

# The California Wellness Foundation

## 2003 GRANTS PROGRAM SURVEY

The California Wellness Foundation (TCWF or the Foundation) is interested in receiving comments from grant applicants and recipients about their experiences working with the Foundation's grants program in 2002. We hope to receive feedback that will help us enhance our responsiveness to organizations that seek funding. Your comments will be kept confidential, which is why we have not asked for your name or that of your organization. The survey is designed to be completed in approximately 20 minutes. Please have the person who has had the most direct contact with TCWF complete this survey. If you have more comments, please feel free to attach additional sheets. Return your completed questionnaire in the enclosed addressed, stamped envelope postmarked by April 25, 2003. Your participation in this effort will be most appreciated.

The National Health Foundation (NHF) is conducting this survey on our behalf. If any of the questions or sections of this survey are unclear, please contact Quinnie Le, NHF's data manager, at (213) 538-0743 or at [qle@nhfca.org](mailto:qle@nhfca.org).

### A. YOUR PERCEPTIONS OF TCWF

1. In your opinion, what three words or phrases best describe The California Wellness Foundation?

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_

2. Are there ways in which TCWF differs significantly from other foundations with which you interact? (Check which applies.)

- Yes    No

If yes, please describe.

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### B. SOURCES OF INFORMATION ABOUT THE FOUNDATION & ITS GRANTMAKING PROGRAM

3. How did you hear about TCWF? (Check all that apply.)

- |   |  |
|---|--|
| <input type="checkbox"/> Referral by another nonprofit organization   | <input type="checkbox"/> Personal contact with a TCWF staff person               |
| <input type="checkbox"/> Referral by another grantmaker or corporate-giving program                                       | <input type="checkbox"/> Previous experience with the Foundation or staff member |
| <input type="checkbox"/> Suggestion from a member of your organization  | <input type="checkbox"/> Foundation Center or a local nonprofit resource center  |
| <input type="checkbox"/> Articles about TCWF or TCWF-sponsored advertisements   | <input type="checkbox"/> I can't remember  |
| <input type="checkbox"/> Visiting TCWF's website  | <input type="checkbox"/> Other (please explain)                                  |
| <input type="checkbox"/> TCWF materials such as funding guidelines and annual reports.                                    | _____  |
| <input type="checkbox"/> Public presentation from a TCWF staff member (e.g. "Meet the Grantmaker," TCWF-sponsored events) | _____  |
|   | _____  |

4. In 2002, what TCWF communications materials or information did you receive or access? (Check all that apply.)

- The California Wellness Foundation Annual Report
- Information for Grantseekers* brochure
- www.tcwf.org website
- News release
- Foundation e-mail
- None of the above
- Portfolio* newsletter
- Other (please explain) \_\_\_\_\_
- Reflections* publications series

5. Of these materials, which ones most helped you understand TCWF's grantmaking program and why?

\_\_\_\_\_  
\_\_\_\_\_

6. In 2002, did you use our *Information for Grantseekers* brochure?  Yes  No (If no, please skip to question #7.)

If yes, were the application procedures easy to understand?  Yes  No

What are your suggestions for improving it?

\_\_\_\_\_  
\_\_\_\_\_

7. In 2002, did you read our *Portfolio* newsletter?  Yes  No (If no, please skip to question #8.)

If yes, was the information useful?  Yes  No

If yes, how was it useful?

\_\_\_\_\_  
\_\_\_\_\_

8. In 2002, did you read any of our *Reflections* publications?  Yes  No (If no, please skip to question #9.)

If yes, was it useful?  Yes  No

If yes, how was it useful?

\_\_\_\_\_  
\_\_\_\_\_

**The next two questions focus on TCWF's website, which is an important communications channel.**

9. Do you have Internet access at your work?  Yes  No  Don't know

10. In 2002, did you visit our website?  Yes  No (If no, please skip to question #11.)

If yes, when did you last visit? (Check one only.)

- Within the last week
- Within the last month
- Within the last 3 to 6 months
- More than 6 months ago

If yes, how often do you visit? (Check one only.)

- At least once a week
- At least once a month
- At least once every 3 to 6 months
- Other (please explain): \_\_\_\_\_

If yes, what is your overall assessment of it?

\_\_\_\_\_  
\_\_\_\_\_

What are your suggestions for improving it?

\_\_\_\_\_  
\_\_\_\_\_

## C. TCWF GRANTMAKING PROGRAM

In recent years the Foundation has emphasized new priority areas and making grants for core operating support as part of its grantmaking program. Questions #11 through 14 focus on this aspect of TCWF's funding.

11. How well do you feel you understand TCWF's funding priority areas? (Check one.)

- Very well    Moderately well    A little    Not at all

12. How useful were the following in helping you understand them? (Check one for each communications channel.)

	Very useful	Moderately useful	A little useful	Not useful	Not Applicable
www.tcwf.org website	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Information for Grantseekers</i> brochure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Portfolio</i> newsletters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Reflections</i> publications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TCWF annual reports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interaction with Foundation staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any additional comments?	<hr/>				

13. How well do you feel you understand TCWF's "core operating support" approach to grantmaking? (Check one.)

- Very well    Moderately well    A little    Not at all

14. How useful were the following in helping you understand this approach? (Check one for each communications channel.)

	Very useful	Moderately useful	A little useful	Not useful	Not Applicable
www.tcwf.org website	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Information for Grantseekers</i> brochure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Portfolio</i> newsletters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Reflections</i> publications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TCWF annual reports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interaction with Foundation staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any additional comments?	<hr/>				

**We would like to know how satisfied you were with your interactions with TCWF staff. The next series of questions addresses this goal.**

15. In 2002, what kinds of and how many contacts did you have with TCWF staff? (Check all that apply.)

- Mail contact?    Yes    No
- Telephone contact?    Yes    No   If yes, how many?    1    2 to 3    4 to 5    More than 5
- E-mail contact?    Yes    No   If yes, how many?    1    2 to 3    4 to 5    More than 5
- Face-to-face contact?    Yes    No   If yes, how many?    1    2 to 3    4 to 5    More than 5

16. Which department did you interact with MOST? (Check one only.)

- |   |  |
|---|--|
| <input type="checkbox"/> Reception/Administration | <input type="checkbox"/> Communications        |
| <input type="checkbox"/> Finance                  | <input type="checkbox"/> Grants Administration |
| <input type="checkbox"/> Programs                 | <input type="checkbox"/> Executive Office      |
|   | <input type="checkbox"/> Other _____           |

17. The persons you interacted with most were: (Check one for each of the following.)

	Strongly agree	Agree	Disagree	Strongly disagree
Courteous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responsive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knowledgeable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Helpful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accessible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Any comments? \_\_\_\_\_  
\_\_\_\_\_

**We want to facilitate TCWF's grantmaking process. The next four questions address this issue.**

18. Did you submit a Letter of Interest to TCWF during 2002?  Yes  No

19. Were you encouraged to submit a full proposal?  Yes  No  Don't know or remember

20. How would you rate the following aspects of TCWF's grantmaking process?

	Very difficult	Difficult	Easy	Very easy	Don't know
Letter of Interest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proposal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Progress Narrative Reports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Final Narrative Report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Financial Reports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other _____					

21. Are there any ways we can improve these processes?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please complete the following four questions ONLY if you were not encouraged to submit a proposal. If you were asked to submit a proposal, please skip to question #26.**

22. Did you receive a denial letter in a timely fashion?  Yes  No  Don't know or remember

23. Did you ask for feedback on your denial?  Yes  No  Don't know or remember

24. Were you able to get feedback?  Yes  No  Don't know or remember

25. Was the feedback useful?  Yes  No  Don't know or remember

**The Foundation is exploring the feasibility of allowing applicants to submit funding requests online. To help with our exploration, please answer the following questions.**

26. Would your organization be interested in applying to TCWF for funding online (through the Internet)?

- Yes    No    Don't know

27. Has your organization applied to other funders online?  Yes    No    Don't know or remember

Any comments? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### **D. WORKING WITH THE FOUNDATION**

**If you were denied funding in 2002 or your request is pending, skip to question #32.**

28. How does your experience working with TCWF compare with working with other foundations?

- Better    Worse    About the same

Please give examples: \_\_\_\_\_  
\_\_\_\_\_

29. Has TCWF contributed to your organization in any way above and beyond the grant dollars received?

- Yes    No    Don't know

If yes, in what ways? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

30. Are there ways in which the Foundation has been difficult to work with or made things difficult for you?

\_\_\_\_\_  
\_\_\_\_\_

31. Do you feel the benefits from TCWF funding have been worth the costs/effort required to obtain them?

- Definitely    Somewhat    Not really    Not at all

If "Not really" or "Not at all," please give examples: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### **E. ADDITIONAL QUESTIONS**

32. Do you have comments about areas of potential improvement that were not covered by this survey?

\_\_\_\_\_  
\_\_\_\_\_

33. Do you have any other thoughts you would like to share?

\_\_\_\_\_  
\_\_\_\_\_

## F. ABOUT YOUR ORGANIZATION

34. What is the job/role of the person completing this survey?

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35. Is your organization: (Check all that apply.)

- |   |  |
|---|--|
| <input type="checkbox"/> A current grantee of the Foundation?                       | <input type="checkbox"/> A former grantee?                                   |
| <input type="checkbox"/> An unfunded applicant that submitted a Letter of Interest? | <input type="checkbox"/> A current applicant awaiting a Foundation decision? |
| <input type="checkbox"/> Other _____  |  |
- 

36. Please read the entire list and check the ONE category that BEST describes your organization.

- |   |   |
|---|---|
| <input type="checkbox"/> Community-based Health Organization              | <input type="checkbox"/> Human Services Agency                |
| <input type="checkbox"/> Community Clinic                                 | <input type="checkbox"/> National Organization                |
| <input type="checkbox"/> Community Development Organization               | <input type="checkbox"/> Philanthropic Association            |
| <input type="checkbox"/> Community Organizing Group                       | <input type="checkbox"/> Professional Membership Organization |
| <input type="checkbox"/> Consortium/Coalition                             | <input type="checkbox"/> Public Policy/Advocacy               |
| <input type="checkbox"/> Educational Institution/Organization             | <input type="checkbox"/> Research Center/Institute            |
| <input type="checkbox"/> Faith-based Organization                         | <input type="checkbox"/> Statewide Organization               |
| <input type="checkbox"/> Family Planning/Reproductive Health Organization | <input type="checkbox"/> Technical Assistance Provider        |
| <input type="checkbox"/> Foundation (Health Funder)                       | <input type="checkbox"/> Youth Organization                   |
| <input type="checkbox"/> Government                                       | <input type="checkbox"/> Other: (Please explain.) _____       |
| <input type="checkbox"/> Hospital   | _____   |
- 

37. Please indicate which range best characterizes the total operating budget of your organization for its most recent fiscal year.

- |   |   |
|---|---|
| <input type="checkbox"/> Up to \$199,999            | <input type="checkbox"/> \$2 million to \$4,999,999   |
| <input type="checkbox"/> \$200,000 to \$349,000     | <input type="checkbox"/> \$5 million to \$9,999,999   |
| <input type="checkbox"/> \$350,000 to \$499,999     | <input type="checkbox"/> \$10 million to \$24,999,999 |
| <input type="checkbox"/> \$500,000 to \$999,999     | <input type="checkbox"/> \$25 million and over        |
| <input type="checkbox"/> \$1 million to \$1,999,999 |   |

38. Please name the California County in which your organization is headquartered.

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**THANK YOU FOR TAKING THE TIME TO COMPLETE THIS SURVEY.  
PLEASE RETURN BY APRIL 25, 2003 TO:**

Grants Program Survey  
The California Wellness Foundation  
P.O. Box 711116  
Los Angeles, CA 90071