

THE SAMARITIAN AWARD

Contact Information

For representatives of non-profit charities

Organization _____

Address _____

City _____

State _____

Zip _____

Phone # _____

Fax # _____

Website _____

Email _____

THE SAMARITIAN AWARD

I. Applicant Description

In what year was your **organization** founded? _____

State your **organization's** mission. If you do not have one, say so and succinctly describe your purpose. (100 words or less)

How many staff members do you have? If possible, please distinguish between full-time and part-time.

Full-time _____

Part-time _____

Approximate Total FTE positions _____

(Add # of full-time and the # of 40-hour part-time equivalents)

What **program** are you nominating for the Samaritan Award? _____

What main social problem does your **program** address? (Select only one).

- Substance Abuse (e.g. recovery, drug and alcohol abuse)
- Adult Criminality (e.g. ex-offender programs, visitation programs, re-integration, reduction of recidivism)
- Juvenile Delinquency (e.g. juvenile homes, after-school programs for juvenile delinquents)
- Developmental Disability (e.g. physical disability in children)
- Mental/Emotion Health (e.g. counseling, summer camps for children)
- Medical/Health Needs (e.g. health clinics, exercise programs, pregnancy-related services, in-home assistance)
- Basic Needs (e.g. food pantries, thrift stores, short-term financial support)
- Education/Advocacy/Social Support (e.g. tutoring, budget management, mentoring, after-school programs, empowerment, community development, parenting classes)
- Housing (e.g. homelessness, emergency shelter, transitional housing, housing repair, construction)
- Domestic Violence
- Other

Whom does your **program** mainly serve?

- Youth and Children
- Adults
- Seniors/Disabled
- Families/Households
- Mixed/All age groups

Does this **program** directly serve individual participants?

- Yes No

What is the approximate total annual operating budget from all sources for your **organization**?

\$ _____

What year is your latest 990 tax form? _____

If you filed for an extension for the current year, please give your extension date and reason for the extension: _____

Please enter the values from the following lines from your latest 990 (or 990-EZ).

(If you filed a regular 990 please fill in only the fields on the left, if you filed a 990-EZ, please use the fields on the right.)

	990
1a	_____
1b	_____
1c	_____
2	_____
12	_____
14	_____
15	_____
17	_____
18	_____
21	_____

Part V *(please list the name and compensation of the highest paid key employee)* \$ _____
Name: _____

	990-EZ
1	_____
2	_____
9	_____
17	_____
18	_____
21	_____

Part IV *(please list the name and compensation of the highest paid key employee)* \$ _____
Name: _____

Please indicate the approximate percentage of funding that your **organization** receives from the following key sources and how each of these funding sources have changed over time?

Funding Source	Percentage of Income	Change Over Time		
		Stable	Decreasing	Increasing
a. Foundation Grants		1	2	3
b. Government (Grants or Contracts)		1	2	3
c. Gifts				
1. Individuals		1	2	3
2. Business/Corporation		1	2	3
3. Congregations/Denominations		1	2	3
d. Dues/Fees/Income		1	2	3
e. Other (specify): _____		1	2	3
Total	100%			

Which of the following describes your **organization's** position in relation to government funding? *(Please check only one)*

- We actively seek government funding.
- We are clearly not interested in seeking government funding.

Please Explain: _____

- We do/would pursue government funding under certain circumstances.

Please Explain those circumstances: _____

Have any of your program staff or the board members who oversee your program been convicted of a felony in the last five years?

- Yes
- No

If so, and you have decided to have this person remain with your program, could you tell us the basis for that decision? *(150 words or less):* _____

Our Board of Directors and/or a committee of the Board carry out each of the following oversight activities: *(Please check all that apply)*.

- Formally reviews the performance of the chief executive officer at least once every two years,
- Formally approves the budget
- Ensures that arrangements with outside fund raising firms are made in writing,
- Receives information (for example, a written summary) about the financial arrangements with such firms and, if applicable, the anticipated portion of the gross proceeds that goes to the organization,
- Have formally approved a conflict of interest policy and regularly monitor it to ensure adherence,
- Convenes an audit committee

Receives, at least quarterly:

- The organization's financial statement,

Receives, at least annually:

- An auditor's management letter and report.

We asked about the **organization's** budget and funding previously and now we would like to inquire about your **program's** budget and funding.

What is the annual budget for the **program**? _____

Please indicate the approximate percentage of your **program's** funding that come from the following key sources and how each of these funding sources have changed over time?

Funding Source	Percentage of Income	Change Over Time		
		Stable	Decreasing	Increasing
a. Foundation Grants		1	2	3
b. Government (Grants or Contracts)		1	2	3
c. Gifts				
1. Individuals		1	2	3
2. Business/Corporation		1	2	3
3. Congregations/Denominations		1	2	3
d. Dues/Fees/Income		1	2	3
e. Other (specify): _____		1	2	3
Total	100%			

THE FOLLOWING RELATE TO THE NOMINATED PROGRAM (not your organization)

II. Nominated Program Items

Program Title: _____

The year the **program** was launched: _____

Is the **nominated program** affiliated with any particular religious tradition? Is yes, please specify. If no, please leave this field blank and move on. _____

Does the **program** have a written purpose statement? If so, state it. If not, briefly describe the **program's** goals. *(150 words or less)*

Describe the target population the **program** seeks to serve? _____

What are the eligibility criteria used in the **program**?

How many participants has the **program** served within the last 12-month reporting period (e.g. your last budget year)? _____

On average, how frequently do you meet with or provide services for your **program's** participants? _____ *(average # of contacts per participant each month)*

Typically, how long do you work with your **program's** participants? _____ *(average # of months)*

Number of paid, full-time equivalent staff working for the **program**? _____

III. Program Relationship to Community

Approximately, how many different **organizations** do you receive referrals from? _____

Approximately, how many **organizations** do you refer participants to? _____

	Always	Often	Sometimes	Rarely	Never
How frequently do you refer your program participants to other organizations ?	1	2	3	4	5
How frequently do you follow up with these organizations once you have referred someone to them?	1	2	3	4	5

Please list the top five **organizations** to which you refer **program** participants.

Organization name	% of referrals to this organization	Sector/type of organization			
		For-profit	Public Agency	Private Non-profit	Other
1.		1	2	3	4
2.		1	2	3	4
3.		1	2	3	4
4.		1	2	3	4
5.		1	2	3	4
Total	100%				

Describe your relationship to other organizations in the community. *(Please check one of the following statements).*

- We almost always operate independently,
- We usually operate independently but sometimes collaborate with others,
- We operate independently some of the time and collaborate some of the time,
- We usually collaborate with others, but sometimes operate independently,
- We almost always collaborate with others.

Program Volunteers

Do volunteers work in your **program**?

- Yes
- No

If yes, on average, how many volunteers do you have in any given month? _____

How extensive is your volunteer training program? (*Circle your response on a scale of 0 to 10; where 0= no volunteers, 1=No Training Program, and 10=Fully Implemented, Detailed Training Program*)

0 1 2 3 4 5 6 7 8 9 10

To what extent does your agency attempt to recruit eligible **past program participants** for volunteering? (*Circle your response on a scale of 0 to 10; where 0=no volunteers, 1=No Attempt and 10=Actively Promotes Volunteering*)

0 1 2 3 4 5 6 7 8 9 10

IV. Service Philosophy and Practice Principles

Practice principles are values or beliefs about how supports and resources ought to be provided in a manner that increases a program’s outcomes. Taken together, a particular set or combination of practice principles represents a service philosophy.

For the following questions about service philosophy and practice principles, please rank the items as your program is currently, not as the ideal you would like it to be.

How would you characterize your **program’s service philosophy**? (*Rank the importance of each item on a scale of 0 to 10 where 0=Absence of this element in service philosophy and 10=Maximum use of this element in service philosophy.*)

- _____ a. Advocacy (We help organize, lobby, and effect change through legislation, elected officials, and the design of public initiatives.)
- _____ b. Community development (We engage in community and economic development such as affordable housing, business incubation and development, neighborhood revitalization, and so on.)
- _____ c. Character, spiritual growth, and personal empowerment (We help empower/train individuals to overcome personal barriers and harmful habits.)
- _____ d. Training and education (We provide necessary skills, knowledge, and practices to help individuals with employment and access to opportunity.)
- _____ e. Supportive services (We provide services such as child care, health care, transportation, utilities assistance, and so on, which help increase the positive effects of employment and economic opportunity.)
- _____ f. Accessing public and private services (We connect people to services for which they are eligible.)

How would you characterize your **program's** use of practice principles on a scale of 0 to 10, where 0=Does not apply at all to the program and 10=Exactly matches the program.

- _____ a. The program is relational (it emphasizes the development of face-to-face, personal relationships among the community members served).
- _____ b. The program is holistic (it seeks to minister to the needs of the whole person—physical, emotional, spiritual, mental).
- _____ c. The program is value-centered (it emphasizes personal values and beliefs).
- _____ d. The program demonstrates “responsible caring/ expectant giving” (the able-bodied are encouraged to work or somehow give back).
- _____ e. Our program's initiatives connect participants to caring volunteers/mentors who provide nurture, encouragement, discipline, and guidance.
- _____ f. Our program seeks to involve program participants in the design, implementation, and evaluation of the program.
- _____ g. Program interventions are built upon strengths rather than on correcting weaknesses or deficits.
- _____ h. Program resources and supports are made available to participants in ways that are flexible, individualized, and responsive to the needs of the participant.
- _____ i. Program interventions are needs-based and individualized rather than professionally prescribed.
- _____ j. Program interventions are based on having a fairly formal professional relationship with a client, and program elements which are staff-directed versus client initiated.
- _____ k. Program resource and support interactions between participants and professionals are based upon mutual sharing of information and expertise.
- _____ l. Program interventions focus on developing new professional service systems rather than building and strengthening informal support networks for participants.
- _____ m. Program resources and supports are provided in ways that encourage, develop, and maintain healthy, stable relationships mutual sharing of information.
- _____ n. Program interventions focus on the integration of participants into the mainstream of normalized community activities.
- _____ o. Program resources and supports are made available to participants in ways that maximize participants control over and decision-making power regarding the services they receive.

Do you require or encourage any of the following of your **program's** participants?

	Not Applicable	Highly Encouraged	Purely Voluntary	Required
Class participation	1	2	3	4
Religious Worship/Study	1	2	3	4
Work	1	2	3	4
Other Attendance (specify): _____	1	2	3	4
Volunteerism	1	2	3	4
Fees	1	2	3	4
Other (specify) : _____	1	2	3	4

Having a faith component in your nominated program is not required for this award; however, the next 3 questions in this section deal with spirituality or faith-elements in your program. If not applicable to your organization or program, please mark "none," "not applicable," or "never" dependent on the question.

Describe the centrality of spirituality in your **program**. *(Please check one of the following).*

- High (consistently or nearly always present)
- Moderate (typically or commonly present)
- Low (intermittently or infrequently present)
- None (secular)

How do you describe the faith dimension of your **program**, if any? *(Please check one of the following that best describes your program).*

- No faith commitment (N/A)
- Our faith commitments are not revealed in our work with program participants in this program.
- Our faith commitments are revealed through the act of caring for our program participants rather than by any explicit mention of religious or spiritual matters in the program.
- Our faith commitments are explicitly mentioned to our program participants and they are invited to inquire more fully about religious or spiritual matters outside of the program.
- Our faith commitments are explicitly mentioned to our program participants and our staff seeks to establish personal relationships that involve religious or spiritual matters outside of the program.
- Our faith commitments are an explicit and critical part of our work with program participants, but our staff respects the right of program participants to not participate in the religious or spiritual aspects of the program.
- Our faith commitments are an explicit, critical, and mandatory part of our work with program participants who choose to participate in the program.

The next section asks you to indicate the extent to which certain faith-related programmatic elements are made available to **program** participants. Please circle the response that best describes your **program**.

Faith-Related Elements

	Never	Rarely	Sometimes	Quite Often	Very Frequently
Program participants see faith-related literature on display in our program.	1	2	3	4	5
Program participants join in worship services as an element of our program.	1	2	3	4	5
Program participants are invited to worship services that are separate from the program.	1	2	3	4	5
Program participants join in group prayer—such as at the beginning or ending of meals or meetings—as an element of our program.	1	2	3	4	5
Program participants pray or meditate as an element of our program.	1	2	3	4	5
Program participants study faith-related texts as an element of our program.	1	2	3	4	5
Program participants learn to discuss faith-related beliefs, values, or traditions as an element of our program.	1	2	3	4	5
Program participants perceive or think about our program as faith-based.	1	2	3	4	5
For our program to be successful, program participants must undergo a faith-related transformation.	1	2	3	4	5
Program participants are encouraged to make personal faith-related commitments.	1	2	3	4	5
Program participants are encouraged to make personal changes in attitudes and behaviors that are based <i>clearly and openly</i> on the faith-related values of our organization.	1	2	3	4	5
Program participants are encouraged to make personal changes in attitudes and behaviors that are <i>understood but unspoken</i> as being based on faith-related values of our organization.	1	2	3	4	5
The faith elements incorporated into our program are clear and open.	1	2	3	4	5
Program participants are required to participate in mandatory faith elements of our program.	1	2	3	4	5
The faith element of our program is primarily reflected in the service and care of our staff.	1	2	3	4	5

V. Outcomes/Evaluation

Outcomes are defined as “benefits or changes for individuals or populations during or after participating in program activities.”

What participant outcomes is your **program** designed to achieve and how do you specifically measure each?

Outcome	Measure Used
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.

	More than once per year	Annually	Approx. Every 2 years	Every 3 or more years
How often do you measure participant outcomes in your program ?	1	2	3	4

Does your **organization** budget funds annually to support evaluation?

- Yes No
- a. If Yes, what is the approximate annual allocation? \$ _____
- b. If No, what is the reason?

VI. How Participants Change

Most programs intend to set in motion through its supports, activities, and resources changes in participants' knowledge, skills, attitudes, or behavior.

In general, describe the overall process by which **program** participants change:
(250 words or less)

Privacy Waiver

By providing this program's information for the Acton Institute's Samaritan Award and/or for the *Guide to Effective Compassion* (GEC), I give Acton permission to make this information publicly available. This includes appearance in Acton's online Guide to Effective Compassion database of charities that are primarily privately funded and that serve individuals. Samaritan Award entry information is considered final and may not be corrected after 4:30 p.m. EST on the final entry day, as posted on the Center for Effective Compassion's site.

I understand that I may request that any errors be edited only by written submission to Acton's Webmaster, and that such a request must be made by electronic mail and acknowledged by Acton before any entry changes will be considered. I also acknowledge that any approved edits to the Guide to Effective Compassion database are made within reasonable parameters. I acknowledge that the information provided for the Samaritan Award and/or the Guide to Effective Compassion is true and correct to the best of my knowledge.

If you do not want your program included in the *Guide to Effective Compassion*, please check this box:

Signature and Title of Program Official

Date: ___/___/___

Printed Name:
