

The California Wellness Foundation

2000 GRANTS PROGRAM SURVEY

The California Wellness Foundation (TCWF or the Foundation) is interested in receiving comments from grant applicants and recipients about their experiences with the Foundation's grants program in 1999. We hope to receive feedback that will help us enhance our responsiveness to organizations that seek funding. **Your comments will be kept confidential. That is why we have not asked for your name or that of your organization.** The survey is designed to be completed in approximately 15 minutes. Please have the person who has had the most direct contact with TCWF complete this survey. If you have more comments, please attach additional sheets. Return your completed questionnaire in the enclosed, self-addressed stamped envelope postmarked by April 28, 2000. Results of this survey will be shared with the Foundation's Board of Directors.

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 The California Wellness Foundation differs significantly from other foundations with which you interact?

- Yes No

If yes, please describe. _____

B) SOURCES OF INFORMATION ABOUT THE FOUNDATION

3. How did you hear about The California Wellness Foundation? (Check all that apply.)

- | | |
|---|---|
| <input type="checkbox"/> Referral by another nonprofit organization | <input type="checkbox"/> Foundation materials such as funding guidelines, annual report, requests for proposals, etc. |
| <input type="checkbox"/> Referral by another grantmaker or corporate-giving program | <input type="checkbox"/> Public presentation by a Foundation staff member |
| <input type="checkbox"/> Suggestion from a member of your board | <input type="checkbox"/> Suggestion by a Foundation staff member to submit a Letter of Interest or proposal |
| <input type="checkbox"/> Articles about the Foundation or Foundation-sponsored advertisements | <input type="checkbox"/> Foundation Center or a local nonprofit resource center |
| <input type="checkbox"/> Visiting the Foundation's website | <input type="checkbox"/> Other _____ |

4. What materials or information from TCWF have you received or accessed? (Check all that apply.)

- | | |
|---|--|
| <input type="checkbox"/> Annual Report | <input type="checkbox"/> Press Release |
| <input type="checkbox"/> Foundation website, www.tcdf.org | <input type="checkbox"/> Notification of Funds Availability (NOFA) |
| <input type="checkbox"/> Foundation E-mail | <input type="checkbox"/> Request for Proposals (RFP) |
| <input type="checkbox"/> <i>Portfolio</i> Quarterly Newsletter | <input type="checkbox"/> None of the above |
| <input type="checkbox"/> <i>Reflections</i> Publications Series | <input type="checkbox"/> Other |
| <input type="checkbox"/> Foundation Brochure | |

5. Of the materials listed on the first page, which did you find the most helpful and why?

Questions 6 through 10 address several Foundation communications efforts undertaken during the last year, including a redesigned website, initiating a series of publications called *Reflections* and revising the grants information brochure.

6. Have you visited our redesigned website?

- Yes No (If no, please skip to question #7.) Don't have access

If yes, what's your overall assessment? _____

What are your suggestions for improvement? _____

7. Have you received one of our *Reflections* publications? Yes No (If no, please skip to question #8.)

If yes, what was your reaction to it? _____

8. Have you used our grants information brochure? Yes No (If no, please skip to question #9.)

If yes, what was your reaction to it? _____

9. Are our funding priorities and application procedures outlined in our brochure easy to understand? Yes No

If no, please explain. _____

10. Have you received one of our quarterly newsletters, *Portfolio*? Yes No (If no, please skip to question #11.)

If yes, what was your reaction to it? Any comments or suggestions on the design? _____

Has the information in *Portfolio* helped you better understand the Foundation's grantmaking priorities? Yes No

C) GRANTS PROCESSING AND STAFF OUTREACH

11. During 1999, did you telephone the Foundation for information? Yes No (If no, please skip to question #15.)

12. Which office? Woodland Hills San Francisco Branch

13. With whom did you speak? (Check all that apply.)

- Receptionist Senior Program Officer or Program Officer
 Program Assistant or Secretary Other _____
 Grants Administration

14. How were you treated by staff in this telephone contact?

- Very courteously Courteously Somewhat discourteously Discourteously

Could you provide a specific example? _____

We want to respond to our applicants in a timely manner. The next three questions address this goal.

15. Did you submit a Letter of Interest to the Foundation during the past year?

- Yes No (If no, please skip to question #18.)

16. Did you receive an acknowledgement within three weeks? Yes No Don't know or remember

17. Did you receive a denial letter or an invitation to submit a proposal within three months?

- Yes No Don't know or remember

18. If you received a Foundation Notice of Funding Availability or RFP, please check one response that best describes the information: Very clear Clear Somewhat clear Unclear

19. Did you attend an information meeting for one of the Foundation's Initiative RFPs?

- Yes No (If no, please skip to question #22.)

20. What was the topic? _____

21. How helpful was the information meeting in understanding the Foundation's priorities and the way it does business?

- (Check one.) Very helpful Helpful Somewhat helpful Not helpful at all

22. Is there anything about the RFP process you would like to comment on?

D) WORKING WITH THE FOUNDATION

If you are not a current grantee, please skip to question #26.

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

24. Has your organization benefited as a result of your relationship with the Foundation? If so, in what ways?

25. Are there ways in which the Foundation has hindered your success?

E) ADDITIONAL QUESTIONS

26. The California Wellness Foundation focuses its funding in traditionally underserved communities throughout the state. In your opinion, are we reaching those communities?

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

28. Any other thoughts you would like to share?

F) ABOUT YOUR ORGANIZATION

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

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

- A current grantee of the Foundation?
- A former grantee?
- An unfunded applicant for a Foundation initiative-related Request for Proposals?
- An unfunded applicant that submitted an unsolicited Letter of Interest?
- A current applicant awaiting a Foundation decision?
- Other _____

31. Please read the entire list and check the ONE category that BEST describes your organization. If more than one category is checked, only the first will be used.

- Advocacy Group
- Community Clinic
- Community-based Organization
- Consortium/Coalition
- Educational Institution (Preschool through grade 12)
- Foundation or Philanthropic Association
- Government Agency
- Hospital
- Human Services Agency
- National/Statewide Health Organization
- Professional Membership Organization
- Public Policy Center
- Religious Organization
- Research Organization
- University/College/Vocational School
- Other _____

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

- Under \$300,000
- \$300,000 to \$500,000
- \$500,000 to \$1 million
- \$1 million to \$2 million
- \$2 million to \$5 million
- \$5 million to \$10 million
- \$10 million and higher

33. Please name the California county in which your organization is headquartered. _____

THANK YOU FOR TAKING THE TIME TO COMPLETE THIS SURVEY. PLEASE RETURN TO:

TCWF Grants Program Survey • P.O. Box 71229 • Los Angeles, CA 90071-0229



The California Wellness Foundation
Grantmaking for a Healthier California