

Service Provider Survey

Date: _____

Name of Organization: _____

Contact Person: _____

Title: _____

Phone: () _____ FAX: () _____

E-mail: _____

Central Office Address: *(Note: If your organization has more than one local location, include the additional locations at the end of the survey.)*

Street Address: _____

Room/Suite Number: _____

City: _____ State: _____ Zip Code: _____

Phone: () _____ FAX: () _____

E-mail: _____

Web Site Address: _____

1. Mission and/or purpose of your organization:

2. Number of paid employees and volunteers: (ENTER NUMBERS)

1. Full-time employees: _____

2. Part-time employees: _____

3. Number of volunteers involved in providing services and programs: _____

3. Does your organization provide meeting space to community groups? (CHECK ONE)

₁ Yes

₂ No

4. Does your organization make materials and equipment, for example, duplicating machines or computers, available to community groups? (CHECK ONE)

- ₁ Yes
₂ No

5. Are employees with specific skills made available to help community groups, for example, a health expert who helps a community-based group assemble health information for a neighborhood newsletter? (CHECK ONE)

- ₁ Yes
₂ No

6. Does your organization reach out to purchase goods and services from enterprises in lower income areas, for example, enterprises that are part of community revitalization efforts? (CHECK ONE)

- ₁ Yes
₂ No

7. Does your organization reach out to hire people from distressed neighborhoods, (for example, people who are trying to transition from welfare to work)? (CHECK ONE)

- ₁ Yes
₂ No

8. For each of the following community initiatives or projects related to health and human services *or* community and economic development in distressed areas, please check the appropriate box(es). (CHECK ALL THAT APPLY)

Community Initiative/Project	A. Your Organization is Currently Leading or Participating in	B. Your Organization Would Like to Become a Leader or Participant in
a. Preparing people for jobs	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
b. Increasing availability of and access to jobs	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
c. Fostering entrepreneurship	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
d. Promoting economic development in distressed areas	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
e. Promoting commercial revitalization in lower income areas	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
f. Fostering commercial real estate improvement in lower income neighborhoods	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

Community Initiative/Project	A. Your Organization is Currently Leading or Participating in	B. Your Organization Would Like to Become a Leader or Participant in
g. Expanding business and industrial development in distressed areas	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
h. Promoting educational reform	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
i. Promoting good health	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
j. Increasing affordable housing and home ownership	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
k. Promoting youth development	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
l. Increasing availability of recreation opportunities	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
m. Promoting arts and culture	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
n. Increasing neighborhood safety	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
o. Fostering racial harmony	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
p. Promoting volunteering	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
q. Fostering community networks	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
r. Connecting neighbors who need help with those who can help	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
s. Building neighborhood trust	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
t. Improving access to transportation	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
u. Beautifying community spaces	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
v. Designing a plan for community renewal	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
w. Other (Please specify)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
x. Other (Please specify)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

9. How would your organization *most* like to, or how does it plan to, be more involved in improving the community? (BRIEFLY DESCRIBE)

10. Please estimate (or give precise dollar amounts of) income received by your organization for last year's budget from the following sources:

- | | | |
|----|-------------------------------|-----------------|
| A. | United Way organization(s) | \$ _____ |
| | Federal and state governments | \$ _____ |
| | Local government(s) | \$ _____ |
| | Own fund-raising | \$ _____ |
| | Fees from clients | \$ _____ |
| | Other | \$ _____ |
| | Total | \$ _____ |
- B. The above answers are based on:
- ₁ Fiscal Year
- ₂ Calendar Year

Year	C. What was the total actual funded budget for your organization for the years listed below?	D. Is this amount for a Fiscal Year or a Calendar Year?
2003	\$ _____ or <input type="checkbox"/> ₂ Not available	<input type="checkbox"/> ₁ Fiscal Year <input type="checkbox"/> ₂ Calendar Year
2002	\$ _____ or <input type="checkbox"/> ₂ Not available	<input type="checkbox"/> ₁ Fiscal Year <input type="checkbox"/> ₂ Calendar Year
2001	\$ _____ or <input type="checkbox"/> ₂ Not available	<input type="checkbox"/> ₁ Fiscal Year <input type="checkbox"/> ₂ Calendar Year

11. Your organization is:

- ₁ A private, not-for-profit corporation
- ₂ A private, for-profit corporation
- ₃ A federal government agency
- ₄ A state government agency
- ₅ A city government agency
- ₆ A county government agency
- ₇ Unincorporated consortium of numerous groups
- ₈ Unincorporated organization
- ₉ Other (Please specify) _____

12. Geographic area served: (CHECK THE LARGEST AREA SERVED)

- ₁ Region
- ₂ County
- ₃ City

- ₄ Other municipality
- ₅ Neighborhood
- ₆ Other (Please specify) _____

13. Indicate accrediting bodies, state agencies, or others that provide certification or licenses. (CHECK ALL THAT APPLY)

- ₁ Council on Accreditation
- ₂ Department of Social Services
- ₃ Health Department
- ₄ Commission on Accreditation of Rehabilitation Facilities
- ₅ Medicaid
- ₆ Medicare
- ₇ Other (Please specify) _____

14. Enter the approximate number of people using your services and programs in each category in the last year:

- Children (under 13 years old) _____
- Youth (13-19 years old) _____
- Adults _____
- Elders _____
- Others (Please specify) _____

15. (A) Check the number to the left of each service and/or program that your organization offers, and (B & C) Enter the total number of people using each of those services and/or programs in 2002 and 2003. (D) Check the number that represents how your total number of people who were served or received assistance was calculated (individuals or families).

A. Service or Program	2001	B. 2002	C. 2003	D. Is this counting individuals or families?
	Total number who were served or received assistance	Total number who were served or received assistance	Total number who were served or received assistance	
<input type="checkbox"/> ₁ Information and referral				<input type="checkbox"/> ₁ Individuals <input type="checkbox"/> ₂ Families
<input type="checkbox"/> ₂ Financial assistance				<input type="checkbox"/> ₁ Individuals <input type="checkbox"/> ₂ Families
<input type="checkbox"/> ₃ Food assistance or food pantry				<input type="checkbox"/> ₁ Individuals <input type="checkbox"/> ₂ Families

<input type="checkbox"/> ₄ Soup kitchen, group meals, or home-delivered meals				<input type="checkbox"/> ₁ Individuals <input type="checkbox"/> ₂ Families
<input type="checkbox"/> ₅ Housing assistance (help with rent, mortgage, rehab or repairs, weatherization, etc.)				<input type="checkbox"/> ₁ Individuals <input type="checkbox"/> ₂ Families
<input type="checkbox"/> ₆ Transitional housing				<input type="checkbox"/> ₁ Individuals <input type="checkbox"/> ₂ Families
<input type="checkbox"/> ₇ Homeless shelter				<input type="checkbox"/> ₁ Individuals <input type="checkbox"/> ₂ Families
<input type="checkbox"/> ₈ Domestic violence shelter				<input type="checkbox"/> ₁ Individuals <input type="checkbox"/> ₂ Families
<input type="checkbox"/> ₉ Transportation assistance (rides, car repairs, gas, etc.)				<input type="checkbox"/> ₁ Individuals <input type="checkbox"/> ₂ Families
<input type="checkbox"/> ₁₀ Utilities assistance				<input type="checkbox"/> ₁ Individuals <input type="checkbox"/> ₂ Families
<input type="checkbox"/> ₁₁ Other basic material needs, including clothing, toys, diapers, furniture, appliances, etc.				<input type="checkbox"/> ₁ Individuals <input type="checkbox"/> ₂ Families
<input type="checkbox"/> ₁₂ Medical assistance (health insurance, help paying medical bills or prescriptions, etc.)				<input type="checkbox"/> ₁ Individuals <input type="checkbox"/> ₂ Families
<input type="checkbox"/> ₁₃ Physical health services				<input type="checkbox"/> ₁ Individuals <input type="checkbox"/> ₂ Families
<input type="checkbox"/> ₁₄ Mental health services/ counseling				<input type="checkbox"/> ₁ Individuals <input type="checkbox"/> ₂ Families
<input type="checkbox"/> ₁₅ Substance abuse services				<input type="checkbox"/> ₁ Individuals <input type="checkbox"/> ₂ Families
<input type="checkbox"/> ₁₆ Domestic violence counseling and advocacy (services other than shelter)				<input type="checkbox"/> ₁ Individuals <input type="checkbox"/> ₂ Families
<input type="checkbox"/> ₁₇ Parenting classes or other family strengthening				<input type="checkbox"/> ₁ Individuals <input type="checkbox"/> ₂ Families
<input type="checkbox"/> ₁₈ Job training or employment opportunities for low-income people				<input type="checkbox"/> ₁ Individuals <input type="checkbox"/> ₂ Families
<input type="checkbox"/> ₁₉ Child care				<input type="checkbox"/> ₁ Individuals <input type="checkbox"/> ₂ Families
<input type="checkbox"/> ₂₀ Recreation				<input type="checkbox"/> ₁ Individuals <input type="checkbox"/> ₂ Families
<input type="checkbox"/> ₂₁ Arts and culture				<input type="checkbox"/> ₁ Individuals <input type="checkbox"/> ₂ Families
<input type="checkbox"/> ₂₂ Education				<input type="checkbox"/> ₁ Individuals <input type="checkbox"/> ₂ Families
<input type="checkbox"/> ₂₃ Home health care				<input type="checkbox"/> ₁ Individuals <input type="checkbox"/> ₂ Families

<input type="checkbox"/> ₂₄ Homemaker or chore services				<input type="checkbox"/> ₁ Individuals <input type="checkbox"/> ₂ Families
<input type="checkbox"/> ₂₅ Nutrition counseling				<input type="checkbox"/> ₁ Individuals <input type="checkbox"/> ₂ Families
<input type="checkbox"/> ₂₆ Respite care for people with physical disabilities				<input type="checkbox"/> ₁ Individuals <input type="checkbox"/> ₂ Families
<input type="checkbox"/> ₂₇ Adult day care for people with physical disabilities				<input type="checkbox"/> ₁ Individuals <input type="checkbox"/> ₂ Families
<input type="checkbox"/> ₂₈ Respite care for people who are cognitively or emotionally impaired				<input type="checkbox"/> ₁ Individuals <input type="checkbox"/> ₂ Families
<input type="checkbox"/> ₂₉ Adult day care for people who are cognitively or emotionally impaired				<input type="checkbox"/> ₁ Individuals <input type="checkbox"/> ₂ Families
<input type="checkbox"/> ₃₀ Youth development, youth activities, mentoring for youth				<input type="checkbox"/> ₁ Individuals <input type="checkbox"/> ₂ Families
<input type="checkbox"/> ₃₁ Juvenile delinquency prevention or treatment				<input type="checkbox"/> ₁ Individuals <input type="checkbox"/> ₂ Families
<input type="checkbox"/> ₃₂ Family planning				<input type="checkbox"/> ₁ Individuals <input type="checkbox"/> ₂ Families
<input type="checkbox"/> ₃₃ Legal services				<input type="checkbox"/> ₁ Individuals <input type="checkbox"/> ₂ Families
<input type="checkbox"/> ₃₄ Crime prevention				<input type="checkbox"/> ₁ Individuals <input type="checkbox"/> ₂ Families
<input type="checkbox"/> ₃₅ Economic development in distressed areas				<input type="checkbox"/> ₁ Individuals <input type="checkbox"/> ₂ Families
<input type="checkbox"/> ₃₆ Neighborhood revitalization				<input type="checkbox"/> ₁ Individuals <input type="checkbox"/> ₂ Families
<input type="checkbox"/> ₃₇ Entrepreneurship				<input type="checkbox"/> ₁ Individuals <input type="checkbox"/> ₂ Families
<input type="checkbox"/> ₃₈ Planning and coordinating services				<input type="checkbox"/> ₁ Individuals <input type="checkbox"/> ₂ Families
<input type="checkbox"/> ₃₉ Other: please specify: _____				<input type="checkbox"/> ₁ Individuals <input type="checkbox"/> ₂ Families
<input type="checkbox"/> ₄₀ Other: please specify: _____				<input type="checkbox"/> ₁ Individuals <input type="checkbox"/> ₂ Families

16. During the calendar years **2002 or 2003**, has your organization done any of the following things?

a. Laid off staff due to lack of funding or budget cuts?	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No
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b. Set a "hiring freeze" or did not hire needed staff due to lack of funding or budget cuts?	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No
c. Combined positions or otherwise consolidated staff due to lack of funding or budget cuts?	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No
d. Eliminated existing programs or services due to lack of funding or budget cuts?	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No
e. Reduced existing programs or services due to lack of funding or budget cuts?	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No
f. Turned clients away who you could not serve due to lack of funding or budget cuts?	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No
g. Had to start a waiting list for clients because you could not serve all who were eligible due to lack of funding or budget cuts?	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No

17. During the calendar years **2002** and **2003**, has your organization experienced any of the following reductions in funding?

a. Reduction or elimination of funds from the State of Ohio?	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No
b. Reduction or elimination of funds from the Federal Government?	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No
c. Reduction or elimination of funds from private or corporate foundations?	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No
d. Reduction or elimination of funds from individual donors or fundraising?	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No
e. Reduction or elimination of funds from other sources? (please specify: _____)	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No

Other Local Location(s)

Street Address: _____

Room/Suite Number: _____

City: _____ State: _____ Zip Code: _____

Phone: () _____ FAX: () _____

(Attach additional information if necessary)

THANK YOU