

# 1. Introduction to the NNIP Business Survey

Thank you for taking the time to complete this survey about your business model. This will help us document how local NNIP partner's finance their work and help current and potential partners consider different revenue sources. This survey should be completed by each active NNIP partner organization.

You can download a [PDF of the complete survey](#) to review in advance of completing this on-line form. If you need to stop at any point during the survey, you can return later to complete the remaining questions.

No information about individual groups will be published without prior approval.

**Please complete this survey by Wednesday, September 10.**

\* Indicates questions where answers are required.

## \*1. Please complete your contact information.

Name:

E-mail:

## \*2. Type of Organization

- Stand-alone Nonprofit
- Private University/Research Center
- Public University/Research Center
- Community/Local Funder
- Government Agency
- Other (please specify)

## \*3. What is your organization?

## 2. Budget for Home Organization

**\* 1. What is your home organization's annual budget? Please list the total budget for the organization, including NNIP and non-NNIP activities.**

**For *university-based* partners, please report the budget for your research center or institute unless we have advised you otherwise. For *city and county-based* partners, report your unit, department, or office.**

Dollar Amount:

**2. Please add any additional information necessary to understand your situation (optional).**

### 3. General Questions about NNIP-Related Functions

**\* 1. All NNIP partners recurrently collect neighborhood data across topics and help stakeholders use the data. In some cases, organizations provide many other functions and services as well. For this survey, we ask you to provide information about the staffing and finances for ONLY the activities that relate to NNIP functions, unless specified. Specific activities that we want you to include for the purposes of this survey are listed below.**

**Which NNIP functions do you perform or contract out for? Check all that apply.**

	Done by in-house staff	Done by fellow NNIP partner organization in my city	Done by other organizations with whom we contract
Assemble, clean, and process data files for your local area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintain a web-site with static neighborhood data	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintain a web-site with interactive tools to use neighborhood data	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prepare data products for local clients (maps, fact sheets, data excerpts)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conduct analyses of local conditions, programs, and policies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Present data and results of local analyses at public forums	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provide ad hoc help and technical assistance to local groups on how to access/use data	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provide training to local groups on how to access and use data	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conduct public education on issues related to strengthening local data capacity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Collaborate with others to strengthen local data capacity (serving on civic committees, encouraging open data, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**2. Please add any additional information necessary to understand your situation (optional).**

**\* 3. Please answer the following:**

What is the largest service area for which you provide NNIP-related functions, even if you do not provide all services and all data to the full area: (e.g., 11-county Indianapolis Metro)

Estimated population:

Estimated square miles:

## 4. Staffing for NNIP-Related Functions

**\* 1. What is the number of paid staff that worked on your NNIP functions over the past year (full-time and part-time)?**

Number of Full-time

Number of Part-time

**\* 2. What is the full-time equivalent (FTE) of those staff?**

**3. In addition to those staff, estimate the number of students and/or unpaid interns that worked on your NNIP functions over the past year.**

Number:

**\* 4. What is the full-time equivalent (FTE) of those students or interns?**

**5. Please add any additional information necessary to understand your situation (optional).**

## 5. Budget for NNIP-Related Functions

Note: The next few questions will ask about your budget specific to the NNIP functions. You may use calendar year or fiscal year, whichever is most convenient for you. We will ask these questions in 3 parts:

Part 1. General support, which describes any general funding you receive to cover expenses related to performing your NNIP functions. This could be in the form of grants, operational funds from a parent organization, etc.

Part 2. Funding for specific projects, which are fees from grants or contracts for a particular product or service (e.g., custom maps, cross-site initiatives, commissioned studies, etc.) that you provide as part of your local NNIP functions.

Part 3. In-kind support, which includes non-cash contributions to support your NNIP functions.

### \*1. For which time period are you reporting budget data?

- January 1 to December 31, 2013
- July 1, 2013 to June 30, 2014
- October 1, 2013 to September 30, 2014
- Other (please specify)

## 6. Budget for NNIP-Related Functions

**\* 1. What is your organization's estimated annual budget for performing NNIP-related functions?**

Dollar Amount

**2. Please add any additional information necessary to understand your situation (optional).**

## 7. Part 1: General Support Income for NNIP-Related Functions

**\*1. How much monetary income did you receive as general support for your NNIP functions over the past year?**

- <\$50,000
- \$50,000 - \$100,000
- \$100,000 - \$150,000
- \$150,000 - \$200,000
- \$200,000 - \$250,000
- \$250,000 - \$300,000
- \$300,000 - \$350,000
- \$350,000 - \$400,000
- \$400,000 - \$500,000
- \$500,000 - \$750,000
- \$750,000 - \$1,000,000
- >\$1,000,000
- We did not receive income for general support last year

## 8. Part 1: General Support Income for NNIP-Related Functions

### 1. What were the sources of income for general support last year?

Federal Government %	<input type="text"/>
State/Local Government %	<input type="text"/>
National Foundations %	<input type="text"/>
Local Foundations %	<input type="text"/>
Universities %	<input type="text"/>
Banks %	<input type="text"/>
Other Commercial/Private Business %	<input type="text"/>
United Way %	<input type="text"/>
Other Nonprofits %	<input type="text"/>

### 2. If "Other Nonprofits" please specify type.

### 3. How many general support funders (those counted in question 1 above) did you have over the last year?



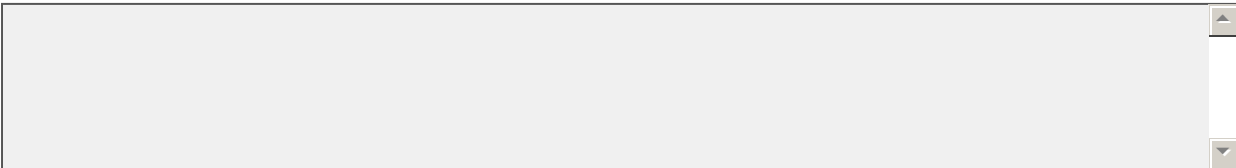
## 9. Part 1: General Support Income Concluding Questions

**\* 1. Did last year's general support funding level represent a typical year?**

Yes

No

**2. Please add any additional information necessary to understand your situation in relation to general support funding (optional).**



## 10. Part 2: Income from Specific Projects for NNIP-Related Functions

**\*1. How much monetary income did you receive from grants or contract fees for specific projects related to your NNIP functions over the past year?**

- <\$50,000
- \$50,000 - \$100,000
- \$100,000 - \$150,000
- \$150,000 - \$200,000
- \$200,000 - \$250,000
- \$250,000 - \$300,000
- \$300,000 - \$350,000
- \$350,000 - \$400,000
- \$400,000 - \$500,000
- \$500,000 - \$750,000
- \$750,000 - \$1,000,000
- >\$1,000,000
- We did not receive income from specific projects last year

## 11. Part 2: Income from Specific Projects for NNIP-Related Functions

### 1. What were the sources of income you received as grants or contract fees for specific projects last year?

Federal Government %

State/Local Government %

National Foundations %

Local Foundations %

Universities %

Banks %

Other Commercial/Private Business %

United Way %

Other Nonprofits %

### 2. If "Other Nonprofits" please specify type:

### 3. How many grants and contracts did you have over the last year?

### 4. Indicate the types of fee-based services you provided:

Preparing studies and policy analyses

Custom mapping

Consulting

Custom data development

Other (please specify)

## 12. Part 2: Income from Specific Projects Concluding Questions

**\* 1. Did last year's specific project income funding level represent a typical year?**

Yes

No

**2. Please add any additional information necessary to understand your situation in relation to specific project income (optional).**

### 13. Part 3: In-kind Contributions for NNIP-Related Functions

**\*1. Over the past year, did you receive any in-kind (non-monetary) support?**

Yes

No

## 14. Part 3: In-kind Contributions for NNIP-Related Functions

**1. Over the past year, did you receive in-kind support from your parent organization?  
Check all that apply.**

Type of in-kind support	Office Space	IT Infrastructure	Staff	Other
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**2. If "Other" types of in-kind from your parent organization besides space, IT, and staff, please specify the type:**

**3. Can you estimate the value of the in-kind donations from your parent organization?**

**4. Over the past year, did you receive in-kind support from any external organization?  
Check all that apply.**

	Office Space	IT Infrastructure	Staff	Other
Federal Government	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
State/Local Government	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
National Foundations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local Foundations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Universities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Banks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Commercial/Private Business	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
United Way	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Nonprofits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**5. If "Other" types of in-kind donations from external organizations, please specify the type:**

**6. If "Other Nonprofits" please specify the type:**

**7. Can you estimate the value of the in-kind donations from external organizations?**

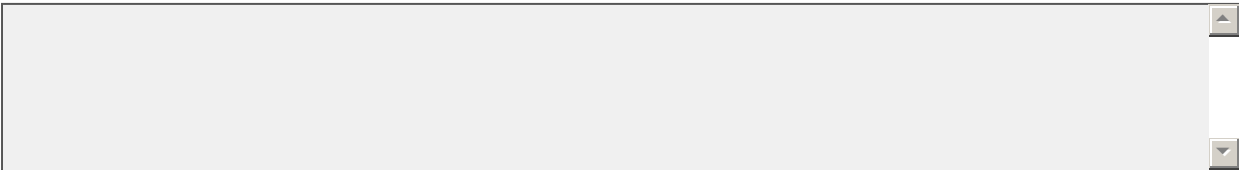
## 15. Part 3: In-kind Contributions Concluding Questions

**\* 1. Did last year's level of in-kind support represent a typical year?**

Yes

No

**2. Please add any additional information necessary to understand your situation in relation to in-kind donations (optional).**



## 16. Planning

### 1. Pertaining to your NNIP functions, do you have a:

- Business Plan
- Strategic Plan

### 2. What year were they last updated?

Business Plan

Strategic Plan

### 3. Would you be willing to share your plans with other NNIP partners on an individual basis?

- Yes
- No
- Does not apply



## 17. What Else?

**1. For future surveys, what else would it be helpful to know about how other partner organizations operate? Please be as specific as possible.**



## 18. THANK YOU!

Look for a summary of responses in a few weeks.

Thanks again!!