

The purpose of the Application Questionnaire is to gather different stakeholder opinions about the organisation's current position and future direction. This includes identifying and collecting opinions about major issues and significant problems that may be impacting the organisation's ability to carry out its mission effectively. Creative Initiatives uses the application and the questionnaires to help determine whether the organisation would benefit from participating in a Creative Initiatives Workshop.

If the organisation is awarded a workshop grant, Creative Initiatives will select an Associate who will use the information to help design the pre-workshop interview questions.

Please send any questions about the questionnaire to Tom Osgood, Executive Director, at tosgood@creative-initiatives.org.

Instructions

1. A minimum of four questionnaires must be reviewed by the Creative Initiatives Grant Committee before a final decision will be made about an organisation's application.
2. At least one questionnaire must be completed by a representative from each of the following stakeholder groups:
 - Policy makers (members of the board)
 - Top level management (CEO, president, administrators, department managers)
 - Front line employees (service providers)
 - Clients, customers (service recipients)
3. Creative Initiatives, a CIF Associate, and the organisation's leadership decide who should complete a questionnaire.
4. Persons completing a questionnaire should be assured that Creative Initiatives Foundation will keep their responses confidential and that while their comments may be used to help gather additional responses, their name will never be associated with any of their responses.
5. No one in the organisation is allowed to view the completed questionnaires.
6. Each person who is asked to complete a questionnaire should be given a pre-addressed stamped envelop and told to send the questionnaire directly to CIF.

**CREATIVE INITIATIVE GRANT
APPLICATION QUESTIONNAIRE**

NAME OF THE ORGANIZATION APPLYING FOR THE CREATIVE INITIATIVE WORKSHOP GRANT. <hr/>

The information on this questionnaire will be used to evaluate the organization's application for a workshop grant and to develop questions that will be used during pre-workshop interviews in the event the organization is awarded a grant.

PERSONAL DATA											
1. NAME OF THE PERSON COMPLETING THIS QUESTIONNAIRE:	2. STAKEHOLDER GROUP THIS PERSON REPRESENTS? <i>(Check only one.)</i>										
3. PHONE NUMBER	4. EMAIL (If any)										
5. How long have you been associated with this organization?											
<input type="checkbox"/> Less than 1 year <input type="checkbox"/> 1-4 years <input type="checkbox"/> More than 5 years											
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input type="checkbox"/> Board of Directors</td> <td style="width: 50%; border: none;"><input type="checkbox"/> Front-line employee</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Administration</td> <td style="border: none;"><input type="checkbox"/> Staff</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Management</td> <td style="border: none;"><input type="checkbox"/> Volunteer</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Project Coordinator</td> <td style="border: none;"><input type="checkbox"/> Financial contributor</td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;"><input type="checkbox"/> Regulator</td> </tr> </table>		<input type="checkbox"/> Board of Directors	<input type="checkbox"/> Front-line employee	<input type="checkbox"/> Administration	<input type="checkbox"/> Staff	<input type="checkbox"/> Management	<input type="checkbox"/> Volunteer	<input type="checkbox"/> Project Coordinator	<input type="checkbox"/> Financial contributor		<input type="checkbox"/> Regulator
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6. STAKEHOLDER INFORMATION
6a. List in order, most serious first, the three most significant issues, problems, or changes affecting the organization's <u>service recipients</u> ?
1. _____
2. _____
3. _____
6b. List in order, most serious first, the three most significant issues, problems, or changes affecting the organization's <u>service providers</u> ?
1. _____
2. _____
3. _____

7. GEOGRAPHICAL INFORMATION
7a. In your opinion, the geographical area served by the organization is: <input type="checkbox"/> Too large. <input type="checkbox"/> Just right! <input type="checkbox"/> Not large enough.
7b. In your opinion, how should the geographical area be changed?

8. VALUE PROPOSITION
8a. Describe the two most significant improvements (positive results) the organization is bringing to the world of its service recipients?
1. _____
2. _____
8b. Is either of these improvements to the community threatened? If so, how?
1. _____
2. _____
8c. In your opinion, what else can the organization do to bring about more positive results for its service recipients?

**CREATIVE INITIATIVE GRANT
APPLICATION QUESTIONNAIRE**

NAME OF PERSON COMPLETING THIS QUESTIONNAIRE:

9. SERVICES & ACTIVITIES

9a. In your opinion, what are the two best services, activities, or programs that the organization provides its service recipients?

9b. Do you think any of the organization's services or activities should be eliminated or reduced? Yes No
If yes, explain why?

10. FINANCIAL POSITION

10a. How would you characterize the organization's financial position? Poor Okay Strong

10b. What do you think the organization can or should do to improve its financial position?

11. ORGANIZATIONAL STRUCTURE

11a. How would you characterize the organization's management philosophy? Top-down, closed Horizontal, open Great

11b. If you could change anything about management, what would you change?

12. CULTURAL ATTRIBUTES

12a. In your opinion, do most employees enjoy working for the organization? Yes No I don't know

12b. If you could change anything about the culture of the organization, what would you change?

13. COMPETENCIES & SKILLS

13a. What are the organization's strengths?

13b. What are the organization's weaknesses?

13c. What do you think the organization should do about its weaknesses? Be as specific as possible.
