

**City and County of San Francisco Controller's Office**  
**SURVEY OF NONPROFIT HEALTH & HUMAN SERVICE PROVIDERS**

*Please complete pages 1 and 2 only once for your organization. Complete a separate copy of pages 3 through 5 for each of your organization's service that receives funds from the City, regardless of cuts. MAKE COPIES OF PAGES 3-5 BEFORE YOU BEGIN or print more from the Controller's Web site at: <http://www.sfgov.org/hssproviders>. Detailed instructions for completing the questionnaire are also available at that Web address. Please put your organization's name on the top of pages 2-5.*

*As part of this project, we are compiling a database with information from City departments' records. We will use your answers to some questions to confirm the information we have. Please answer all questions for your organization's operations in San Francisco only.*

1. Organization Name: \_\_\_\_\_

Organization Address:				
Street	Room/Suite	City	State	Zip

2. Your organization's program areas are: (Please check all that apply & **CIRCLE your primary program area**):

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Arts                           | <input type="checkbox"/> Meals and nutrition    | <input type="checkbox"/> Aging & Adult Services |
| <input type="checkbox"/> Childcare                      | <input type="checkbox"/> <u>Mental Health</u>   | <input type="checkbox"/> <u>Substance Abuse</u> |
| <input type="checkbox"/> Crisis intervention            | <input type="checkbox"/> 24-hour care           | <input type="checkbox"/> 24-hour care           |
| <input type="checkbox"/> Education/Academic support     | <input type="checkbox"/> outpatient care        | <input type="checkbox"/> outpatient care        |
| <input type="checkbox"/> Employment/Employment training | <input type="checkbox"/> <u>Physical Health</u> | <input type="checkbox"/> prevention/outreach    |
| <input type="checkbox"/> Environmental                  | <input type="checkbox"/> inpatient care         | <input type="checkbox"/> Youth services         |
| <input type="checkbox"/> Family services                | <input type="checkbox"/> outpatient care        | <input type="checkbox"/> Other                  |
| <input type="checkbox"/> Housing and shelter            | <input type="checkbox"/> <u>HIV/AIDS</u>        |   |
| <input type="checkbox"/> Legal services                 | <input type="checkbox"/> prevention/outreach    |   |
|   | <input type="checkbox"/> outpatient care        |   |

3. Please enter your organization's fiscal year 2003-04 budgeted amounts for contracts and grants from each of the following City departments (some may not apply):

Aging and Adult Services	\$ _____
Human Services	\$ _____
Public Health	\$ _____
Children, Youth & Their Families	\$ _____
Other _____	\$ _____
<b>TOTAL</b>	<b>\$ _____</b>

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**ORGANIZATION NAME:** \_\_\_\_\_

4. Please complete the following table for your organization's total fiscal year 2003-04 budget for your **San Francisco operations only**:

<b>Annual budget from the following sources:</b>	<b>FY 2003-04</b>
a. Federal (direct)	\$ _____
b. State (direct)	\$ _____
<b>In calculating lines c &amp; d below, please separate City of SF General Fund dollars from State and Federal dollars passed through the City. If you <u>cannot</u> break these funds out, fill out the total received from the City on line d, and check this box <input type="checkbox"/></b>	
c. City of SF General Fund (including Children's Fund)	\$ _____
d. Other City of SF (state or federal dollars, for example, Medi-Cal, Ryan White)	\$ _____
e. Individual Donations	\$ _____
f. Foundation/Corporate Grants	\$ _____
g. Dues/Fees/Charges for Services	\$ _____
h. Other (please describe): _____ _____	\$ _____  _____
<b>TOTAL</b>	<b>\$ _____</b>

5. How many FTE (full-time equivalent) employees (not just City-funded) are you budgeted for in your San Francisco operations in fiscal year 2003-04?

\_\_\_\_\_ FTEs

6. Identifying information in case we need to follow up with you:

Name: \_\_\_\_\_ Position: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

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**ORGANIZATION NAME:** \_\_\_\_\_ **SERVICE:** \_\_\_\_\_

Please complete a copy of pages 3-5 for EACH SERVICE in San Francisco that gets any funds from the City (items c and d in question 4). You may print additional copies from: <http://www.sfgov.org/hssproviders>

7. Name and brief description of the **service** for which you are completing this questionnaire. For example: *Hamilton Family Residence Shelter for homeless families*
- \_\_\_\_\_
- \_\_\_\_\_
8. Name of **the program area** this service is in (see categories in question 2).
- \_\_\_\_\_
9. City department(s) that fund(s) **this service** in fiscal year 2003-04:
- \_\_\_\_\_
10. Total funding (all sources) for this service in fiscal year 2003-04 is: \$\_\_\_\_\_, of which \$\_\_\_\_\_ comes from the City.\*
11. Please estimate how many unduplicated clients will receive **this service** in fiscal year 2003-04 in San Francisco \_\_\_\_\_

For questions 12-14, please estimate the percentage of clients who will receive **this service** in fiscal year 2003-04 in the following categories.

12. Gender of clients:
- |              |             |
|--------------|-------------|
| Male         | _____ %     |
| Female       | _____ %     |
| Transgender  | _____ %     |
| <b>TOTAL</b> | <b>100%</b> |
13. Ethnicity of clients:
- |                        |             |
|------------------------|-------------|
| African American       | _____ %     |
| Asian/Pacific Islander | _____ %     |
| Latino/Hispanic        | _____ %     |
| Native American        | _____ %     |
| White, non-Hispanic    | _____ %     |
| Other (specify) _____  | _____ %     |
| <b>TOTAL</b>           | <b>100%</b> |

14. Estimate the percentage of **this service's** clients in each category (percentages need not sum to 100%):
- |                            |         |
|----------------------------|---------|
| Immigrants                 | _____ % |
| Low-income                 | _____ % |
| Homeless                   | _____ % |
| People w/ HIV/AIDS         | _____ % |
| Lesbian/gay/bisexual       | _____ % |
| Mental/physical disability | _____ % |
| Seniors                    | _____ % |
| Youth (0-17 yrs.)          | _____ % |
15. Your answers to questions 12-14 represent:
- ☐ Unduplicated clients
- ☐ Service units
- ☐ Other \_\_\_\_\_
16. Check the language(s) in which **this service** is provided:
- |  |                                   |
|--|-----------------------------------|
| <input type="checkbox"/> English               | <input type="checkbox"/> Spanish  |
| <input type="checkbox"/> Cantonese             | <input type="checkbox"/> Mandarin |
| <input type="checkbox"/> Tagalog               | <input type="checkbox"/> Russian  |
| <input type="checkbox"/> Vietnamese            | <input type="checkbox"/> Farsi    |
| <input type="checkbox"/> Other (specify) _____ |                                   |
17. In fiscal year 2003-04, **this service** had (check all that apply):
- ☐ An **actual** City budget cut (answer #18)
- ☐ A **proposed** City budget cut that did not occur (answer #19) or a cut where funds were restored (answer #19 and #20)
- ☐ An **increase** in City funding (answer #21)
- ☐ An **actual non-City** cut (answer #22)
- ☐ **None of the above**—flat funding. Describe any effects below (see examples in #18). Attach additional sheet if needed.
- \_\_\_\_\_
- \_\_\_\_\_

\*Funds that come from the City include federal and state dollars (for example, Medi-Cal, Ryan White).

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**ORGANIZATION NAME:** \_\_\_\_\_ **SERVICE:** \_\_\_\_\_

18. Due to **actual** fiscal year 2003-04 cuts in funds that come from the City, detailed on the enclosed sheet, have any of the following occurred, or are you planning to do any of the following? (Fill in blanks of all that apply)

- A. Total budget of **this service** was reduced by \$\_\_\_\_\_.
- B. **This service** will serve \_\_\_\_\_ (number) fewer unduplicated clients.
- C. **This service** will deliver \_\_\_\_\_ (number) fewer units of service.

Name of unit of service: \_\_\_\_\_

- D. Lay off staff or eliminate positions. If so, how many FTE? \_\_\_\_\_
- E. Use cash reserves or sell assets: \_\_\_\_ Yes \_\_\_\_ No
- F. Reduce staff salaries or benefits: \_\_\_\_ Yes \_\_\_\_ No
- G. Forego increases in salaries or benefits: \_\_\_\_ Yes \_\_\_\_ No
- H. Other effects on clients, the service, or the organization as a whole not captured above (for example, reconfiguration or conversion of service). Describe below and attach an additional sheet if needed.

I. No Effect: \_\_\_\_ Yes \_\_\_\_ No

*Note: If your organization was slated for bigger City funding cuts than actually occurred, also answer question 19.*

19. Based on the City budget cuts originally **proposed** for fiscal year 2003-04, detailed on the enclosed sheet, estimate if any of the following *would have occurred*: (Fill in blanks of all that apply)

- A. Total budget of **this service** would have been reduced by \$\_\_\_\_\_.
- B. **This service** would have served \_\_\_\_\_ (number) fewer unduplicated clients.
- C. **This service** would have delivered \_\_\_\_\_ (number) fewer units of service.

Name of unit of service: \_\_\_\_\_

- D. We would have had to lay off staff or eliminate positions. If so, how many FTE would have been reduced? \_\_\_\_\_
- E. We would have had to use cash reserves or sell assets: \_\_\_\_ Yes \_\_\_\_ No
- F. We would have had to reduce staff salaries or benefits: \_\_\_\_ Yes \_\_\_\_ No
- G. We would have had to forego increases in salaries or benefits: \_\_\_\_ Yes \_\_\_\_ No
- H. Other effects on clients, the service, or the organization as a whole not captured above (for example, reconfiguration or conversion of service). Describe below and attach an additional sheet if needed.

I. No Effect: \_\_\_\_ Yes \_\_\_\_ No

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20. If your City funding for FY 2003-04 was reduced then **restored**, were there **actual** effects (for example, did you reduce spending or reduce services to clients in anticipation of threatened cuts or because a service modality was reconfigured)? Please describe (use additional sheet if needed).

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21. If your City funding **increased** in FY 2003-04, what effects did this have on your operations, including the number of clients you are able to serve? Please describe.

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22. Due to **actual** fiscal year 2003-04 budget ***cuts from non-City sources\****, have any of the following occurred, or are you planning to do any of the following? (Fill in blanks of all that apply)

- A. Total budget of **this service** was reduced by \$ \_\_\_\_\_.  
B. **This service** will serve \_\_\_\_\_ (number) fewer unduplicated clients.  
C. **This service** will deliver \_\_\_\_\_ (number) fewer units of service.

Name of unit of service: \_\_\_\_\_

- D. Lay off staff or eliminated positions. If so, how many FTE were reduced? \_\_\_\_\_  
E. Use cash reserves or sell assets: \_\_\_\_ Yes \_\_\_\_ No  
F. Reduce staff salaries or benefits: \_\_\_\_ Yes \_\_\_\_ No  
G. Forego increases in salaries or benefits: \_\_\_\_ Yes \_\_\_\_ No  
H. Other effects on clients, the service, or the organization as a whole not captured above (for example, reconfiguration or conversion of service). Describe below and attach an additional sheet if needed.

- I. No Effect: \_\_\_\_ Yes \_\_\_\_ No

\*Funds from non-City sources include direct state or federal funds, donations, foundation or corporate grants, dues, fees, charges for services, and other funds your organization receives that are not from the City and County of San Francisco.

Please mail (in the envelope provided), fax, or e-mail this form to:

John Haskell  
Controller's Office  
City Hall, Room 392  
San Francisco, CA 94102

**Phone:** 415-554-7659    **Fax:** 415-554-7664    **E-mail:** john.haskell@sfgov.org

**Please return this form by January 30, 2004**

**THANK YOU!**