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.)
   [ ] Referral by another nonprofit organization
   [ ] Referral by another grantmaker or corporate-giving program
   [ ] Suggestion from a member of your board
   [ ] Articles about the Foundation or Foundation-sponsored advertisements
   [ ] Visiting the Foundation’s website
   [ ] Foundation materials such as funding guidelines, annual report, requests for proposals, etc.
   [ ] Public presentation by a Foundation staff member
   [ ] Suggestion by a Foundation staff member to submit a Letter of Interest or proposal
   [ ] Foundation Center or a local nonprofit resource center
   [ ] Other __________________________________________

4. What materials or information from TCWF have you received or accessed? (Check all that apply.)
   [ ] Annual Report
   [ ] Foundation website, www.tcwf.org
   [ ] Foundation E-mail
   [ ] Portfolio Quarterly Newsletter
   [ ] Reflections Publications Series
   [ ] Foundation Brochure
   [ ] Press Release
   [ ] Notification of Funds Availability (NOFA)
   [ ] Request for Proposals (RFP)
   [ ] None of the above
   [ ] Other
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  
- [ ] Program Assistant or Secretary  
- [ ] Grants Administration  
- [ ] Senior Program Officer or Program Officer  
- [ ] Other

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