely manner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Managing cash flows in order to meet current operating costs (e.g., employee payroll, employee benefits, debt repayment, rent, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Securing government grants/contracts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Securing private foundation grants/corporate support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Securing individual donations/contributions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Retaining your donor base	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Expanding your donor base	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Developing a capital campaign	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hosting successful fundraising events	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other, please specify: _____ _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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?
