

**PHASE III/ UN HANDBOOK
ORGANIZATIONAL SURVEY
(April, 2005)**

[Research organization, in conjunction with the Johns Hopkins Center for Civil Society Studies] is conducting a study of civil society organizations in [your country]. The study is supported by [name prominent local sponsors]. This study will provide basic information about the size and scope of the civil society in many different countries around the world, the role of civil society organizations in delivering important programs, services, and representation of collective interests. The results of this study will provide valuable information for assessing the strengths and the needs of civil society in [your country] and internationally, will serve as a resource for public policy civic dialogue, and may ultimately help organizations like yours in obtaining resources and fulfilling their missions.

THIS SURVEY IS BEING SENT TO ONLY A SMALL SAMPLE OF ORGANIZATIONS IN [your country]. “ORGANIZATION” MEANS AN ENTITY (GROUP OR INSTITUTION) WITH SOME DEGREE OF INTERNAL STRUCTURE, PERSISTENCE OF GOALS, STRUCTURE AND ACTIVITIES, AND MEANINGFUL BOUNDARIES; OR A LEGAL CHARTER OF INCORPORATION. IF YOUR GROUP DOES NOT MEET ANY OF THESE CRITERIA, PLEASE CHECK THE BOX BELOW AND RETURN THE QUESTIONNAIRE WITHOUT FILLING IT.

This entity does not meet the above criteria defining “organization.”

TO MAKE THE RESULTS REPRESENTATIVE, IT IS VITALLY IMPORTANT THAT ALL ORGANIZATIONS INVITED TO THIS STUDY COMPLETE THE SURVEY. THE SUCCESS OF THIS PROJECT DEPENDS UPON YOUR COOPERATION. ALL RESPONSES TO THE SURVEY WILL BE KEPT STRICTLY CONFIDENTIAL AND NO INFORMATION ON INDIVIDUAL ORGANIZATIONS WILL BE REVEALED FOR ANY REASON.

This questionnaire has five sections A through E pertaining to various aspects of organizational activity. **Sections A and B ask for information about organization’s mission, structure, and legal status; Section C elicits information about workforce (both paid and volunteers) and its work load; Section D asks about the organization’s programs and activities; and Section E contains questions about the organization’s resources (assets, expenses and revenues).**

Please answer all questions as candidly and thoroughly as possible. To facilitate responding to the survey, you may wish to copy and distribute sections of the survey to key members of your organization with instructions that they complete the sections and return them to you. Specifically, The information may then be compiled on a single copy and returned to [research organization]. If you have any questions about the meaning, intent, or purpose of any item in this survey, please do not hesitate to {ask the interviewer} or contact the [research organization].

Thank you for helping us advance the state of knowledge and understanding about civil society organizations in [your country].

SECTION A: ORGANIZATION CATEGORIZATION

Organization's name: _____

Organization's address: _____

Organization's contact information: _____

A1. Are people required to participate in or belong to your organization by law, birth, or custom?

(NOTE: Do NOT count membership requirement to voluntarily enter a particular profession or occupation, voluntarily engage in a specific activity, such as hunting or fishing, or voluntarily live in a particular area or dwelling type)

1. Yes 2. No 3. Not sure (explain: _____)

A2. If your organization earns a surplus from its activities, is that surplus transferred to the owners, officers, or members of the organization?

1. Yes 2. No 3. Not sure (explain: _____)

4. No surplus is earned

A3. Is your organization a government agency or a division of such an agency?

1. Yes 2. No 3. Not sure (explain: _____)

A4. Do government officials have veto power over the selection of the board or operations of your organization?

1. Yes 2. No 3. Not sure (explain: _____)

A5. Does the leadership of your organization have the power to dissolve your organization or merge it with another organization in the due process specified by law?

1. Yes 2. No 3. Not sure (explain: _____)

END OF SECTION A

SECTION B: GENERAL DESCRIPTION

B1. When was your organization formed?

_____ Year

B2. What is the legal form of your organization?

1. [fill in major legal forms in your country]

2. _____

3. _____

4. _____

B3. Does your organization have multiple places of operations (establishments)?

1. Yes 2. No

If you answered "Yes" specify how many: _____

B4. If you answered "Yes" in question B3, please indicate whether your answers to this questionnaire apply to:

1. Your establishment (office) alone

2. All establishments (offices) in your region, but not the entire organization.

3. All establishments (offices) in all regions.

4. All member organizations in the network.

B5. Is your organization legally registered?

1. Yes 2. No 3. Not sure (explain: _____)

B6. Is your organization officially recognized as "tax- or duty exempt," "nonprofit," "charitable," "public purpose/benefit" or the like under the laws of your country?

1. Yes 2. No 3. Not sure (explain: _____)

END OF SECTION B

SECTION B: GENERAL DESCRIPTION

B1. When was your organization formed?

_____ Year

B2. What is the legal form of your organization?

1. [fill in major legal forms in your country]

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1. Yes 2. No 3. Not sure (explain: _____)

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1. Yes 2. No 3. Not sure (explain: _____)

END OF SECTION B

C6. How many unpaid workers / volunteers does your organization employ now?

C7. Of the number of unpaid workers/volunteers reported in item C5, how many work less than full time (i.e. less than 30 hours per week or fewer than 40 weeks per year)?

C8. What is the typical number of hours that part-time employees identified in item C3 work PER YEAR?

_____ OR _____ hours/week * _____ weeks

MEMBERS

C9. Does your organization have any members?

NOTE: Members are people who belong to the organization, pledge their support to the organization (e.g. by paying dues, attending meetings or other events) or are otherwise recognized as participants in the organization's activities.

1. Yes

2. No

↳ Section D

C10. What is the total number of members in your organization now?

C9. Does your organization have any specific conditions or requirements a person must meet to be considered a member?

1. Yes

2. No

↳ Please specify those conditions or requirements:

END OF SECTION C

SECTION D: ACTIVITIES

D1. Which of the following activities absorbs the **largest** part of your organization's resources (both human and financial). **DO NOT SELECT MORE THAN ONE ACTIVITY FIELD.** If your organization equally splits resources among more than one type of activities, select the one that is the most important.

- 1. Arts and culture
- 2. Sports and recreation
- 3. Primary or secondary education
- 4. Higher education
- 5. Other education
- 6. Research
- 7. Hospital care
- 8. Other health services
- 9. Social services
- 10. Environment and animal protection
- 11. Community/neighborhood development
- 12. Job training
- 13. Housing
- 14. Advocacy, law, civil rights, politics
- 15. Philanthropic intermediaries
- 16. International programs and assistance
- 17. Business and professional associations, labor unions
- 18. Religious activities
- 19. Not elsewhere classified

D2. If your organization has a classification code under [name of the industrial classification system in your country, such as NACE in Europe, or NAICS in North America], please enter it here.

D1. Using the enclosed List of Activities please select ALL activities in which your organization has been engaged during past 12 months. Mark your selection by CHECKING BOXES next to relevant activities.

LIST OF ACTIVITIES

CULTURE, RECREATION

- Media & communication services
- Visual arts, architecture, ceramic arts
- Performing arts
- Historical, literary, humanistic activities
- Museums
- Zoos & aquariums
- Other cultural & artistic activities
- Sports
- Recreation/pleasure or social clubs
- Other: _____

EDUCATION, RESEARCH

- Primary/secondary education
- Higher education
- Vocational/technical education
- Adult/continuing education
- Medical research
- Science & technology
- Social science or policy research
- Other: _____

HEALTH

- Hospital care
- Rehabilitation services
- Inpatient nursing home services
- Psychiatric treatment, inpatient
- Mental health treatment
- Mental crisis intervention
- Public health & wellness education
- Outpatient health treatment
- Rehabilitative medical services
- Emergency medical services
- Other: _____

SOCIAL SERVICES

- Child services/welfare, day care
- Youth services & youth welfare
- Family services
- Services for the handicapped
- Services for the elderly
- Self-help & other personal social services
- Disaster/emergency prevention, relief & control
- Temporary shelters
- Refugee assistance
- Income support & maintenance
- Material assistance to the needy
- Other: _____

ENVIRONMENT

- Pollution abatement & control
- Natural resources conservation & protection
- Beautification & open spaces
- Animal protection & welfare
- Wildlife preservation & protection
- Veterinary services
- Other: _____

DEVELOPMENT, HOUSING

- Community & neighborhood improvement
- Economic development
- Social development
- Housing construction/management
- Housing assistance
- Job training
- Vocational counseling/guidance
- Vocational rehabilitation & sheltered workshops
- Other: _____

ADVOCACY, CIVIL RIGHTS

- Campaigning/lobbying
- Civil and human rights promotion
- Ethnic solidarity/heritage promotion
- Issue advocacy (e.g. environment, health, child welfare, etc.)
- Legal services
- Crime prevention & public safety
- Rehabilitation of offenders
- Victim support
- Consumer protection
- Other: _____

PHILANTHROPY, VOLUNTARISM

- Grant making activities
- Voluntarism promotion & support
- Fund-raising activities
- Other: _____

INT'L ACTIVITIES

- Exchange/friendship/cultural programs
- Development assistance
- International disaster & relief
- International human rights & peace
- Other: _____

BUSINESS, PROFESSIONAL ASSOCIATIONS, UNIONS

- Business associations
- Professional associations
- Labor unions
- Other: _____

RELIGION

- Religious activities, preaching, ceremonies, sacraments

NOT ELSEWHERE CLASSIFIED

- _____

END OF SECTION D

SECTION E: FINANCIAL RESOURCES

E1. What were the total **operating expenditures** of your organization during the most recent fiscal year?

Note: Do not include purchases of assets with use life exceeding one year or sums transferred to other units or individuals. Transfers are payments for which you do not expect to receive anything of economic value in return. If you cannot provide an accurate figure, please estimate an approximate amount.

_____ [local currency]

E2. How much of these operating expenses listed in E1 were spent on:

1. Compensation of employees, including wages and salaries, benefits, bonuses, employee training, and social/unemployment insurance taxes

2. Rent on property

3. Interest paid to lending institutions

4. Taxes (e.g. property tax)

5. Materials, supplies and contract work used to produce programs and services

E3. What were the total **investments and capital expenditures** of your organization (e.g. buildings, equipment) during the most recent fiscal year?

Note: If you cannot provide an accurate figure, please estimate an approximate amount.

_____ [local currency]

E 4. What are the total **transfers** from your organization (e.g. grants, gifts) to other units or individuals during the most recent fiscal year?

Note: Transfers are payments for which you do not expect to receive anything of economic value in return. If you cannot provide an accurate figure, please estimate an approximate amount.

_____ [local currency]

E 5. What are the total **value of goods and transfers in kind** from your organization (e.g. grants, gifts) to other units or individuals during the most recent fiscal year?

Note: Transfers are transactions in which you do not expect receiving anything of economic value in return. If you cannot provide an accurate figure, please estimate an approximate amount.

_____ [local currency]

E6. What was the total **income** received by your organization during the most recent fiscal year?

_____ [local currency]

Note: If you cannot provide an accurate figure, please estimate an approximate amount.

_____ [local currency]

E7. How much of the income listed in E6 was received from:

- 1. Government grants or subsidies
- 2. Government reimbursements for services provided for eligible individuals (e.g. government insurance programs, social security payments)
- 3. Donations from individuals
- 4. Donations from businesses/corporations
- 5. Donations from foundations or other NPIs, including parent organization
- 6. Fees and charges for services (including payments from private insurance companies)
- 7. Sales of products and services not directly related to primary activity
- 8. Membership dues
- 9. Earnings from endowment or investment
- 10. Other (specify: _____)

Make sure that items 1 - 10 add to the amount reported in item E6.

E8. What was the total value of **in-kind support** (e.g. goods, services, seconded personnel) received by your organization during the last fiscal year?

Note: If you cannot provide an accurate figure, please estimate an approximate amount.

_____ [local currency]

E9. How much of that value listed in E8 was received from:

- 1. Government
- 2. Businesses
- 3. Individuals
- 4. Nonprofit institutions

E10. What was the total market value of **financial assets** (such as bank accounts, securities or accounts receivable) held by your organization at the **end** of the most recent fiscal year?

Note: If you cannot provide an accurate figure, please estimate an approximate amount.

_____ [local currency]

E11. What was the total market value of **financial assets** (such as bank accounts, securities or accounts receivable) held by your organization at the **beginning** of the most recent fiscal year?

Note: If you cannot provide an accurate figure, please estimate an approximate amount.

_____ [local currency]

E12. What was the total market value of **fixed assets** (such as buildings, equipment, art objects etc.) held by your organization at the **end** of the most recent fiscal year?

Note: If you cannot provide an accurate figure, please estimate an approximate amount.

_____ [local currency]

E13. What was the total market value of **non-produced, non-financial assets** (such as land, flora and fauna of natural preserves, patents held, etc.) held by your organization at the **beginning** of the most recent fiscal year?

Note: If you cannot provide an accurate figure, please estimate an approximate amount.

_____ [local currency]

E14. What was the total market value of **non-produced, non-financial assets** (such as land, flora and fauna of natural preserves, patents held, etc.) held by your organization at the **end** of the most recent fiscal year?

Note: If you cannot provide an accurate figure, please estimate an approximate amount.

_____ [local currency]

E15. What was the total market value of **non-produced, non-financial assets** (such as land, flora and fauna of natural preserves, patents held, etc.) held by your organization at the **beginning** of the most recent fiscal year?

Note: If you cannot provide an accurate figure, please estimate an approximate amount.

_____ [local currency]

END OF SECTION E

Thank you for your participation in this survey. Please return the completed questionnaire to [research organization].

END OF QUESTIONNAIRE