

GENERAL ORGANIZATION QUESTIONS

Organization Name: _____

Main Contact: _____

Phone: _____ Email: _____

Year Founded: _____

How would you characterize the community your organization serves? (check all that apply)

- Urban Suburban Rural

How would you describe your organization's service area? (check all that apply)

- Statewide City
 Multi-county/regional Neighborhood
 County Other (please describe):

What is your organization's annual **operating** budget? \$ _____

Are You (check all that apply):

- 501c(3) Quasi Governmental (DDA, Land Bank, etc.)
 501c(4) Microdevelopment Organization (MDO)
 501c(6) Government
 CHDO Mainstreet
 CDFI Block Club
 Community Action Agency Other (please describe):

Individuals Served

Please check the box next to the type of individuals your organization targets: (check all that apply)

- Low income People w/Disabilities or Special Needs
 Moderate income Seniors
 Children/Youth Businesses
 Homeless Jobless
 Other (please describe):

EMPLOYEES

How long has the Executive Director served the organization in that position? _____

Do you have a staff succession/transition plan in place? _____

If no, are you interested in learning about developing one? _____

Number of full-time employees today: _____

Number of part-time employees today: _____

Number of consultants/contract workers each year: _____

(People issued a Federal Form 990)

Approximate number of volunteer hours utilized in the past year: _____

Does your organization currently utilize AmeriCorps or AmeriCorps VISTA members?

Yes: _____ No: _____ We used to: _____ We want to: _____

If "yes," how many: Full-time: _____ Part-time: _____

Of your full-time staff, please list **the approximate percentage** of employees who identify with the following categories:

Male	Female

18-30	30-40	41-50	50-60	60+

High School	Vocational certification	Some college/ Associates	Bachelors	Masters	PhD

White	Black/African American	Hispanic/Latino	American Indian	Asian/Pacific Islander	Multiracial	Other

ADVOCACY

How would you describe your organization's relationship with local elected officials and policymakers?

None

Weak

Satisfactory

Strong

How would you describe your organization's relationship with your state elected officials?
(e.g. state senators, state representatives)

None

Weak

Satisfactory

Strong

How would you describe your organization's relationship with your non-elected policymakers?
(e.g. MSHDA, DLEG, DHS etc)

None

Weak

Satisfactory

Strong

Are you currently or in the past two years participating in any of the following **advocacy/political activities**? (check all that apply)

- Meetings with Legislators Advocacy Day Letter Letter Writing Campaign
 Door to Door Campaigning Special Events Internet Campaign
 Other (please describe):

PLANNING AND ORGANIZATIONAL CHANGE

Please list any regional or trade association of similar organizations (aside from CEDAM) that you are involved with:

Does your organization currently have an up-to-date strategic/business plan? Yes: _____ No: _____

Has your organization recently considered merger and/or consolidation with another organization? Yes: _____ No: _____

If "yes," why?

Has your organization recently considered dissolution? Yes: _____ No: _____

If "yes," why?

The following questions deal with your organization's situation **over the last two years**.

Has your organization changed staff size?

Increased Decreased No Change

Has your organization's operational budget changed?

Increased Decreased No Change

Has the mission of your organization changed? Yes _____ No _____

If "yes," why?

Has the audience of your organization changed? Yes _____ No _____

If "yes," why?

Has the variety or types of programming you offer changed?

Increased Decreased No Change

What do you see as the future of your organization?

Please list your organization's current top 3 challenges.

- 1.
- 2.
- 3.

What are your organization's most important methods of outreach to your funders?

What are your organization's most important methods of outreach to the people you serve?

SERVICES PROVIDED AND RESULTS PRODUCED

Please mark any of the services/products listed below that your organization provided or produced in fiscal years 2011 and 2012. For those services/products marked, please complete the request for additional information about the provision of service and/or production numbers. Where exact numbers are not available, please estimate.

HOUSING PRODUCED

Home Ownership	New Build (#units)		Rehab (#units)	
	Market Rate	Affordable	Market Rate	Affordable
Single Family:				
Other Housing (please describe):				

Total Home Ownership Budget: \$ _____

Rental Housing	New Build (#units)		Rehab (#units)	
	Market Rate	Affordable	Market Rate	Affordable
Single Family:				
Multi Family:				
Other Housing (please describe):				

Total Rental Housing Budget: \$ _____

Other	New Build (#units)		Rehab (#units)	
	Market Rate	Affordable	Market Rate	Affordable
Cooperative Housing				
Single Room Occupancy (SRO) Housing				
Senior Housing				
Housing for People w/Disabilities				
Land Trust Housing				
HOPE VI Housing				
LIHTC Housing				
Other (please describe):				

Total (Other) Budget: \$ _____

HOUSING RELATED SERVICES PROVIDED

Please check the boxes for all housing - related services provided in fiscal years 2011-2012

- Lead Paint Abatement Annual Program Budget: \$ _____
- Asbestos Removal Annual Program Budget: \$ _____
- Home Repair Annual Program Budget: \$ _____
- Weatherization Annual Program Budget: \$ _____
- Landlord-Tenant Mediation Annual Program Budget: \$ _____

BUSINESS/COMMERCIAL DEVELOPMENT in fiscal years 2011-2012

List the number of businesses that were created: _____

List the number of businesses that expanded: _____

List the dollars spent on commercial/retail development (interior): \$ _____

List the number of facade improvements: _____ Total investment: \$ _____

Total number of jobs created: Part-Time: _____ Full-Time: _____

MICROBUSINESS DEVELOPMENT SERVICES

Do you provide business incubation space? Yes: _____ No: _____

If "yes," how many businesses were housed in fiscal years 2011-2012? _____

Service	Businesses Assisted	Average Loan	Total Portfolio	Range of Loan
Small Business Loan or Microloan Program				

Service	Businesses Assisted	% Businesses that still exist after receiving SVCS for 1 year
Small Business Technical Assistance		

OTHER DEVELOPMENT

Housing

Please check the boxes for all developments that your organization created in fiscal years 2011-2012

- Mixed-Use Development
- Brownfield Development
- Greenspace/Park Development
- Green Building

Urban Agriculture/Food Systems

Please check the boxes for all developments that your organization created or maintained in fiscal years 2011-2012

- Hoophouses (plastic/flexible exterior) Approximate square feet: _____
- Greenhouses (solid exterior) Approximate square feet: _____
- Community Gardens Approximate square feet: _____
- Farmers Market Average number of vendors: _____

YOUTH PROGRAMS

Please check the boxes for all programs that your organization participated in fiscal years 2011-2012

- Day Care Approximate number of youth in program annually: _____
- After-School Program Approximate number of youth in program annually: _____
- Summer Camp Approximate number of youth in program annually: _____
- Head Start Approximate number of youth in program annually: _____
- School Readiness Approximate number of youth in program annually: _____
- Other (please describe): _____

COMMUNITY SERVICES

Please check the boxes for all programs that your organization participated in fiscal years 2011-2012

- | | |
|--|--|
| <input type="checkbox"/> Drug Abuse Counseling
Approx. # individuals assisted: _____ | <input type="checkbox"/> Teen/Parent Counseling
Approx. # individuals assisted: _____ |
| <input type="checkbox"/> Literacy Program
Approx. # individuals assisted: _____ | <input type="checkbox"/> Community Center
Approx. # individuals assisted: _____ |
| <input type="checkbox"/> Food Bank
Approx. # individuals assisted: _____ | <input type="checkbox"/> Gardening/Food Programming
Approx. # individuals assisted: _____ |
| <input type="checkbox"/> Homeless Services
Approx. # individuals assisted: _____ | <input type="checkbox"/> Energy Conservation Training/Services
Approx. # individuals assisted: _____ |
| <input type="checkbox"/> Job Counseling/Job Training
Approx. # individuals assisted: _____ | <input type="checkbox"/> Crime Prevention/Neighborhood Watch
Approx. # individuals assisted: _____ |
| <input type="checkbox"/> Cultural/Arts Program
Approx. # individuals assisted: _____ | <input type="checkbox"/> Voter Registration
Approx. # individuals assisted: _____ |
| <input type="checkbox"/> Recycling
Approx. # individuals assisted: _____ | <input type="checkbox"/> Health Programing
Approx. # individuals assisted: _____ |
| <input type="checkbox"/> Senior Programing
Approx. # individuals assisted: _____ | <input type="checkbox"/> Transportation
Approx. # individuals assisted: _____ |
| <input type="checkbox"/> Other (please specify): | |

FINANCIAL EMPOWERMENT

Please check the boxes for all programs that your organization participated in fiscal years 2011-2012

- | | |
|---|--|
| <input type="checkbox"/> Homeowner/Homebuyer Counseling
Approx. # individuals assisted: _____ | <input type="checkbox"/> IDAs or other matched savings
Approx. # individuals assisted: _____ |
| <input type="checkbox"/> Benefits Access
Approx. # individuals assisted: _____ | <input type="checkbox"/> Emergency Services
Approx. # individuals assisted: _____ |
| <input type="checkbox"/> Financial Education
Approx. # individuals assisted: _____ | <input type="checkbox"/> Foreclosure Counseling
Approx. # individuals assisted: _____ |
| <input type="checkbox"/> Tax Assistance
Approx. # individuals assisted: _____ | <input type="checkbox"/> Credit Repair
Approx. # individuals assisted: _____ |
| <input type="checkbox"/> Access to Banking
Approx. # individuals assisted: _____ | <input type="checkbox"/> Other (please describe): |

FUNDING SOURCES

Please check below any funding source from which your organization received funds in the 2011-2012 fiscal years (over the past TWO **fiscal** years). For those funding sources checked, please mark whether you receive operating and/or project funding from the source; whether the funding is a “substantial” (more than 20%) part of your annual budget; and whether your receipts from this funding source have increased or decreased since 2008.

Funding Source	Received Funding	Type of Funding		Substantial (>20%) Source of Organization's Funding?	Support Organization has Received from Funding Source Since 2008		
		Operating?	Project?		Increased	Stayed Same	Decreased
CDBG							
HOME							
LIHTC							
NSP							
NSP 2							
NSP 3							
HUD: Other							
CDFI							
HHS							
Corporation for National & Community Service							
USDA							
Federal Government: Other							
MSHDA Grant							
Michigan Community Service Commission							
State Government: Other							
City Government							
DDA/TIF							
Financial Institutions							
Federal Home Loan Bank							
LISC							
Foundations							
Endowment							
Individual Donors							
Faith-based Institutions							
Earned Income							
Other (Please specify):							
Other (Please specify):							

FINAL THOUGHTS

What are the the three **most important** services your organization provides?

1.

2.

3.

Does your organization aspire to add new services in the coming years. If so, what?

What additional programs/services are needed in your service area that are not currently offered?

Please outline one or more stories about your organization's work that you would like CEDAM to consider for future newsletter articles, blogs or in-depth case studies. We want to tell the story of community development in Michigan! (Add extra sheets if necessary)

Are there any new strategies that your organization has employed that are innovative and important to share? Please take a moment to tell us about them.

Thank you!

This survey was put together by the Community Economic Development Association of Michigan (CEDAM)