



METROPOLITAN COUNCIL ON JEWISH POVERTY
ACTS OF CHARITY • DEEDS OF KINDNESS צדקה וגמילות חסדים

THE GROWTH FUND

Organizational Capacity Self Assessment Questionnaire

This questionnaire collects general baseline information about your organization's capacity. The information collected from this form can also be used to develop a customized organizational assessment that will more thoroughly examine your organization's capacity building needs.

Profile:

Person completing this form: _____
Organization name: _____
Address: _____
Phone Number: _____ Fax: _____
Email: _____
Annual Operating Budget: _____
Number of full time staff: _____ Number of volunteers: _____
Founding date: _____

Please circle your response to the question:

Mission and Programs: *The capacity to provide high quality programs and services that are mission driven*

- | | | |
|--|-----|----|
| 1. Does your organization have a mission statement? | Yes | No |
| 2. Is your mission statement reflective of your current program activities? | Yes | No |
| 3. Are your programs consistent with the needs of your community? | Yes | No |
| 4. Do you receive feedback on your programs and services from your clients or the community you serve? | Yes | No |
| 5. Does your organization produce an annual report? | Yes | No |

Governance: *The capacity to effectively govern the operations of the organization*

- | | | |
|--|-----|----|
| 6. Does your organization have a board of directors? | Yes | No |
| 7. How many board members do you have? _____ | | |
| 8. Does your board meet often enough to address organizational issues? | Yes | No |
| 9. Does your board routinely meet with less than half its members in attendance? | Yes | No |



10. Are your board members aware of their responsibilities? Yes No

Evaluation and Planning: *The capacity to plan, set goals and evaluate program outcomes*

11. Does your organization have clearly defined and measurable outcomes for its programs? Yes No

12. Has your organization ever conducted or been involved in a strategic planning process? Yes No

13. Do you have program goals for your organization that are measurable and attainable? Yes No

Resource Development: *The capacity to generate financial resources to support programs*

14. Please check the following areas from which you have received funding:

- Individuals
- Local Foundations
- Churches
- Local Government
- State Government
- Federal Government

15. Please check all of the following documents or records that your organization has:

- Mission Statement
- Strategic Plan
- Annual Reports
- Budget
- Board Minutes
- Board Orientation Materials
- Board Member Agreement
- Board Evaluation
- Personnel Policies
- Executive Director Evaluation



METROPOLITAN COUNCIL ON JEWISH POVERTY

ACTS OF CHARITY • DEEDS OF KINDNESS **צדקה וגמילות חסדים**

- Employee Evaluation Forms
- New Employee Orientation Checklist
- Volunteer Policies
- Conflict of Interest Policy
- Fiscal Policies and Procedures Manual
- Audit Letter
- Program Outcomes/Logic Model
- Client Feedback Forms
- Volunteer Feedback Forms
- Employee Orientation Procedures
- Financial Statements
- Individual Donor Solicitation Letter
- General Support Proposal
- Articles of Incorporation
- Bylaws
- Job Descriptions for Key Staff

Overview:

16. Does your organization provide healthy marriage/family services?

Please check all that apply.

- Domestic Violence
 - Advocacy
 - Counseling
 - Outreach
 - Other_____
 - Parenting
 - Advocacy
 - Counseling
 - Outreach
 - Other_____
 - Fatherhood programs
 - Advocacy
 - Counseling
 - Outreach
 - Other_____
 - Pre-marital couples
 - Advocacy
 - Counseling
 - Outreach
 - Other_____
 - Married couples
 - Advocacy
 - Counseling
 - Outreach
 - Other_____
 - Other: *Please Specify*

-



METROPOLITAN COUNCIL ON JEWISH POVERTY
ACTS OF CHARITY • DEEDS OF KINDNESS **צדקה וגמילות חסדים**

17. Please tell us what you see as your most important capacity building need.

18. How you found out about Met Council's Growth Fund Capacity Building Program
(Check all that apply):

- Newsletter Staff from your Agency, Name: _____
- Agency Staff from Met Council, Name: _____
- Other (please specify): _____



METROPOLITAN COUNCIL ON JEWISH POVERTY

ACTS OF CHARITY • DEEDS OF KINDNESS צדקה וגמילות חסדים