



# 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.)

|  |  |
|--|--|
| <ul style="list-style-type: none"><li><input type="checkbox"/> Annual Report</li><li><input type="checkbox"/> Quarterly Newsletter</li><li><input type="checkbox"/> General Grants Brochure</li><li><input type="checkbox"/> Initiative-specific Brochure (check):<ul style="list-style-type: none"><li><input type="checkbox"/> <i>Children and Youth Community Health</i></li><li><input type="checkbox"/> <i>Population Health Improvement</i></li><li><input type="checkbox"/> <i>Teenage Pregnancy Prevention</i></li><li><input type="checkbox"/> <i>Violence Prevention</i></li><li><input type="checkbox"/> <i>Work and Health</i></li></ul></li></ul> | <ul style="list-style-type: none"><li><input type="checkbox"/> Foundation Website</li><li><input type="checkbox"/> Foundation E-mail</li><li><input type="checkbox"/> Press Release</li><li><input type="checkbox"/> Notification of Funds Availability</li><li><input type="checkbox"/> Request for Proposals (RFP)</li><li><input type="checkbox"/> Request for LOI/Qualifications</li><li><input type="checkbox"/> None of the above</li><li><input type="checkbox"/> Other _____</li></ul> |
|--|--|

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?

- |                               |                          |                          |                                  |
|-------------------------------|--------------------------|--------------------------|----------------------------------|
| <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>         |
| Discourteous<br>Disrespectful | Somewhat<br>discourteous | Courteous<br>Respectful  | Very courteous<br>and respectful |

Provide a specific example: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. What did you submit to The California Wellness Foundation during 1996?  
(Check 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.
- |   |   |
|---|---|
| <input type="checkbox"/> Advocacy Group                                 | <input type="checkbox"/> International Organization             |
| <input type="checkbox"/> Community or Free Clinic                       | <input type="checkbox"/> Media/Publishing Organization          |
| <input type="checkbox"/> Community-based Organization                   | <input type="checkbox"/> National/Statewide Health Organization |
| <input type="checkbox"/> Consortium/Coalition                           | <input type="checkbox"/> Philanthropic Association              |
| <input type="checkbox"/> Educational Institution (Preschool through 12) | <input type="checkbox"/> Professional Membership Organization   |
| <input type="checkbox"/> Foundation                                     | <input type="checkbox"/> Public Policy Center                   |
| <input type="checkbox"/> Government Agency                              | <input type="checkbox"/> Religious Organization                 |
| <input type="checkbox"/> Hospital                                       | <input type="checkbox"/> Research Organization                  |
| <input type="checkbox"/> Human Services Agency                          | <input type="checkbox"/> University/College/Vocational School   |
| <input type="checkbox"/> Individual                                     | <input type="checkbox"/> Other _____                            |
25. Of the population categories listed below, which one or two most accurately describes those served by your organization?
- |  |   |  |
|--|---|--|
| <input type="checkbox"/> AIDS/HIV Population     | <input type="checkbox"/> Homeless People              | <input type="checkbox"/> Single Parents and Their Children |
| <input type="checkbox"/> At-risk Youth           | <input type="checkbox"/> Immigrants/Refugees          | <input type="checkbox"/> Substance Abusers                 |
| <input type="checkbox"/> Batters                 | <input type="checkbox"/> Inner-city Population        | <input type="checkbox"/> Unemployed/Underemployed          |
| <input type="checkbox"/> Criminal Justice System | <input type="checkbox"/> Low-income Population        | <input type="checkbox"/> Women and Children                |
| <input type="checkbox"/> Disabled People         | <input type="checkbox"/> Medically Indigent/Uninsured | <input type="checkbox"/> Other _____                       |
| <input type="checkbox"/> Families                | <input type="checkbox"/> Pregnant/Parenting Teens     |  |
| <input type="checkbox"/> Gang Members            | <input type="checkbox"/> Rural Population             |  |
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