The California Wellness Foundation

1997 GRANTS SURVEY PROGRAM

The California Wellness Foundation (TCWF) is interested in receiving comments from grant applicants and/or grant recipients about the Foundation's grants program. We hope to receive feedback that will help us enhance our response to organizations that seek funding. Your comments will be kept confidential. That's why we have not asked for your name or that of your organization. The survey has been designed to be completed in approximately 10 minutes. If you have additional comments, please attach additional sheets. Return your completed questionnaire in the enclosed, self-addressed stamped envelope postmarked by May 16, 1997. Results of this survey will be shared with the Foundation’s Board of Directors.

A. FOUNDATION INFORMATION

1. How did you hear about The California Wellness Foundation? (Check all that apply.)
   - Referral by another nonprofit organization
   - Referral by another grantmaker or corporate-giving program
   - Suggestion from a member of your board
   - Media announcements
   - Foundation materials such as funding guidelines, requests for proposals, etc.
   - Public presentation by a Foundation staff member
   - Suggestion by a Foundation staff member to submit a Letter of Intent or proposal
   - Foundation center or a local nonprofit resource center
   - Other

2. Is your organization: (Check all that apply.)
   - A current grantee of the Foundation?
   - A past grantee of the Foundation?
   - An unfunded applicant for a Foundation initiative-related Request for Proposals?
   - An unfunded applicant for a general grant
   - Other

3. What materials or information from TCWF have you received or accessed? (Check all that apply.)
   - Annual Report
   - Quarterly Newsletter
   - General Grants Brochure
   - Initiative-specific Brochure (check):
     - Children and Youth Community Health
     - Population Health Improvement
     - Teenage Pregnancy Prevention
     - Violence Prevention
     - Work and Health
   - Foundation Website
   - Foundation E-mail
   - Press Release
   - Notification of Funds Availability
   - Request for Proposals (RFP)
   - Request for LOI/Qualifications
   - None of the above
   - Other
## B. GRANTS PROCESSING & STAFF OUTREACH

4. Check one response that best describes the Foundation information you received:

- [ ] Not understandable
- [ ] Somewhat understandable
- [ ] Understandable
- [ ] Very understandable

5. Were you able to understand or determine: (Check all that apply.)

- [ ] the Foundation's interests and funding programs?
- [ ] if your organization is eligible to apply for funding?
- [ ] if it would be worthwhile for your organization to submit a Letter of Intent?
- [ ] what would be appropriate for your organization to apply for?

Comments____________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

6. If you received a Foundation Notice of Funding Availability or RFP, please check one response that best describes the information:

- [ ] Not understandable
- [ ] Somewhat understandable
- [ ] Understandable
- [ ] Very understandable

Please comment:__________________________________________________________
________________________________________________________________________
________________________________________________________________________

7. Did you attend a Bidders Conference for one of the Foundation's Initiative RFPs?

- [ ] Yes
- [ ] No
- [ ] If yes, what was the topic?____________________

8. If yes, how helpful was the Bidders Conference in understanding the Foundation's priorities and the way it does business? (Check one.)

- [ ] Not helpful at all
- [ ] Somewhat helpful
- [ ] Helpful
- [ ] Very helpful

9. During 1996, did you telephone the Foundation for information?  

- [ ] Yes
- [ ] No

10. If yes, which office?  

- [ ] Woodland Hills
- [ ] San Francisco Branch

11. If yes, with whom did you speak? (Check all that apply.)

- [ ] Receptionist
- [ ] Program Assistant or Secretary
- [ ] Program Officer
- [ ] Senior Program Officer
- [ ] Grants Administration
- [ ] Other____________________
12. In what manner were you treated by staff?

- Discourteous
- Somewhat discourteous
- Courteous
- Very courteous

Provide a specific example:

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

13. What did you submit to The California Wellness Foundation during 1996?

(Choose all that apply.)

- Letter of Inquiry
- Full Proposal
- Both
- Declined to Submit
- Other

14. Did you receive acknowledgement of your inquiry or proposal within three weeks?

- Yes
- No
- Don’t know/Don’t remember

15. Did you receive a response to your inquiry or proposal within three months?

- Yes
- No
- Don’t know/Don’t remember

16. What was the outcome of your organization’s funding request?

- Declined
- Decision Pending
- Grant Awarded
- Other
- Withdrawn for Development

C. FOUNDATION GRANTS PROGRAM

17. If you are a current grantee, comment on the quality of your working relationship with the program staff responsible for your grant.

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

18. If you are a current grantee, is the Foundation providing technical assistance to help your organization succeed?

- Yes
- No

19. If yes, how useful is the technical assistance?

- Not at all
- Somewhat useful
- Useful
- Very useful
20. If you answered “no” on #18, what technical assistance do you want or need?
________________________________________________________________________

21. According to your experience, how effectively is the Foundation reaching out to communities of color and other groups that typically do not have access to other foundation dollars?
   □ Not at all   □ Somewhat effective   □ Effective   □ Very effective

22. If you answered “Not at all” or “Somewhat effective,” how might the Foundation improve in reaching such diverse communities?
________________________________________________________________________

23. Do you have any additional comments to share with the Foundation regarding areas of improvement that were not covered by the questions in this survey?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

D. ABOUT YOUR ORGANIZATION

24. Please check the category that most closely describes your organization.
   □ Advocacy Group
   □ Community or Free Clinic
   □ Community-based Organization
   □ Consortium/Coalition
   □ Educational Institution (Preschool through 12)
   □ Foundation
   □ Government Agency
   □ Hospital
   □ Human Services Agency
   □ Individual
   □ International Organization
   □ Media/Publishing Organization
   □ National/Statewide Health Organization
   □ Philanthropic Association
   □ Professional Membership Organization
   □ Public Policy Center
   □ Religious Organization
   □ Research Organization
   □ University/College/Vocational School
   □ Other__________________

25. Of the population categories listed below, which one or two most accurately describes those served by your organization?
   □ AIDS/HIV Population
   □ At-risk Youth
   □ Batterers
   □ Criminal Justice System
   □ Disabled People
   □ Families
   □ Gang Members
   □ Homeless People
   □ Immigrants/Refugees
   □ Inner-city Population
   □ Low-income Population
   □ Medically Indigent/Uninsured
   □ Pregnant/Parenting Teens
   □ Rural Population
   □ Single Parents and Their Children
   □ Substance Abusers
   □ Unemployed/Underemployed
   □ Women and Children
   □ Other__________________

26. What was the size of your organization's annual operating budget for its last completed fiscal year? $________________ Year_________

27. In what county is your organization located?___________

Thank you for completing and returning this survey.
Mail to: TCWF Grants Program Survey • P.O. Box 8901-631 • Marina Del Rey, CA 90295