Types of clients funded by the organization filling out this form (mark all that apply)				
Children/Youth (0-18)	Adults (18-64)	Elderly (65+)	Disabled	Other

Organization Name _____

The Coordinating Council of Broward (CCB)

Organizational Profile for

FUNDERS

of Health, Education and Human Services
in Broward County

IMPORTANT - PLEASE NOTE

1. This package includes blank forms to be filled out with information about your organization and the services you fund. It includes a separate set of detailed directions intended to help you accurately provide the requested information. Please type or legibly print your responses.

2. Training will be provided (see attached schedule). Training is designed for the person(s) who will be filling out the forms. Computer disks will be available at the training sessions for those who would prefer to use them for completion of the forms.

3. Once completed, please return this profile to the address below by no later than <u>February 12, 1999</u>.

Information and Marketing Manager
First Call For Help of Broward, Inc.
16 SE 13th Street
Fort Lauderdale, Florida 33316
(954) 524-8371

Thanks for building a better Broward County!

January 1999

Part I. Organization Identification

1. Name _____ Code _____

2. Alternate Name (aka) _____

3. Main Administrative Address _____

   City _____ State _____ ZIP _____

4. Phone ( ) _____ Fax ( ) _____ Days/Hours _____

5. E-Mail _____ WWW Site http:// _____

6. Administrative Head _____ Phone/Ext ( ) _____

7. Financial Officer _____ Phone/Ext ( ) _____

8. Contact Person _____ Phone/Ext ( ) _____

9. Organization Type (mark only one).   Other _____

   Private, Non-Profit   Unit of Federal Government   Unit of State Government

   Private, For Profit   Unit of County Government   Unit of City Government

   Membership   Joint Government / Non-Profit   Faith-based Organization

10. Description of your Organization _____

    _____

    _____

11. Federal Identification Number _____

12. Non-Profit Status (501(c)(3), etc.) _____

13. Fiscal Year (mm/yy   mm/yy) _____

14. Please list your funding source(s) for the fiscal year.

Source of Funds	Code	Amount ($)	Cycle
Total			

Part II. Funded Organization and Program Information (*Use as many sheets as needed.*)

Date _____   **Page** ____ **of** ____

15. Organization Name _____ **Code** _____

16. Funded Organization Name _____
17. Address _____
    City _____ ZIP _____ Phone ( ) _____
18. Contact _____ Phone/Ext ( ) _____

16. Funded Organization Name _____
17. Address _____
    City _____ ZIP _____ Phone ( ) _____
18. Contact _____ Phone/Ext ( ) _____

16. Funded Organization Name _____
17. Address _____
    City _____ ZIP _____ Phone ( ) _____
18. Contact _____ Phone/Ext ( ) _____

16. Funded Organization Name _____
17. Address _____
    City _____ ZIP _____ Phone ( ) _____
18. Contact _____ Phone/Ext ( ) _____

16. Funded Organization Name _____
17. Address _____
    City _____ ZIP _____ Phone ( ) _____
18. Contact _____ Phone/Ext ( ) _____

16. Funded Organization Name _____
17. Address _____
    City _____ ZIP _____ Phone ( ) _____
18. Contact _____ Phone/Ext ( ) _____

16. Funded Organization Name _____
17. Address _____
    City _____ ZIP _____ Phone ( ) _____
18. Contact _____ Phone/Ext ( ) _____

Date _____   **Page _____ of _____**

15. Organization/Code _____   **13. Fiscal Year** (mm/yy   mm/yy) _____

19. Funds you distribute to other organizations. Please specify each recipient organization, then each program funded at that organization.

Funded Organizations	Code	Funded Programs	Code	Contract #	Amount ($)
Total					

Date _____   Page ____ of ____

15. Organization/Code _____   **13. Fiscal Year** (mm/yy   mm/yy) _____

20. Funded Organization / Program / Service	Funded Org. Code	Program Code	21. Service Code (Taxonomy)	22. Contracted Unit of Service		23. Clients Served
				Specification	Number	

Date _____

15. Organization/Code _____ **13. Fiscal Year** (mm/yy   mm/yy) _____

20. Funded Organization / Program / Service	Funded Org. Code	Program Code	21. Service Code (Taxonomy)	22. Contracted Unit of Service		23. Clients Served
				Specification	Number	
Funded Organization 1						
Program A						
Service 1						
Service 2						
Program B						
Service 1						
Service 2						
Service 3						
Funded Organization 2						
Program A						
Service 1						
Service 2						
Program B						
Service 1						
Service 2						
Service 3						
Program C						
Service 1						
Service 2						
Service 3						
Service 4						

Part IV. Community Assessment Activities

The CCB's Community Assessment Information Clearinghouse will create an information base to promote coordination and collaboration among funders and providers of health, education and human services in Broward County. Many of the public and private organizations engaged in funding and providing these services in the county develop activities designed to support the preparation of needs assessments for planning in their specific areas of interest. The information requested below about these activities will be compiled systematically and made available both in a printed report and through on-line access. The timely sharing of information about efforts recently completed, those currently underway and those planned will create opportunities for improved coordination.

1.   Does your organization conduct any type of needs assessment?   Yes   No

2.   If no, do you use a needs assessment prepared by another organization?   Yes   No

     If yes, identify the organization. _____

3.   If you conduct a needs assessment, how often do you do it?   Annually or more often

         Other (please specify) _____

4.   What is the reference date for the most recent needs assessment completed? _____

5.   Where can a copy of the most recent needs assessment be viewed? Who is the contact? _____

     _____

6.   Is some or all of the most recent needs assessment available on-line?   Yes   No

     If yes, please provide the on-line address. _____

7.   Provide a summary description of the most recent needs assessment you conducted. _____

     _____

8.   Why do you conduct a needs assessment? Mark (x) all that apply.   Required by law
         Required by one or more funding sources   To develop an agency (strategic) plan

         Other (please specify) _____

9.   What methods do you utilize in conducting a needs assessment? Mark (x) all that apply.
         Issue scanning and visioning   Asset mapping of community / neighborhood resources
         Secondary data compilation and analysis   Key informant interviews
         Agency resource / service gap analysis   Focus groups
     Survey(s) of   Population   Clients   Providers   Others
         Program monitoring and evaluation   Indicators / Benchmarks (including incidence rates)

         Other (please specify) _____

10. Is there a specific geographic area on which your needs assessment activities focus, or do you assess all of Broward County?   All of Broward County

         Specific area (please specify) _____

11. In conducting a needs assessment, do you use population estimates and projections?   Yes   No

12. If yes, what is the source of the estimates and projections you use? Mark (x) all that apply.
         Self-generated   U.S. Bureau of the Census   State of Florida (EOG, UF/BEBR)

         Broward County   Other (please specify) _____

13. In conducting a needs assessment, do you develop a socio-economic profile of the population, including such characteristics as age, sex, marital status, race, ethnic origin, income, poverty level, household composition, etc.?   Yes   No

14. If yes, what is the source of the socio-economic data you use? Mark (x) all that apply.

    Tabulations of client characteristics   U.S. Bureau of the Census   Broward County

    State of Florida / UF / BEBR   State of Florida / Office of Vital Statistics

    Other (please specify) _____

15. In conducting a needs assessment, what is the geographic level at which you currently use population estimates and projections and the socio-economic characteristics of the population? Mark (x) all that apply.

    Broward County   Municipalities   ZIP Codes   Traffic Analysis Zones (TAZs)

    Census Tracts   Census Block Groups   Census Blocks

    Other (please specify) _____

16. Do you plan to initiate or complete any of the following needs assessment activities during the next 12 months? If yes, please mark (x) the appropriate boxes, indicate the month/year when you will initiate or complete the activity and give a brief description of what you plan to do.

    Issue scanning and visioning _____

    _____

    Secondary data compilation and analysis _____

    _____

    Indicators / Benchmarks (including incidence rates) _____

    _____

    Agency resource / service gap analysis _____

    _____

    Asset mapping of community / neighborhood resources _____

    _____

    Survey(s) of   Population   Clients   Providers   Others _____

    _____

    Key informant interviews _____

    _____

    Focus groups _____

    _____

    Program monitoring and evaluation _____

    _____

    Other (please specify) _____

17. Please identify the person to contact about needs assessment activities.

    Name _____ Phone/Ext (   ) _____

Please **type** or **print legibly** your responses on this form. Make any additional copies of specific parts of the form you may need to accommodate the information requested for the organization, and the programs and services it funds. If necessary, attach additional sheets with any relevant information that cannot be included on the available forms. If you wish to fill in a computerized version of this form (in Word or WordPerfect for Windows), contact First Call For Help, (954) 524-8371.

Part I. Organization Identification

1 **Name/Code** - The official name by which the organization or division/department is known and the code assigned by First Call For Help. The organization code should be included on all sheets of the profile. If you do not know the code or no code has been assigned, please leave blank.

2 **Alternate Name (aka)** - Include any aliases by which the organization is known.

3 **Main Administrative Address** - The Broward County address where the highest level of management and administration activities for the organization is located.

4 **Telephone/Fax/Hours -** Specify the corresponding contact numbers for the administration of the organization. Also indicate the days and hours that administration is available.

5 **E-Mail/WWW Site** - Include an address for Internet e-mail contact with the organization or with one of its representatives. If the organization maintains a "home page" on the World Wide Web, provide the address (URL).

6 **Administrative Head** - Name of the top executive officer of the organization or division/department. If this person has a direct telephone number or extension, please include it.

7 **Financial Officer** - Name of the person who is authorized to sign all financial statements. If this person has a direct telephone number or extension, please include it.

8 **Contact Person** - Provide the name of a contact person for information related to this form, including funding, grants, programs and services. If this person has a direct telephone number or extension, please include it.

9 **Organization Type (mark only one) -** Select the category that best describes the type of organization.

10 **Description of your Organization** - A short description of the primary purpose and activities of the organization.

11 **Federal Identification Number** - Provide your organization's federal taxpayer ID number.

12 **Non-Profit Status** - If your organization has been granted formal non-profit status, identify the specific status that applies and any date of expiration.

13 **Fiscal Year** - Identify the 12-month period, usually the organization's current budget cycle and/or fiscal year, to which the funding and program information refers. The same period should be used for all annual program funding and service information provided on this form. Use footnotes to identify programs that were or will be initiated or discontinued during the fiscal year.

14 **Please list your funding source(s) for the fiscal year.** Identify the organization(s) that are the source of the funds that you distribute to other organizations. If your organization both funds and provides services, you should fill out a **Provider Organizational Profile** in addition to this Funder Organizational Profile. For each source of funds, include the name of the organization, the code (from the attached list), the amount of funds you received (or will receive) in the current fiscal year, and the funding cycle (month/year   month/year) over which you distribute those funds, even if it is different from the fiscal year identified in Question 13. Be sure to use additional sheets if needed to include all of the sources of funds.

Part II. Funded Organization and Program Information

General - This part has two sections, one to identify the organizations you fund, and the other to identify the programs and amounts you fund. The first part should identify each **organization** you fund, and provide address and contact information. Please make copies and use as many sheets as necessary to identify every organization you fund. The second part should be filled out **for all the programs** your organization funds. **Programs** generally identify the framework within which funds are made available

to provider organizations for services. You may define programs in the way that is most suitable for the information you have available. A Program called Administration/Overhead should be used to identify any resources that are required for administering funding activities. **Use the same 12-month period, usually the organization's current budget cycle and/or fiscal year, for all information about programs and services funded in Parts II and III of this form**. If your organization s fiscal year goes from July to June, this form should be filled out with program and service information for the Jul/98-Jun/99 year. If your organization s fiscal year goes from October to September, this form should be filled out with information for the Oct/98-Sep/99 year. Where different programs are on different programming and/or funding cycles, adjust and pro-rate all programs to the same annual period, if possible. If you cannot pro-rate, give annual data for the current period. Use footnotes to identify programs that were or will be initiated or discontinued during the fiscal year. Be sure to include the date, organization code, and page numbers on each program sheet.

15 **Organization/Code** - Identify your organization by a short name and by the code used in Part I.

16 **Funded Organization Name** Name of the organization to which you provided funds.

17 **Address/City/ZIP/Phone** The address and phone of the office that manages the contract through which funding was provided.

18 **Contact/Phone/Ext** The name and phone number of the person in charge of the contract.

19 **Funds you distribute to other organizations. Please specify each recipient organization, then each program funded at that organization.** - Specify the funding amounts provided during the fiscal year to each provider organization (a separate line for each provider). If you served in a pass-through function to another organization, which in turn funded a direct service provider, specify the organization you funded, not the service provider; footnotes clarifying these relationships are encouraged. Where different programs are on different funding cycles, if possible, adjust and pro-rate all activities to a single annual period, usually the organization's normal budget cycle and/or fiscal year. Use footnotes to identify programs that were initiated or discontinued during the fiscal year. Leave the columns for funded **organization code** and **program code** blank. If one has been assigned, please identify the **Contract Number** for each funded program. Please note that funding information for each organization and its programs should add up to 100% of all your funding for that organization and programs in the fiscal year; likewise, total funding for all organizations and programs should add up to your total funding.

Part III. Service Information by Funded Organization and Program

General - This form is different from the previous form because it requires programs to be broken down by service for each funded organization. It is designed to be reproduced as needed to accommodate any number of services and funded organizations. Each line of this form should correspond to a single program/service, for a single funded organization (see example).

Organization/Code - Identify your organization by a short name and by the code used in Part I.

Fiscal Year - Use the same 12-month period specified in Part I.

20 **Funded Organization / Program/Service, Funded Organization Code, Program Code** Fill this form out by first specifying a funded organization, then each program you fund, with the corresponding services. Then identify any other funded organizations, one at a time, each with the programs and services funded. Use the same names for funded organizations and programs specified in Part II of this profile. Specify services by the names used in contracting them. Please leave the (shaded) code columns blank.

21 **Services Code (Taxonomy) -** First Call For Help will use the AIRS Info Line Taxonomy to classify the services provided. Please leave this (shaded) column blank.

22 **Contracted Unit of Service** - Specify in detail the unit of service used to measure the volume of service, as well as the number of units of service funded during the fiscal year. Where appropriate, the unit of service should be the one used to specify contract deliverables with funded organizations.

23 **Clients Served** - The total number of clients to be served for each service during the fiscal year. Use the same measure of clients to be served that you use in monitoring reports. Also, if possible, on the line for the program identify the total number of <u>unduplicated</u> clients funded by the program.

Part IV. Community Assessment Activities

General Many health, education and human service funders and providers prepare or use a needs assessment to support the development of funding requests and to guide strategic planning for service delivery. Please answer the following questions in light of where you typically obtain such information. If your organization conducts more than one needs assessment, either provide information about the most important one or fill out two separate forms.

1 **Does your organization conduct any type of needs assessment?** Answer Yes if you prepare any kind of a document that could be shared, in whole or in part, with other organizations.

2 **If no, do you use a needs assessment prepared by another organization? If yes, identify the organization**. If you answered No to Question 1, answer Question 2 and then stop.

3 **If you conduct a needs assessment, how often do you do it?** If it is on a regular cycle, specify whether (1) Annually or more often or (2) some other frequency (specify under Other). If it is not on a regular cycle, indicate approximately how often, or state occasionally under Other.

4 **What is the reference date for the most recent needs assessment completed?** Enter the month/year of publication or of completion. If a needs assessment is underway at this time and will be completed within the next 3 months, indicate the projected completion date.

5 **Where can a copy of the most recent needs assessment be viewed? Please provide contact information.** Inform at which organization location or other entity (i.e., library) the needs assessment can be viewed, any restrictions on access. Identify the name and telephone number for the person who can provide additional information about viewing the most recent needs assessment.

6 **Is some or all of the most recent needs assessment available on-line? If yes, please provide the on-line address.** This applies whether the portion of the needs assessment available on-line is a summary, a downloadable copy of a report or a searchable database with some of the results.

7 **Provide a summary description of the most recent needs assessment you conducted.** Please describe the target population, the period of reference, and the overall purpose of the most recent needs assessment conducted by your organization.

8 **Why do you conduct a needs assessment? Mark (x) all that apply.** Self explanatory.

9 **What methods do you utilize in conducting a needs assessment? Mark (x) all that apply.** A typical needs assessment will make use of several of the methods listed. Be sure to mark all that apply to the needs assessment your organization conducts.

Issue scanning and visioning review of specialized literature as well as the news media to identify trends and emerging issues; development of a vision of where your organization and/or the population of Broward County should be in the future with regard to the services your organization provides.

Indicators / benchmarks (including incidence rates) identification of specific indicators of quality of life or performance for needs in the area of services your organization provides; this could include compilation of time series data for the chosen indicators and/or establishment of goals to be pursued.

Secondary data compilation and analysis use of data/information published or otherwise made available by other organizations to assess need; this could include published surveys or compilations of administrative records, population statistics, etc.

Asset mapping of community / neighborhood resources identification and compilation of the institutional capability, personal skills and other resources available in specific communities or neighborhoods to address health, education and human service needs.

Surveys of population, clients, providers, others direct surveys of the population at large, the specific clients of your organization, the providers of similar services, or others.

Agency resource / service gap analysis   compilation of information about the amount of services provided, along with the identification of any gaps or overlaps in service availability, both in terms of the kind of services and their accessibility due to location, time of day, or eligibility criteria.

Key informant interviews   interviews with representatives of key organizations involved in funding, providing, monitoring or evaluating the delivery of services, as well as representatives of the communities served, to identify issues related to the performance of the service delivery system.

Focus groups   small group discussions with representatives of key organizations involved in funding, providing, monitoring or evaluating the delivery of services, as well as representatives of the communities served, to identify issues related to the performance of the service delivery system.

Program monitoring and evaluation   compilation of information about the implementation of current programs and their ultimate effectiveness in addressing program objectives.

Other (please specify)   if you use any other techniques for assessment of the needs of the population or your specific clients, identify and describe them here.

10 **Is there a specific geographic area on which your needs assessment activities focus, or do you assess all of Broward County?** If the needs assessment you conduct is focused on specific geographic sub-area(s) of Broward County, identify the area(s). If it is countywide, so indicate.

11 **In conducting a needs assessment, do you use population estimates and projections?** Overall estimates and projections of population are a common element of a needs assessment. Answer yes if you make use of such estimates or projections in the needs assessment.

12 **If yes, what is the source of the estimates and projections you use? Mark (x) all that apply.** If you answered yes to Question 11, identify the source(s) of the numbers you currently use. Official population estimates and projections of the State of Florida are defined by the Joint Legislative Management Committee and the Executive Office of the Governor, through the Consensus Estimating Conferences, and are published by the Bureau of Economic and Business Research (BEBR) at the University of Florida.

13 **In conducting a needs assessment, do you develop a socio-economic profile of the population, including such characteristics as age, sex, marital status, race, ethnic origin, income, poverty level, household composition, etc.?** Answer yes if you must identify your target population based on some combination of socio-economic characteristics and/or include some type of description of the population based on its socio-economic characteristics.

14 **If yes, what is the source of the socio-economic data you use? Mark (x) all that apply.** If you answered yes to Question 13, identify the source(s) of the information you currently use.

15 **In conducting a needs assessment, what is the geographic level at which you currently use population estimates and projections and the socio-economic characteristics of the population? Mark (x) all that apply.** Answer this question in accordance with the actual data you currently use, considering the availability. Do not answer based on what you would like to be able to use. If different types of data are used at different geographic levels, mark all that apply.

16 **Do you plan to initiate or complete any of the following needs assessment activities during the next 12 months? If yes, please mark (x) the appropriate boxes, indicate the month/year when you will initiate or complete the activity and give a brief description of what you plan to do.** Please identify and describe any needs assessment activities you expect to initiate during the next 12 months. If there are needs assessment activities currently in process, identify and describe those activities you expect to conclude in the next 12 months. Descriptions should clarify beginning or conclusion dates, target population and other relevant details.

17 **Please identify the person to contact about needs assessment activities.** Please include the name and telephone number of the person to be contacted by anyone who may be interested in finding out additional information about needs assessment activities at your organization.

Enclosures:
- Alphabetical list of funding organizations with codes (from First Call For Help)

How can we serve you better?

Please take a moment to provide advice to The Coordinating Council of Broward on how to improve the Funder Organizational Profile. General comments on better ways to collect information for the Countywide Resource Inventory are welcome, but we also encourage you to make specific comments on each part of the form. Please return this page with your filled-out forms. Thanks for your help.

General comments on the Countywide Resource Inventory and the process for collecting information.

Comments and suggestions on specific parts of the Funder Organizational Profile.

Please feel free to use any additional sheets you may need.