

## MARIN NONPROFIT LANDSCAPE STUDY SURVEY

2007

Thank you for adding your organization's perspective to the Marin County Nonprofit Landscape Study, undertaken by the **Center for Volunteer and Nonprofit Leadership of Marin**. The Study seeks to establish a baseline report of the county's nonprofit sector, describing its size, scope, geographical distribution, services provided, internal structure, economic impact, number of people employed, fiscal health, and sustainability. This is the first study of its kind in the county, and will be used by funders, policy makers and donors to make informed decisions.

### **How and when should I complete the survey by?**

The survey will take approximately 30-45 minutes to complete. Please complete and mail this survey by **Wednesday, August 15**. All organizations completing the survey will be entered into a raffle for a \$100 gift VISA card donated by the Mall at Northgate/Macerich Company. In addition, they will receive a free copy of this valuable study when it is published.

**You may also complete this survey online.** If you already received an email from Linda Davis, follow the link contained in that email. If you have not received an email and would like to complete the survey online, please contact Rachel Cuevas at Rachel@LFAgroup.com or 415-392-2850 x304.

### **Is this survey the same as another survey I received?**

It has been brought to our attention that some organizations are being asked to fill out another survey that is being conducted by the JoMiJo Foundation. Although some of the questions appear similar on both surveys, that survey is completely separate from this one. This survey encompasses ALL 501(c)3 nonprofits in Marin County establishing a baseline report on the county's nonprofit sector. We hope that you will decide to complete this survey and add your voice to this important landscape study helping to create a full and accurate understanding of the sector.

We are committed to using the findings from the Study to stimulate dialogue in the county around the needs and future vision of the sector.

### **Why is your participation in this survey important?**

Very little public data is available on Marin nonprofits. What is available does not provide a sufficient context for long-term planning, policy, and funding decisions. The Study seeks to rectify this. By participating in this survey, your organization is helping create a full and accurate understanding of the sector.

### **Who at your organization should fill out the survey?**

The best person to complete the survey is your organization's director. We recommend that the organization's annual budget and program data be readily available as they will be useful in answering survey questions. If you are not the most appropriate person to complete the survey or if you feel there are questions other staff members may be better able to answer, we invite you to share the survey with others in your organization.

### **Is the survey confidential?**

This survey is completely confidential. It is being conducted by the independent evaluation firm of LaFrance Associates. Only aggregate data will be reported. If you have any questions or concerns about this study, please contact Rachel Cuevas at Rachel@LFAgroup.com or by calling (415) 392-2850 ext 304.

**Thank you for your important work in the county and your help with this survey!**

**Center for Volunteer and Nonprofit Leadership of Marin**

## About You

The following three questions should be completed by the organization's executive director.

1. How many years have you worked in the nonprofit sector? \_\_\_\_\_ Years
2. How many years have you worked in the Marin nonprofit sector? \_\_\_\_\_ Years
3. What motivates you to work in the nonprofit sector? Please check as many of the reasons that apply to you personally.
  - My organization's mission
  - My organization's values
  - Social interaction
  - Status in the community
  - Other (please describe) \_\_\_\_\_
  - I feel like I am able to make a difference in the community
  - The culture of the nonprofit sector
  - Flexibility of my job
  - Personal fulfillment

## About Your Organization

If your organization is part of a **state, regional or national organization**, please use information that applies to your local office or chapter in Marin County only.

4. What is your organization's name? \_\_\_\_\_
5. When your organization registered with the IRS as a nonprofit, it received an eight digit Employer Identification Number (EIN). What is your EIN?  
\_\_\_\_\_

6. Please check the category that best describes your organization's primary mission (Check one).

We know many nonprofits work in several areas and sometimes there is no single category that describes your organization's work. But by choosing one category that best describes your organization's mission you will help us paint a broad picture of the county overall. You will have an opportunity below to describe your organization's mission in greater detail.

### Arts and Culture

- Performing Arts
- Literary Arts
- Visual Arts
- Arts and Culture—other

### Human Service

- Housing, Shelter
- Family Support
- Disaster Preparation and Response
- Employment, Jobs
- Food, Nutrition
- Information and Referral
- Recreation, Sports
- Human Service—other

### Environment and Animal Welfare

- Environmental Education/Advocacy
- Environmental Conservation/Water Conservation
- Animals
- Environment and Animal Welfare—other

### Health

- Health Care and Prevention
- Reproductive Health
- Mental Health
- Drugs/Alcohol Treatment
- Abuse/Violence Prevention
- Independent Living Skills/Advocacy for the Disabled
- Medical Research
- Health—other

List continued on next page...

**Youth and Education**

- Youth Development
- Academic Enrichment
- Education
- Childcare
- Youth and Education—other

**Religion-related**

(Check this category if the primary mission is the promotion of religious messages, i.e., a Christian bookstore or a Hindu community center. If your organization has a religious affiliation, but provides a secular service, i.e., a Jewish nursing home, please check the box that describes what service you provide.)

**Advocacy, Crime, Community**

- Civil Rights, Social Action, Advocacy
- Legal Assistance
- Conflict Resolution and Mediation
- Community Improvement/Economic Development
- Technical Assistance/Management Support

**Other**

- International
- Science and Technology
- Social Science
- Other

7. (Optional) If you would like to, you may include your mission statement or elaborate on your organization's purpose here.

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8. Does your organization (or local Marin chapter) serve the following geographic regions? Please answer "yes" or "no" to each geographic region.

	Yes	No
International	<input type="checkbox"/>	<input type="checkbox"/>
Multi-state or National	<input type="checkbox"/>	<input type="checkbox"/>
Statewide (throughout California)	<input type="checkbox"/>	<input type="checkbox"/>
Regional (Marin County and other counties)	<input type="checkbox"/>	<input type="checkbox"/>
County-wide (serving all of Marin County)	<input type="checkbox"/>	<input type="checkbox"/>
South Marin	<input type="checkbox"/>	<input type="checkbox"/>
West Marin	<input type="checkbox"/>	<input type="checkbox"/>
Central Marin	<input type="checkbox"/>	<input type="checkbox"/>
North Marin	<input type="checkbox"/>	<input type="checkbox"/>

9. In what ZIP Code is your organization's primary Marin County office located? \_\_\_\_\_

10. In what year was your organization incorporated? \_\_\_\_\_

11. Is your organization currently a fiscal sponsor/agent for any other nonprofit organizations or separate projects?

- Yes       No

a. If YES → please list the organizations/projects your organization sponsors. (Note: The next step of this study is to survey all organizations/projects that are currently operating as fiscally-sponsored organizations, so they can add their voice to this research.)

Organization/Project Name	Contact Person	Contact e-mail	Contact phone number
1.			
2.			
3.			
4.			
5.			
6.			

**About Your Clients/Audience/Constituents**

12. Please describe the client or constituent base whom your organization serves or reaches. (Check all that apply.)

<p><input type="checkbox"/> a. We provide <b>direct services</b> to families &amp; individuals (e.g., case management, training, food bank, etc.).</p> <p>↳ How many people in this category have you served in the past year?</p> <p>_____</p> <p>↳ Is this a duplicated or unduplicated count?</p> <p><input type="checkbox"/> Unduplicated <input type="checkbox"/> Duplicated</p>	<p><input type="checkbox"/> b. We serve/reach <b>audiences</b> or large groups of people (e.g., theater, cultural performance, and other arts groups).</p> <p>↳ How many people in this category have you served in the past year?</p> <p>_____</p>
<p><input type="checkbox"/> c. We serve the <b>general public</b> (e.g., advocacy work, public health campaigns, animal welfare, neighborhood associations etc.).</p> <p>↳ How many people in this category have you served in the past year?</p> <p>_____</p>	<p><input type="checkbox"/> d. We provide services to <b>other organizations</b> (e.g., capacity building, training, consulting, fiscal sponsorship, etc.).</p> <p>↳ How many organizations and/or people in this category have you served in the past year?</p> <p>_____</p>

13. If your organization provides DIRECT SERVICES, does your client population currently include the following populations?

N/A—this organization does not provide direct services

	Yes	No	If Yes, check here if this group accounts for at least 25% of the population served.
African-American	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asian/Pacific Islander	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Native American	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Latino	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
White	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People who primarily communicate in English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People who primarily communicate in Spanish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People who primarily communicate in a language other than English or Spanish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	If Yes, check here if this group accounts for at least 50% of the population served.
Female	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Male	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. If your organization provides DIRECT SERVICES, does your organization target the following populations?

N/A—this organization does not provide direct services

	Yes	No
Infants/Preschool (0-5 years)	<input type="checkbox"/>	<input type="checkbox"/>
Children (6-12 years)	<input type="checkbox"/>	<input type="checkbox"/>
Youth (13-17 years)	<input type="checkbox"/>	<input type="checkbox"/>
Adult (18-49 years)	<input type="checkbox"/>	<input type="checkbox"/>
Older Adults (50+ years)	<input type="checkbox"/>	<input type="checkbox"/>
People with Developmental Disabilities	<input type="checkbox"/>	<input type="checkbox"/>
People with Physical Disabilities	<input type="checkbox"/>	<input type="checkbox"/>
People with Mental Health Disabilities	<input type="checkbox"/>	<input type="checkbox"/>
Homeless	<input type="checkbox"/>	<input type="checkbox"/>
Immigrant Communities	<input type="checkbox"/>	<input type="checkbox"/>
Lesbian, Gay, Bisexual and/or Transgender	<input type="checkbox"/>	<input type="checkbox"/>
Low-Income Communities (Less than 200% of the Federal Poverty Level.)	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

↳ If you selected YES for "Other" → Please describe the other population(s) your organization targets or primarily serves. \_\_\_\_\_

15. How has demand for your organization's services changed over the last two years?

- |                          |                                    |                          |                                    |                          |                                        |
|--------------------------|------------------------------------|--------------------------|------------------------------------|--------------------------|----------------------------------------|
| Decreased 20%<br>or more | Decreased<br>between 5%<br>and 20% | Stayed about<br>the same | Increased<br>between 5%<br>and 20% | Increased 20%<br>or more | N/A—we are<br>less than 2<br>years old |
| <input type="checkbox"/> | <input type="checkbox"/>           | <input type="checkbox"/> | <input type="checkbox"/>           | <input type="checkbox"/> | <input type="checkbox"/>               |

16. How do you **anticipate** demand for your organization's services will change over the next two years?

- |                          |                                   |                          |                                |                          |
|--------------------------|-----------------------------------|--------------------------|--------------------------------|--------------------------|
| Decrease 20% or<br>more  | Decrease<br>between 5% and<br>20% | Stay about the<br>same   | Increase between<br>5% and 20% | Increase 20% or<br>more  |
| <input type="checkbox"/> | <input type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/>       | <input type="checkbox"/> |

17. (Optional) Please feel free to provide more information about how or why you anticipate demand for your organization's services will change.

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18. Does your organization currently have a waiting list for any of your services?

- Yes     No     Not Applicable

↳ If YES, approximately how long would someone put on the waiting list today need to wait to receive your services?

- |                                                        |                                                          |
|--------------------------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> Less than 2 weeks             | <input type="checkbox"/> 3 months to less than 6 months  |
| <input type="checkbox"/> 2 weeks to less than 1 month  | <input type="checkbox"/> 6 months to less than 12 months |
| <input type="checkbox"/> 1 month to less than 3 months | <input type="checkbox"/> 12 months or more               |

**About Collaboration and Coordination within the Sector**

19. Please choose the statement that you feel *best* describes Marin County's nonprofit sector.

- There is very little duplication of services (i.e. within a geographical region, each organization tends to occupy a well-defined niche).
- Organizations within a region of Marin County often offer the same services to the same client base, but the total supply of services is not any greater than the demand for services (any overlap in what different organizations offer provides choices to the consumer of nonprofit services).
- Organizations within a region of Marin County often offer the same services to the same client base, and this overlap results in the supply of services outweighing demand.

20. Does your organization coordinate its services with other organizations that provide **complementary** services to the population your organization serves?

- Yes     No

21. Does your organization coordinate its services with other organizations that provide **similar** services to the population your organization serves?

- Yes     No

22. Please tell us how much your organization collaborates with other organizations for the following purposes:

	1 Not at All	2 A Little	3 Somewhat	4 Very Much
To what extent does your organization collaborate with the intent of improving <b>service delivery</b> ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To what extent does your organization collaborate with the intent of improving <b>efficiency</b> ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

23. Does your organization collaborate with other organizations in the following regions?

	Yes	No
Marin County	<input type="checkbox"/>	<input type="checkbox"/>
San Francisco	<input type="checkbox"/>	<input type="checkbox"/>
East Bay	<input type="checkbox"/>	<input type="checkbox"/>
Sonoma County	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

24. Do you think the nonprofit sector could do a better job of coordinating services across agencies?

Yes     No

↳ If YES → please explain.

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25. Do you know of an organization in Marin County that, in the last five years, has started providing similar services as your organization?

Yes     No

26. Do you believe that the nonprofit sector would benefit from greater coordination/collaboration with:

	Yes	No
The public sector?	<input type="checkbox"/>	<input type="checkbox"/>
The private sector?	<input type="checkbox"/>	<input type="checkbox"/>

**About Staff**

27. Does your organization have any paid staff?

Yes     No

↳ If NO → **SKIP to Question 35.**

28. Excluding independent consultants, what is the total paid full-time equivalents (FTEs) currently employed by your organization?

\_\_\_\_\_ FTEs

29. In the last two years, have any paid positions been **eliminated** from your organization?

- Yes     No     N/A—we are less than two years old

↳ If YES, how many paid positions (FTE) have been eliminated from your organization?

\_\_\_\_\_ FTEs

30. In the last two years, have any **new** paid positions been created in your organization (new positions do not include replacing staff)?

- Yes     No     N/A—we are less than two years old

↳ If YES, how many paid positions (FTE) have been created in your organization?

\_\_\_\_\_ FTEs

31. What percentage of your paid staff members live outside Marin County?

\_\_\_\_\_ %

32. Do organized labor groups or unions represent any of your organization's staff?

- Yes     No     Don't know

↳ If NO or DON'T KNOW, have your staff ever had conversations with organized labor groups about the possibility of representation?

- Yes     No     Don't know

33. Does your organization offer the following benefits to paid staff?

	Full Time Staff		Part Time Staff	
Vacation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Sick Leave	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Health Insurance	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Dental Insurance	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Employer Contribution to Retirement Plan (such as a 403b)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Employer Subsidized Child Care	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Section 125/Cafeteria Plan	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

34. Please indicate your agreement with the following statements about your organization's staff.

	1 Strongly Disagree	2 Disagree	3 Agree	4 Strongly Agree
We are able to recruit qualified staff.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We are able to retain qualified staff.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We are able to provide adequate training and professional development opportunities for our staff.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We are able to afford competitive salaries for staff.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We are able to provide an annual cost of living adjustment to staff salaries and pay.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We are able to provide incentive or merit pay increases.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## About Organizational Leadership

35. Does your organization have a full or part-time Executive Director / Chief Executive Officer?
- Yes, and the position is filled
  - Yes, but the position is vacant (**SKIP to question 39**)
  - No (**SKIP to question 40**)
36. Is your Executive Director or CEO paid staff or a volunteer?
- Paid
  - Volunteer
37. How long has your organization's Marin County Executive Director / CEO been in that position?
- \_\_\_\_\_ Years
38. How long does the Executive Director plan on staying in his or her current organization?
- Less than one year
  - 1 year to less than 3 years
  - 3 year to less than 5 years
  - 5 years or more
  - Don't know
39. Does your organization have a written succession plan in place?
- Yes
  - No

## About Your Volunteers

40. In what ways does your organization utilize volunteers? (Please check all that apply.)
- Governance
  - Operations/Administration
  - Programs

**If you ONLY checked "Governance," please SKIP to question 47**

*For the following questions, please only consider the volunteers who work in Operations/Administration or Programs. You will have an opportunity to answer questions relating to the Board of Directors in a following section.*

41. How many individual volunteers volunteered time at your organization over the past twelve months? (An estimate is okay)
- \_\_\_\_\_ Total number of volunteers
42. How many total hours do all volunteers combined contribute in a typical month? (An estimate is okay)
- \_\_\_\_\_ hours
43. Please check the statement that *best* describes your organization's need for volunteers.
- We have more people who want to volunteer than we have volunteer opportunities.
  - We have the right number of people who want to volunteer for our organization's volunteer needs.
  - We have volunteer opportunities that are currently unfilled or unmet.

44. Please indicate your agreement with the following statements about your organization's volunteers.

	1 Strongly Disagree	2 Disagree	3 Agree	4 Strongly Agree
We are able to recruit qualified volunteers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We are able to retain qualified volunteers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

45. Does your organization have the following in regards to its volunteer program?

	Yes	No
Volunteer job description	<input type="checkbox"/>	<input type="checkbox"/>
Formal application and screening process	<input type="checkbox"/>	<input type="checkbox"/>
Formal volunteer training program	<input type="checkbox"/>	<input type="checkbox"/>
Formal volunteer recognition	<input type="checkbox"/>	<input type="checkbox"/>

46. Does your organization have a paid staff member who coordinates or manages volunteers?

Yes     No

↳ If YES, how many hours per week does this person spend on coordinating and managing volunteers?

\_\_\_\_\_

### About Your Board of Directors

47. According to your organization's by-laws, what are the minimum and maximum number of members of the Board of Directors?

Minimum number of Directors permitted: \_\_\_\_\_

Maximum number of Directors permitted: \_\_\_\_\_

48. How many members of the Board of Directors does your organization currently have?

\_\_\_\_\_ people

49. Please indicate your level of agreement with the following statements about your board of directors.

	1 Strongly Disagree	2 Disagree	3 Agree	4 Strongly agree
Our board of directors provides active fiscal oversight for the organization.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The board of directors has a plan to realize a clear vision for the future.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The board of directors has a formal process to periodically reflect on its own work and effectiveness.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Our board of directors does not manage the routine operations of the organization.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Board members are effective fundraisers for the organization.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Our organization has established term limits for board members.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We are easily able to recruit new board members.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

50. What percentage of your board makes an annual financial contribution to your organization?

- Zero     
  Between 1% and 24%     
  25% to 49%     
  50% to 74%     
  75% to 99%     
  100%

**About Organizational Capacity**

51. Has your organization been through a strategic planning process in the past three years?

- Yes   
  No   
  We are in the process of developing one

↳ **If NO, SKIP to question 54**

52. Was/is the board of directors involved in the strategic planning process?

- Yes   
  No

53. Did (or will) the strategic planning process result in a written document?

- Yes   
  No

↳ If YES, please check all the components that were (or will be) included in the plan's final written document

- |                                                  |                                                             |                                                                   |
|--------------------------------------------------|-------------------------------------------------------------|-------------------------------------------------------------------|
| <input type="checkbox"/> Goals                   | <input type="checkbox"/> Evaluation plan                    | <input type="checkbox"/> Vision statement                         |
| <input type="checkbox"/> Objectives              | <input type="checkbox"/> Needs assessment                   | <input type="checkbox"/> Values statement                         |
| <input type="checkbox"/> Strategies              | <input type="checkbox"/> Environmental scan/Market research | <input type="checkbox"/> Staffing, recruitment and retention plan |
| <input type="checkbox"/> Timeline for completion | <input type="checkbox"/> Mission statement                  | <input type="checkbox"/> Financial model                          |
| <input type="checkbox"/> Implementation plan     | <input type="checkbox"/> Collaborations                     |                                                                   |

54. Which of the following best characterizes the organization's program evaluation activities? (*Check all that apply.*)

- We have no formal evaluation process.
- We have identified measurable goals and objectives.
- We systematically collect data on program activities and outputs.
- We systematically measure program outcomes.
- We have staff with specific expertise in evaluation.
- We use (have used) third-party evaluators to evaluate some of our programs as needed.
- We use third-party evaluators on an ongoing basis for the evaluation of our programs.

55. Please answer the following questions in regards to disaster and emergency planning.

	Yes	No	Not Applicable
Does your organization have a plan for staff in case of an emergency? (i.e., tells staff how to exit the building, how to communicate, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your organization have a plan for clients and organization operations in case of an emergency? (i.e., how services will be provided in the event of an emergency.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your organization have adequate emergency supplies? (i.e., first aid kit, bottled water, flashlights, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

56. Please indicate your agreement with the following statements about your organization's technology capabilities.

	1 Strongly Disagree	2 Disagree	3 Agree	4 Strongly Agree
We are able to keep our computers up to date.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We are able to keep our computers running smoothly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We have enough computers to meet staff needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We have the most appropriate software to meet our organization's needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We have staff with adequate technology skills to maintain our computers and software.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**About Your Organization's Finances**

*(Please use your best estimates given available information)*

57. When did your organization's most recently completed fiscal year end (e.g., December 31, 2006 or June 30, 2006)?

\_\_\_\_\_

58. What were your organization's operating expenses for the most recently completed fiscal year? Please report actual, not budgeted.

\$ \_\_\_\_\_

59. At the end of your organization's last fiscal year, what was the organization's status in regards to a surplus or deficit?

The organization had an operating surplus (This can include a planned surplus)

↳ Amount of the surplus: \$ \_\_\_\_\_

The organization had an operating deficit

↳ Amount of the deficit: \$ \_\_\_\_\_

We did not have a surplus or a deficit. The organization's operating expenses exactly equaled the annual revenues.

60. What percent of your organization's annual income is unrestricted (funds that can be used for any purpose)?

\_\_\_\_\_ %

61. Over the last two most recently completed fiscal years, how has your organization's overall income changed?

Decreased 20% or more	Decreased between 5% and 20%	Stayed about the same	Increased between 5% and 20%	Increased 20% or more	N/A—the organization has been operating for less than 2 years
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

62. Has your organization seen an increase or decrease in income from the following sources over the last two fiscal years?

N/A—This question is not applicable to my organization, it has been operating for less than two years.

Source of Revenue	Percentage change from two years prior					NA—We do not have income from this source
	Decreased 20% or more	Decreased between 5% and 20%	Stayed about the same	Increased between 5% and 20%	Increased 20% or more	
Government grants/contracts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marin Community Foundation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other foundations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Corporations / businesses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Individual donors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Planned Giving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
United Way or other combined appeals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fees/charges for services and other earned income	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Income from investments or endowment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fundraising events	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

63. Does the organization have an operating cash reserve?

Yes     No

↳ If YES, what is the current value of the operating cash reserve?

\$ \_\_\_\_\_, representing \_\_\_\_\_ months operating expenses.

64. Please indicate your level of agreement with the following statements about your organization's financial management capabilities.

	1 Strongly Disagree	2 Disagree	3 Agree	4 Strongly agree	Not Applicable
Our accounting/bookkeeping software meets the needs of the organization.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We have people on staff with solid financial management skills.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We are able to create accurate budget projections at least one year ahead of time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Our organization produces financial reports that are reviewed on at least a quarterly basis.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We are able to successfully manage cash flow (i.e., consistently meet payroll needs).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We are able to manage reporting requirements for different funders.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

65. Does the organization receive any funding from sources OUTSIDE of Marin County? (Funding sources could include income from foundation grants, individual donations or state and federal contracts.)

Yes       No

↳ If YES, please estimate what percentage of your organization's income comes from sources OUTSIDE of Marin County

\_\_\_\_\_ %

### Challenges and Emerging Issues in the Nonprofit Sector

66. What are your **organization's** biggest areas of challenge? (*Please check your top **four** challenge areas.*)

- |                                                                                                                              |
|------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Workforce (recruiting/retaining staff, affording fair salaries/benefits, diversity, etc.)           |
| <input type="checkbox"/> Board or Governance (recruiting directors, board engagement, etc.)                                  |
| <input type="checkbox"/> Executive Leadership (succession planning, training new leaders, etc.)                              |
| <input type="checkbox"/> Technology (Affording equipment, maintenance, tech support, training, etc.)                         |
| <input type="checkbox"/> Evaluation and Reporting Requirements (identifying outcomes, tracking data, measuring impact, etc.) |
| <input type="checkbox"/> Marketing and Communications (having a strong brand, marketing plan, etc.)                          |
| <input type="checkbox"/> Meeting Client/Community Demands for Services (staying current on changing populations and needs)   |
| <input type="checkbox"/> Planning and Visioning (strategic planning, budgeting, etc.)                                        |
| <input type="checkbox"/> Fundraising                                                                                         |

67. What are the new and emerging issues in your organization's field of service? What trends are affecting or will affect your organization's service delivery?

68. What do you think are the three most pressing issues facing the nonprofit sector in Marin County?

***Thank You for Your Time!***