

**United Way of Knox County**  
**Service Provider Survey: 2003-2005 Update on Funding Cuts and Increases**

Name of Organization: \_\_\_\_\_

Date: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_ Contact Person: \_\_\_\_\_

1. During the calendar years <b>2003</b> or <b>2004</b> , has your organization experienced any of the following <b>reductions or cuts</b> in funding? (Check Yes, No, or Not Applicable for each)	<b>2003</b>	<b>2004</b>
a. Net reduction or elimination of funds from the <b>State of Ohio</b> ?  (Net reduction: defined as .....)	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No <input type="checkbox"/> <sub>0</sub> NA	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No <input type="checkbox"/> <sub>0</sub> NA
b. Net reduction or elimination of funds from the <b>Federal Government</b> ?	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No <input type="checkbox"/> <sub>0</sub> NA	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No <input type="checkbox"/> <sub>0</sub> NA
c. Net reduction or elimination of funds from <b>city, county, or other local government</b> ?	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No <input type="checkbox"/> <sub>0</sub> NA	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No <input type="checkbox"/> <sub>0</sub> NA
d. Net reduction or elimination of funds from <b>private or corporate</b> foundations?	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No <input type="checkbox"/> <sub>0</sub> NA	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No <input type="checkbox"/> <sub>0</sub> NA
e. Net reduction or elimination of funds from <b>individual donors or fundraising</b> ?	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No <input type="checkbox"/> <sub>0</sub> NA	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No <input type="checkbox"/> <sub>0</sub> NA
f. Net reduction or elimination of funds from <b>other</b> sources? (please specify: _____)	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No <input type="checkbox"/> <sub>0</sub> NA	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No <input type="checkbox"/> <sub>0</sub> NA

2. During the calendar years <b>2003</b> and <b>2004</b> , has your organization experienced any of the following <b>increases</b> in funding?	<b>2003</b>	<b>2004</b>
g. Net increase or new funds from the <b>State of Ohio</b> ?	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No <input type="checkbox"/> <sub>0</sub> NA	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No <input type="checkbox"/> <sub>0</sub> NA
h. Net increase or new funds from the <b>Federal Government</b> ?	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No <input type="checkbox"/> <sub>0</sub> NA	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No <input type="checkbox"/> <sub>0</sub> NA
i. Net increase or new funds from <b>city, county, or other local government</b> ?	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No <input type="checkbox"/> <sub>0</sub> NA	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No <input type="checkbox"/> <sub>0</sub> NA
a. Net increase or new funds from <b>private or corporate</b> foundations?	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No <input type="checkbox"/> <sub>0</sub> NA	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No <input type="checkbox"/> <sub>0</sub> NA
b. Net increase or new funds from <b>individual donors or fundraising</b> ?	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No <input type="checkbox"/> <sub>0</sub> NA	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No <input type="checkbox"/> <sub>0</sub> NA
c. Net increase or new funds from <b>other</b> sources? (please specify: _____)	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No <input type="checkbox"/> <sub>0</sub> NA	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No <input type="checkbox"/> <sub>0</sub> NA

### Staff and program cuts

3. During the calendar years <b>2003</b> and <b>2004</b> , has your organization done any of the following things?	<b>2003</b>	<b>2004</b>
a. <b>Laid off staff</b> due to lack of funding or budget cuts?	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No <input type="checkbox"/> <sub>0</sub> NA	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No <input type="checkbox"/> <sub>0</sub> NA
b. Set a <b>“hiring freeze”</b> or did not hire needed staff due to lack of funding or budget cuts?	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No <input type="checkbox"/> <sub>0</sub> NA	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No <input type="checkbox"/> <sub>0</sub> NA
c. <b>Combined positions</b> or otherwise consolidated staff due to lack of funding or budget cuts?	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No <input type="checkbox"/> <sub>0</sub> NA	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No <input type="checkbox"/> <sub>0</sub> NA
d. <b>Eliminated existing programs or services</b> due to lack of funding or budget cuts?	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No <input type="checkbox"/> <sub>0</sub> NA	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No <input type="checkbox"/> <sub>0</sub> NA
e. <b>Reduced existing programs or services</b> due to lack of funding or budget cuts?	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No <input type="checkbox"/> <sub>0</sub> NA	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No <input type="checkbox"/> <sub>0</sub> NA
f. <b>Turned clients away</b> who you could not serve due to lack of funding or budget cuts?	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No <input type="checkbox"/> <sub>0</sub> NA	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No <input type="checkbox"/> <sub>0</sub> NA
g. Had to start or continue a <b>waiting list</b> for clients because you could not serve all who were eligible due to lack of funding or budget cuts?	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No <input type="checkbox"/> <sub>0</sub> NA	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No <input type="checkbox"/> <sub>0</sub> NA

### 2005 Update

4. Between January 1, 2005 and May 1, **2005**, has your organization experienced any funding **reductions or cuts** from any source?

<sub>1</sub> Yes            <sub>2</sub> No            <sub>0</sub> Not Applicable

5. Between January 1, 2005 and May 1, **2005**, has your organization experienced any **net increases** in funding from any source **or any new** sources of funding?

<sub>1</sub> Yes            <sub>2</sub> No            <sub>0</sub> Not Applicable

6. Thinking back over the past 5 years—from 2000 to the year 2005—how would you best describe the change in the level of need in Knox County for the kinds of services your organization provides?

- <sub>1</sub> No change/ Same level of need
- <sub>2</sub> Less need now
- <sub>3</sub> More need now
- <sub>4</sub> Don't know or mixed change

**THANK YOU!**

**PLEASE RETURN TO UNITED WAY AT 397-5762 (FAX); [UNITEDWAY@ECR.NET](mailto:UNITEDWAY@ECR.NET)  
or 110 EAST HIGH STREET, MOUNT VERNON, OH 43050 BY JUNE 1.**