

2009 State Budget Impact Survey

On July 17, 2009, Governor Ted Strickland signed the 2010/2011 State budget which will significantly reduce funding and eliminate program services for Ohio's most vulnerable citizens. The Campaign to Protect Ohio's Future believes that surveillance and documenting the impact of these cuts are critical to any and all future budget discussions. Please take a few minutes to complete this survey and share how these budget cuts are impacting the ability of your organization to provide needed services. Please complete the following short questionnaire by September 15, 2009. Thank you in advance for your participation!

Please note that your responses will be kept confidential.

1. What is your organization's focus? (check all that apply)

Human Services (basic needs)	County Job and Family Services
Public Children's Services	Adult Protective Services
Child Care/Early Learning Initiatives	Mental health
Health care/clinics	Community Action Agency
Youth development	Education/training
Employment/Job Placement	Housing/homelessness
Emergency food	Senior Services
Services for persons/children with disabilities	Parks and recreation services
Addiction Treatment and Prevention	After school and summer programs
Libraries	Other: _____

2. Has funding to your organization decreased as a result of state budget cuts?

Yes No If yes, by how much \$ _____

3. What percentage of your budget is from state funds? _____%

4. As a result of the state budget cuts has your organization's core services been affected?

Yes No

5. Has your organization cut staff or eliminated positions due to cuts in the state budget?

Yes No

6. Does your organization receive local levy funding that has decreased this fiscal year?

Yes No If Yes, by how much \$ _____

7. What percentage of your budget is dependent on local levy funds? _____%

8. If your organization has cut staff, please indicate how many staff positions have been eliminated

Number of staff cut: _____ Number of positions eliminated: _____

Explain how this has impacted your organizations' activities:

9. Has your organization instituted furloughs? Yes No

If yes, please describe: _____

10. Has your organization:

Curtailed programs (limited participation/waiting list) Yes No

Reduced hours/days of operation Yes No

Closed programs or locations Yes No

Sought funds for other sources Yes No

Served fewer constituents Yes No

- | | | |
|--|------------------------------|-----------------------------|
| Opened waiting list for services | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Served more constituents | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Combined or collaborated with other nonprofits | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Revised budget | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Eliminated and cancelled programs | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Turned constituents away without services | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Other impacts not listed: _____

11. If your organization has been forced to close, eliminate or cancel programs, how many people lost services?

12. What likely happened to the people who were turned away? _____

13. If your organization has served more people can you quantify the percentage of the increase?
 Yes (If yes: % _____) No

14. Are you, your staff and clients experiencing increased levels of stress as a result of these cuts?
 Yes (What level? Low Moderate High) No

15. Please provide a few specific examples that your organization is experiencing or observing as a result of state budget cuts, please share them below: _____

16. Will the loss of state funds affect your organization's ability to draw other public and private funds?
 Yes No

If yes, how? _____

17. Has your organization/board taken a position on the state budget? Yes No

18. Has your organization communicated with the Governor, State Representative, and State Senator concerning the impact of the budget?
 Yes No

19. What was your organization's budget for the most recent fiscal year? \$ _____

20. Is your organization at risk of closing as a result of the state budget cuts?
 Yes No

21. Are you and your organization willing to share some of your experiences/observations with the media?
 Yes No Elected Officials? Yes No

If yes, who is the contact person/s: _____

Telephone number: (_____) _____

Email address: _____

Please return this survey by email to: Nora@oashf.org or fax to: 614/224-1853.

Or mail to: Nora Nees
Ohio Association of Second Harvest Foodbanks
51 North High St., Ste. 761, Columbus, OH 43215

If you have questions concerning this survey please contact Nora at 614/221-4336, ext. 230.

Thank you for your time. If you are interested in updates on work of The Campaign to Protect Ohio's Future, please provide your email: _____ or visit www.protectohio.org.