



Community Grants Closure Survey

(To be completed by Group Leader)

Group Name: _____

1. Did your group bring families together in your community the way you envisioned it?

- Yes No

Please explain your answer: _____

2. Community Benefits: Please indicate the degree to which you agree with the following statements.

In your group...	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
a. Parents made new friends.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Children made new friends.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Parents were connected to resources in the community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Parents learned new information/skills to help them be a better parent.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Children learned new skills to help them to be ready for kindergarten.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What were other ways people benefited from being in the group?

3. Group Coordination: Please indicate the level of difficulty you experienced with each of these aspects of group coordination.

How difficult was it to...	Extremely Difficult	Very Difficult	Somewhat difficult	Not Too Difficult	Not At All Difficult
a. Coordinate meetings and events?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Make purchases and report expenses?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Recruit new members?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Get members to come back?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Think of activities for the group?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What other aspects of being a group leader were challenging for you?

4. Please mark the types of support you have received from your sponsoring agency.

(Mark all that apply.)

- Provided meeting space for free
- Assisted with outreach
- Donated materials/snacks



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- Allowed use of office equipment
- Connected our group with other resources
- Other _____

5. Over the term of your project, how many FAMILIES with children aged 0-5 years old do you think attended your group at least once? NOTE: You are counting families NOT individuals

- 1-4 families
- 5-9 families
- 10-15 families
- More than 15 families (estimate how many _____)

6. How many volunteers do you estimate supported your group? (This includes teens/adults from your community that did not have a 0-5 child but helped out with group activities. This can include group leaders.)

- 0-4 volunteers
- 5-9 volunteers
- 10-14 volunteers
- 15 or more volunteers

7. Will your group continue to meet? Yes No

IF YES, how will your group continue to meet without funding from First 5?

- We don't need funding to continue to meet.
- Members will contribute funding/resources.
- Another funding source: _____
- Donations- please explain: _____
- Other: _____

IF NO, why not?

- Too much work.
- Members are not interested in continuing to meet.
- No funds to continue the project.
- Other: _____

8. Do you have any recommendations for First 5/CAPC and the Community Grants Program?

Thank you!