

COMMUNITY ASSET ASSESSMENT

Section 1: Please fill out the answers to the best of the ability of the organization. Only one survey should be filled out per organization. Please answer the questions based on last calendar year.

1. Name of Organizations: _____
 - a. Address of Organization: _____
 - b. Number of paid employees in overall organization at a particular site location: _____
(for example, a government agency would list number of employees that work specifically on homeless issues, not overall agency employment)
 - c. Number of volunteers, unpaid employees: _____
 - d. Type of organization:
 - I. Governmental Agency (can include quasi-governmental)
 - II. Community Based Organization where majority of staff is paid
 - III. Community Based Organization where majority of staff is volunteer
 - IV. Individual or small-scale organization (less than 3 individuals primarily do all the work, and organization is not a part of a larger organization)
 - e. Is the organization: (circle all that apply)
 - Nonprofit (other than church based)
 - Church or religious organization
 - For profit
 - Governmental
 - Other _____
 - f. Funding – where does the majority of funding for the organization come from (select only one):
 - Grant funding from governmental agency
 - Grant funding from private sector
 - Tithing, membership or regular contribution/affiliation to organization
 - Other fundraising
 - Personal funding
2. Primary Mission of Organization: _____
3. Number of overall clients served during past calendar year
 - a. 0-49
 - b. 50-99
 - c. 100+
4. Does organization have the capacity to increase services next year?
 - a. Yes
 - b. No
5. Category of services offered (circle all that apply):
 - a. Education
 - b. Skill building
 - c. Monetary or resource assistance (rental assistance, food, clothing, etc.)
 - d. Sheltering
 - e. Relationship building
 - f. Resource linkage
 - g. Other: _____
6. Target area specific to homeless programs provided (i.e., majority of clients are from):
 - a. Corona
 - b. Corona/Norco
 - c. Corona/Norco +1 other city
 - d. Countywide or larger

7. Services Provided (Place 'x' in all applicable boxes):

	Domestic Violence Services	Education	Government Assistance	Childcare	Financial Training	Job Development Services	Transportation Services	Hygiene	Substance Abuse Services	Mental Health Services	Clothing	Food	Rental Assistance	Shelter
Primary Target Population														
Youth (> 18 yrs old)														
Family														
Women														
Men														

8. If shelter is provided, is it:

- Emergency shelter
- Short-term (1-3 months)
- Medium-term (3 months to one year)
- Long-term (greater than one year)
- Other _____

9. Targeted subgroups served by services (circle any that apply):

(for this category, does the organization specifically plan and direct services specifically to the subgroup)

- Veterans
- Elderly
- Disabled
- Incapacitated - Please describe: _____
- Foster children (such as "aged out" services)
- Other: _____

10. Does the organization provide case management of services?

(does an employee/volunteer of the organization review a file, provide recommendations to a client and provide follow-up services?)

- Yes
- No

11. Is the organization listed on 2-1-1 Riverside County?

- Yes
- No

12. Contact name, phone # and email for person completing this survey:
