L4G Online Beta Application

A few tips:

- Please complete all fields in the application.
- The first time you log into the system, a prompt should appear asking you to verify your email. Please make sure to do this so you can submit your application.
- Once you start the form, if you click "Save & Continue Editing" at the bottom, any field that isn't completed will have a red "required" note next to it *until* you come back to complete it. That is just to serve as a reminder to you that a given field is still blank. Even with blank fields, you may safely exit the form and come back later to complete.
- When you have completed the form, please click "Mark as Complete" and make sure to upload the requested documents.

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1. Organization Information

Applicant Organization's Legal Name

Publicly Used Name (Doing Business As) if Different than Above

EIN #

Street Address 1

Street Address 2 (if needed)

City

State

Zip Code

Website URL

Total number of full time staff that work in your organization

Is your organization a 501(c)3 public charity or government agency?

Primary contact for this application

Primary application contact email

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2. Does your organization operate as a direct-service organization?

L4G is designed for organizations that are "client-facing" and "direct-service", which we define as organizations that interact and/or provide services or programming to individual clients or community members. Organizations that provide services through an intermediary are considered direct service if individual clients are the intended target of their survey efforts and clients can realistically comment on the organization's offerings given their personal experiences.

- ○ Yes, we are a direct-service provider

- ○ No, we are not a direct-service provider

- ○ Other, please specify...

3. Head of the Organization

Name

Title

Phone Number

Email Address

4. Primary Contact for Listen4Good Implementation

If you are selected to participate in Listen4Good, please share information for the person who will serve as the primary contact/ project manager for implementation.

Name

Title

Phone Number

Email Address

We don't know who will serve as the primary contact/ project manager yet

5. Financial Information

Annual Organization Budget for your current Fiscal Year (please enter a number without commas)

6. Additional Information

How did you first hear about Listen4Good?

7. Which of these issue areas best describes your organization or the program for which you seek to implement feedback loops? (please select one)

- o Arts and culture

- o Community and economic development

- o Education

- o Health (includes mental health, medical services, etc.)

- o Human services (includes food banks, community centers, etc.)

- o Public safety

- o Other, please specify...

8. Which of the following best describes your organization's model for service delivery? (please select one)

- o Cohort (clients interact with the organization for an extended period of time on a regular schedule - e.g. training classes, residential shelters)

- o One time drop in (clients interact only a few times and have no continual relationship with the organization - e.g. emergency shelters, phone-based help line)

- o Repeated drop in (clients interact for an extended period of time but on an irregular basis - e.g. food banks, health clinics)

9. Please give a brief description of your organization's mission and activities. (200 words or less please)

10. Why are you interested in participating in Listen4Good? What makes this a particularly opportune time to pursue this work? (200 words or less please)

11. Please list the program(s) for which you plan to implement Listen4Good.

If you have never implemented feedback loops before, we recommend starting with one program and then gradually adding others. If you have no specific program and you will pursue feedback across the whole organization, please enter your organization name.

	Program(s)	Number of clients served in the program annually (please enter a number without commas)
1		
2		
3		

12. Who are the clients served in the program(s)/ organization for which you are implementing Listen4Good? (50 words or less please)

Please include demographic information.

13. Understanding Your Organization's Current Capacity

We would like to learn about your organization's current capacity in gathering feedback from your clients. This information will help us understand to what extent an organization's current capacity affects their implementation of a feedback loop. It's ok if your organization has low--or even high--capacity! We have no capacity requirements, so your answers will not affect your eligibility.

14. How would you rate your organization's current capacity to gather feedback from the clients you serve? (please select one)

Strong, we're happy with it as is	Medium - we have a fairly good process	Early - we are just starting and have a lot to learn and improve	Not yet started	Not sure

15. How would you rate your organization's current <u>overall data gathering and evaluation</u> capacity? (please select one)

	Strong, we're happy with it as is	Medium - we have a fairly good process	Early - we are just starting and have a lot to learn and improve	Not yet started	Not sure

16. Do you currently have staff or consultants focused on collecting and analyzing <u>any</u> kind of client focused data (e.g. outcomes, feedback, attendance, etc.)?

   o   Yes

   o   No

17. Does your organization have experience collecting, analyzing, and responding to feedback from any of the following audiences?

Donors   Yes

          No

Volunteers   Yes

          No

Staff   Yes

          No

Clients   Yes

          No

Other, please specify…

18. Do you have any concerns about your ability to implement a successful feedback loop (e.g. potential risks, time, capacity, staff buy-in)? If yes, please describe. (150 words or less please)

19. Which of the following best describes your organization's current access to online survey tools? (please select all that apply)

o   A free SurveyMonkey account

o   A paid SurveyMonkey account

o   A free survey tool other than SurveyMonkey (e.g. SurveyGizmo, Google Forms)

o   A paid survey tool other than SurveyMonkey

o   CRM/ enterprise software survey tools (e.g. Salesforce)

o   Other, please specify...

o   We currently do not use any online survey tools

Thank you for completing this application.

You may save your work and return to the form by clicking "Save & Continue Editing". If you have finished, please click "Mark as Complete".