

**METROWEST  
COMMUNITY  
HEALTH CARE  
FOUNDATION**

**2010 GRANTEE PERCEPTION REPORT**

The MetroWest Community Health Care Foundation works closely with area nonprofits, state and local government, community organizations and others to improve the health of the MetroWest region. Since the Foundation was established in 1999, we have consistently sought ways to measure our own performance and improve our work. Part of this quality improvement process includes soliciting periodic feedback from our grantees. Attached are the results of our latest effort to gauge grantee feedback, our 2010 Grantee Perception Report.

The Grantee Perception Report is based on a survey of our grantees during the fall of 2010 and was conducted on our behalf by the Center for Effective Philanthropy. The report focuses on five areas: Impact on Grantee Fields and Local Communities; Impact on Grantee Organizations; Funder Grantee Relationships; Grant Administration; and Assistance beyond the Grant Check. The 2010 Report also includes benchmarking to a similar survey we commissioned in 2007 and to the results of other funders across the country, including other health conversion foundations.

These results have been shared with our Board of Trustees, Grant Panels and staff. Work is currently underway to use these results to further improve our grantmaking, evaluation and reporting processes. We invite your feedback or suggestions. To send us your thoughts and ideas, or if you have questions regarding the content of this report, please use the feedback button on the home page of our website ([www.mchcf.org](http://www.mchcf.org)) or email us at [info@mchcf.org](mailto:info@mchcf.org).

Martin D. Cohen  
President

March 15, 2010

# Grantee Perception Report<sup>®</sup>

prepared for

## **MetroWest Community Health Care Foundation**

February 2011

*VERSION 02/28/2011*



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# Executive Summary – Key Findings

MetroWest Community Health Care Foundation (“MCHCF”) receives high ratings on many measures throughout this Grantee Perception Report. In particular, the Foundation continues to receive high ratings from grantees for its impact on and understanding of grantees’ local communities, as well as the helpfulness of its selection and reporting/evaluation processes. Additionally, MCHCF provides a larger than typical proportion of its grantees with the most helpful forms of nonmonetary assistance and funding assistance. However, grantees rate the Foundation less positively than they did in 2007 on several measures, and in particular, on the Foundation’s ability to sustain grantees’ funded work and on the strength of funder-grantee relationships.

**Grantees continue to rate the Foundation highly for its impact and expertise in their local communities. However, MCHCF’s impact on its grantees’ fields is rated below typical, and less positively than in 2007.** While grantees praise the Foundation’s “commitment to improved health in the MetroWest area” and its “knowledge and support on health issues in the area,” several grantees suggest that the Foundation could broaden its funding priorities to further increase its impact. While the Foundation’s grantees continue to rate its field impact below typical, the rating for MCHCF’s understanding of grantees’ fields has trended upward since 2007, and is now above typical.

**MCHCF provides a larger than typical proportion of its grantees with the most helpful patterns of nonmonetary support and assistance securing funding from other sources.** Grantees who receive field or comprehensive patterns of nonmonetary assistance, as well as those grantees who receive assistance securing funding in forms beyond just suggestions of other funders, rate MCHCF more positively on many measures throughout the report. One MCHCF grantee explains that the Foundation’s community reports and convenings have “raised awareness and increased knowledge and skills” and noted that they value MCHCF’s “instructional and motivational presence in the community.” Through its assistance beyond the grant, the Foundation may have an opportunity to address a rating that has fallen significantly since 2007: the extent to which it has improved grantees’ ability to sustain their work in the future.

**MCHCF’s selection and reporting/evaluation processes are helpful, yet time-consuming. As in 2007, grantees report spending more time on the Foundation’s administrative processes than grantees at the typical foundation whose grantees CEP has surveyed.** Given the Foundation’s grant size, grantees are receiving fewer dollars per hour of administrative work associated with the grant’s application and reporting processes. These processes, while rated positively on their helpfulness to grantees, are also described by some grantees as “a burden.” In addition, MCHCF’s grantees report higher than typical levels of pressure from Foundation staff to modify their organizations’ priorities while creating a proposal.

**Grantees rate the strength of their relationships with MCHCF similarly to the median funder – a downward trend from the Foundation’s high 2007 ratings.** Specifically, grantees rate the Foundation less positively on all three items that comprise the quality of interactions with Foundation staff – fairness of treatment, comfort approaching the Foundation if a problem arises, and responsiveness of Foundation staff. Grantees continue to rate the Foundation above typical for the clarity and consistency of its communications – another component of strong relationships – although ratings for both items have trended downward from their 2007 levels.

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# Background

- ♦ Since February 2003, the Center for Effective Philanthropy (CEP) has conducted surveys of grantees on their perceptions of their philanthropic funders both on behalf of individual funders and independently. The purpose of these surveys is two-fold: to gather data that is useful to individual funders and to form the basis for broadly applicable research reports.<sup>1</sup>
  
- ♦ **The Grantee Perception Report® (GPR) shows an individual philanthropic funder its grantee perceptions relative to a set of perceptions of other funders whose grantees were surveyed by CEP.**
  - Assessing funder performance is challenging and a range of data sources is required. The GPR provides one set of perspectives that can be useful in understanding philanthropic funder performance.
  - It is important to note that, on most questions, grantee ratings cluster toward the high end of an absolute scale. Grantee perceptions must be interpreted in light of the particular strategy of the funder.
    - The survey covers many areas in which grantees' perceptions might be useful to a philanthropic funder. Each funder should place emphasis on the areas covered according to the funder's specific priorities.
    - Low ratings in an area that is not core to a philanthropic funder's strategy may not be concerning. For example, a funder that does not focus efforts on public policy would likely receive lower than average ratings in this area if it is adhering to its strategy.
  - Finally, across most measures in this report, structural characteristics – such as funder type, asset size, focus, and age – are not strong predictors of grantee perceptions, suggesting that it is possible for all funders to attain high ratings from grantees.

# Methodology – The Foundation’s Grantee Survey

- ♦ The Center for Effective Philanthropy (CEP) surveyed the grantees of MetroWest Community Health Care Foundation (“MCHCF”) during September and October 2010. CEP has surveyed MCHCF’s grantees in the past. Where possible, ratings from these surveys are also shown in the report. The details of MCHCF’s surveys are as follows:

Survey	Survey Period	Fiscal Year of Surveyed Grantees	Number of Grantees Surveyed	Number of Responses Received	Survey Response Rate <sup>1</sup>
MCHCF 2010	September and October 2010	2009	74	50	68%
MCHCF 2007	September and October 2007	2006	111	73	66%

- ♦ Selected grantee comments are also shown throughout this report. This selection of comments highlights major themes and reflects trends in the data. These selected comments over-represent negative comments about the Foundation in order to offer a wide range of perspectives.

<sup>1</sup>: The median response rate for individual funders over the last seven years of surveys is 69 percent.

## Methodology – Comparative Data

- ◆ MCHCF’s average and/or median grantee ratings are compared to the average and/or median ratings from grantees in CEP’s dataset, which contains data collected over the last seven years. Please see Appendix B for a list of all funders whose grantees CEP has surveyed.

Full Comparative Set	
Grantee Responses	38,081 grantees
Philanthropic Funders	262 funders

- ◆ MCHCF is also compared to a cohort of 14 health conversion funders. The 14 funders that comprise this group are:

Health Conversion Foundations	
Connecticut Health Foundation	Michael Reese Health Trust
Community Memorial Foundation	Mt. Sinai Health Care Foundation
Danville Regional Foundation	Northwest Health Foundation
Endowment for Health	New York State Health Foundation
Health Foundation of Greater Cincinnati	Quantum Foundation
Maine Health Access Foundation	Williamsburg Community Health Foundation
MetroWest Community Health Care Foundation	Winter Park Health Foundation

# Grantmaking Characteristics

- ◆ This table is intended to provide context to the Foundation in thinking about its GPR results relative to its grantmaking practices. The information is based on self-reported data from grantees about the size, duration, and types of grants that they received.
- ◆ Compared to the typical funder, MCHCF provides grants of typical size. The Foundation provides a larger than typical proportion of its grantees with multi-year grants and a smaller than typical proportion of its grantees with operating support.

Survey Item	MCHCF 2010	MCHCF 2007	Full Dataset Median	Health Conversion Foundation Median
<b>Grant Size</b>				
Median grant size	\$60K	\$50K	\$60K	\$66K
<b>Grant Length</b>				
Average grant length	2.4 years	1.8 years	2.1 years	1.9 years
Percent of grantees receiving multi-year grants	70%	43%	49%	53%
<b>Type of Support</b>				
Percent of grantees receiving operating support	0%	1%	20%	8%
Percent of grantees receiving program/project support	96%	78%	64%	77%
Percent of grantees receiving other types of support	4%	21%	16%	15%

# Structural Characteristics of Grantees

- ♦ This table is intended to provide context to the Foundation in thinking about its GPR results relative to the structural characteristics of its grantees. The information is based on self-reported data from grantees about the characteristics of their organizations.
- ♦ Compared to grantees of the typical funder, MCHCF grantees are larger, more established organizations that are less likely to be first-time grant recipients of the Foundation.

Survey Item	MCHCF 2010	MCHCF 2007	Full Dataset Median	Health Conversion Foundation Median
<b>Budget of Funded Organizations</b>				
Typical organizational budget	\$2.0MM	\$1.9MM	\$1.4MM	\$2.0MM
<b>Duration of Funded Program and Grantee Organization<sup>1</sup></b>				
Programs conducted 6 years or more	13%	N/A	33%	N/A
Median length of establishment of grantee organizations	34 years	34 years	24 years	28 years
<b>First-Time Grantees<sup>2</sup></b>				
Percentage of first-time grants	23%	N/A	30%	N/A

1: MCHCF 2007 and median health conversion foundation data not available due to changes in the survey instrument.

2: Represents data from 45 funders. MCHCF 2007 and median health conversion foundation data not available due to changes in the survey instrument

Note: In most cases, the structural characteristics of grantees are not strong predictors of how grantees perceive funders, suggesting that it is possible for funders with even a unique set of grantees to attain high ratings. For additional information on grantee characteristics related to these survey items refer to part B of the Appendix.

# Structural Characteristics of Funders

- This table is intended to provide context to the Foundation in thinking about its GPR results relative to its grantmaking and staffing. This information is based on IRS filings and data supplied by philanthropic funders that have subscribed to the GPR.
- The number of applications and grants awarded per professional program staff full-time employee at MCHCF is greater than that of the typical funder.

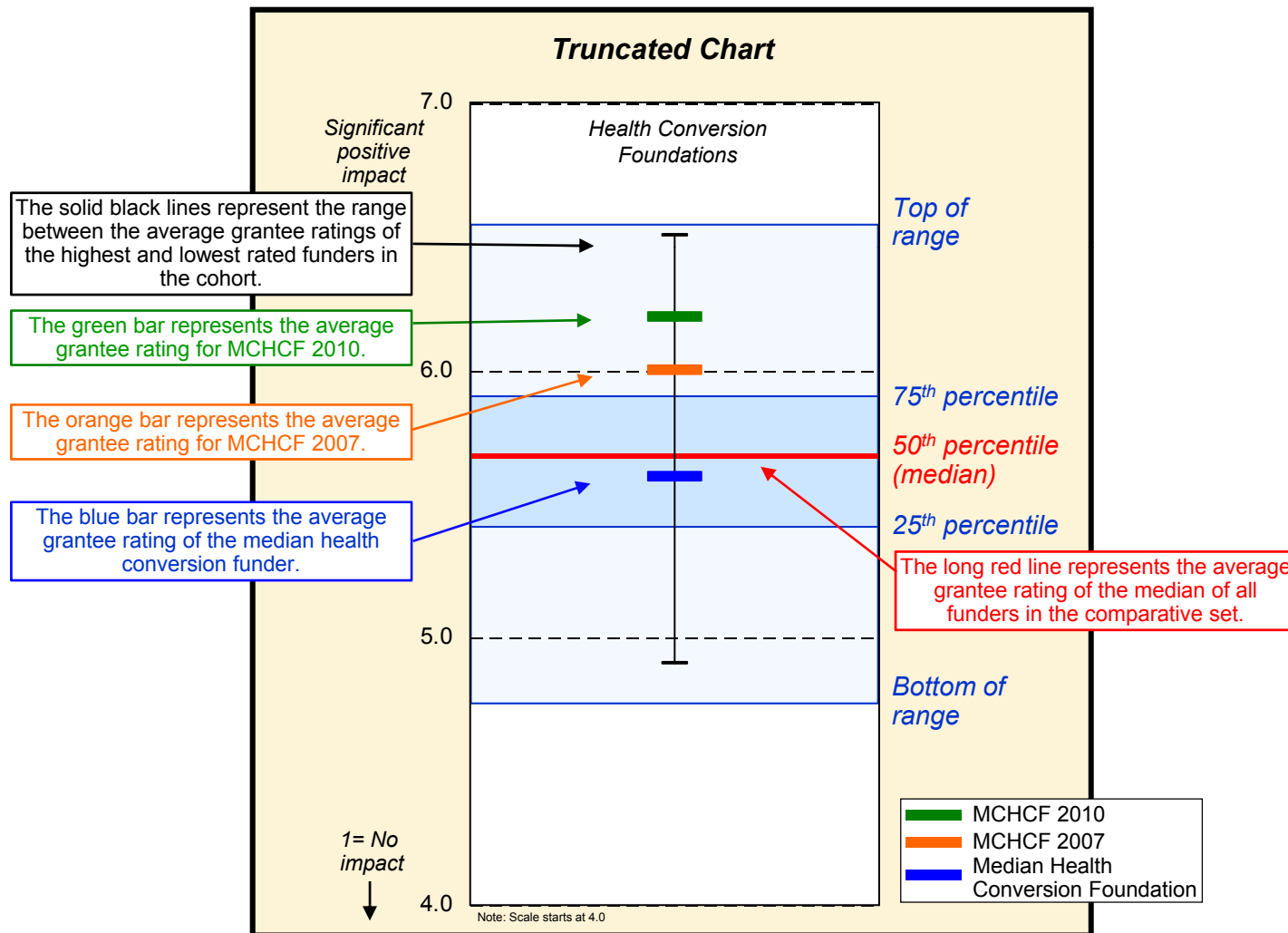
Survey Item	MCHCF 2010	MCHCF 2007	Full Dataset Median	Health Conversion Foundation Median
<b>Program Staff Load</b>				
Dollars awarded per professional program full-time employee	\$2.1MM	\$1.3MM	\$3.5MM	\$1.5MM
Applications per professional program full-time employee <sup>1</sup>	56 applications	N/A	38 applications	31 applications
Grants awarded per professional program full-time employee	47 grants	20 grants	30 grants	23 grants
Active grants per professional program full-time employee	40 grants	30 grants	49 grants	31 grants

<sup>1</sup>: MCHCF 2007 data not available due to changes in the survey instrument.

Note: Funders of different sizes and focuses choose to structure their organizations differently – so, as with all the information contained in this report, the Foundation should interpret data in this section in light of its distinctive goals and strategy. For additional information on funder characteristics related to these survey items, please refer to part B of the Appendix.

# Reading GPR Charts

Much of the grantee perception data in the GPR is presented in the format below. These graphs show the average of grantee responses for MCHCF, over a background that shows percentiles for the average ratings for the full comparative set of 262 philanthropic funders. **Throughout the report, many charts in this format are truncated from the full scale because funder averages fall within the top half of the absolute range.**



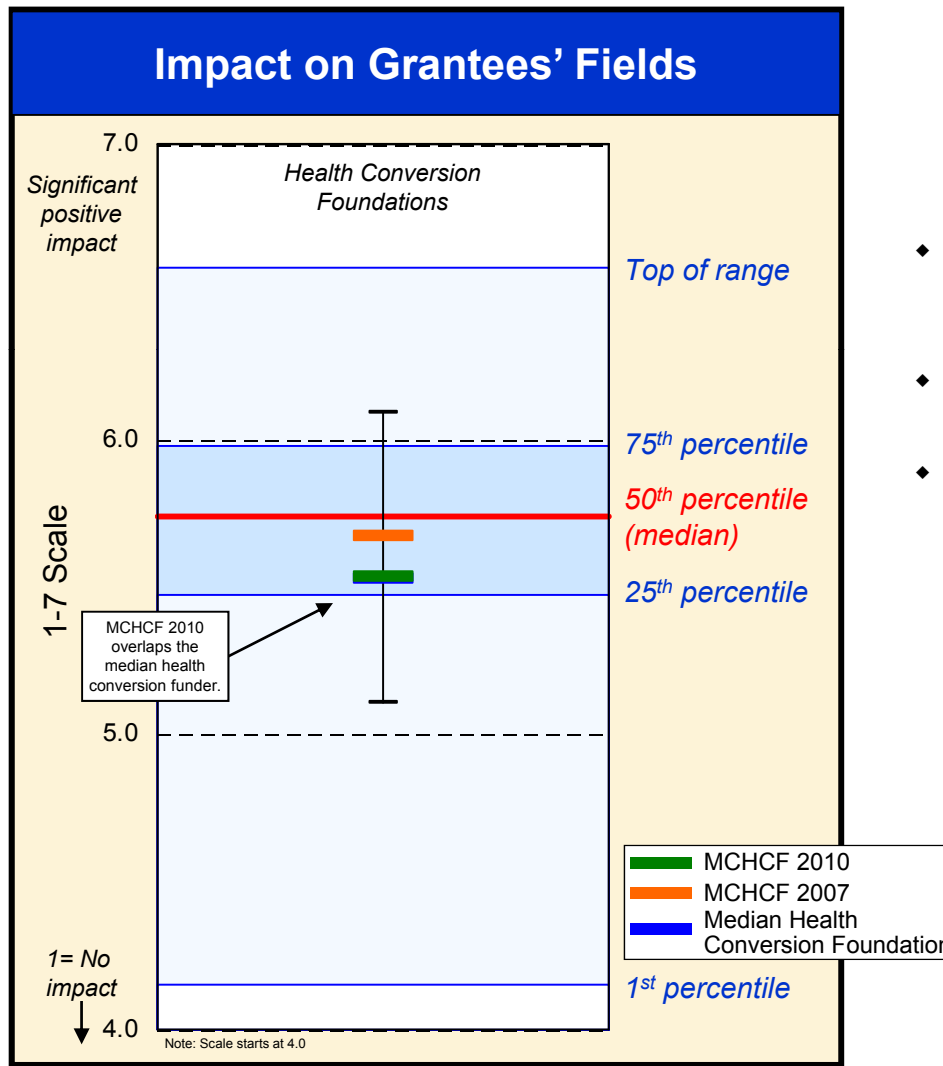
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# Impact on Grantees' Fields

On impact on grantees' fields, MCHCF is rated:

- below the median funder
- similarly to the median health conversion funder



## Selected Grantee Comments

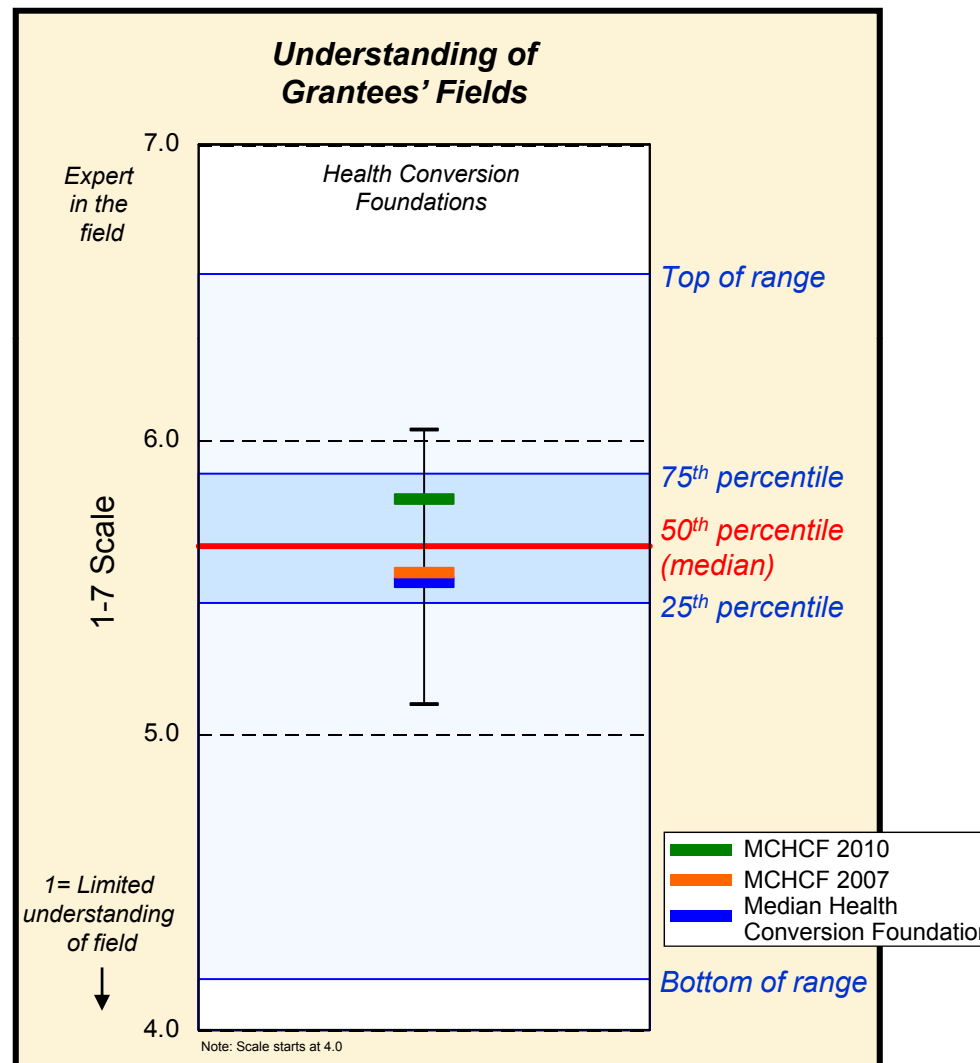
- ♦ “The Foundation helps to focus attention on critical issues in health, obesity, equal access, and community initiatives.”
- ♦ “Best practices, policy and systems change, sustainability, networking.”
- ♦ “The Foundation’s establishment of a Commission for Healthy Aging speaks to its commitment to plan for, and address the impacts of aging in Metrowest by fostering innovative ideas that promote healthy aging.”

Note: This question includes a “don’t know” response option; 2 percent of MCHCF 2010 respondents answered “don’t know”, compared to 9 percent at the median funder, 11 percent of MCHCF 2007 respondents, and 8 percent of respondents at the median health conversion funder. Chart does not show data from one funder whose field impact rating is less than 4.0.

# Understanding of Grantees' Fields

On understanding of grantees' fields, MCHCF is rated:

- above the median funder
- above the median health conversion funder



Note: This question includes a "don't know" response option; 2 percent of MCHCF 2010 respondents answered "don't know", compared to 6 percent at the median funder, 6 percent of MCHCF 2007 respondents, and 4 percent of respondents at the median health conversion funder.

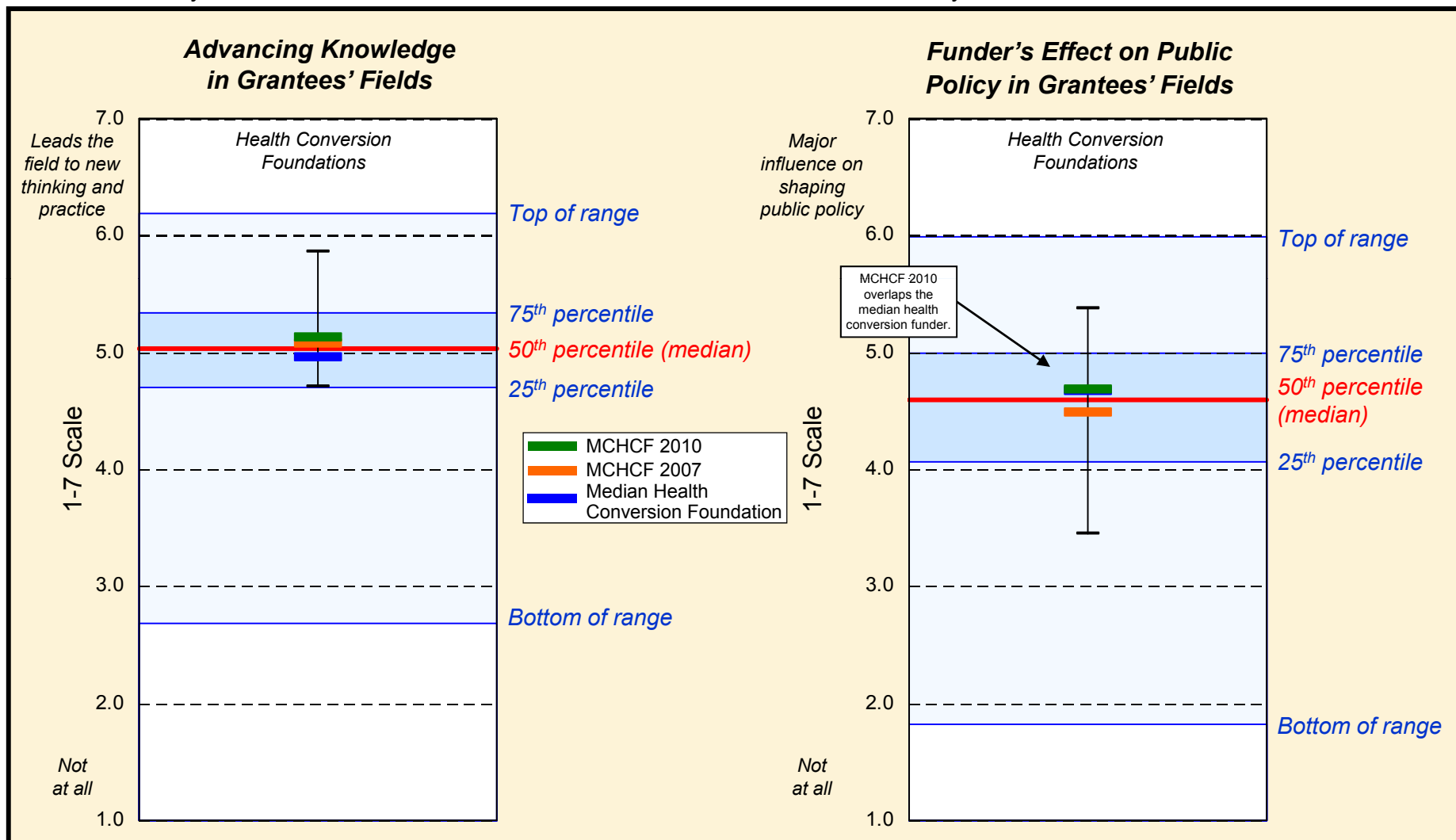
# Advancing Knowledge in Fields and Effect on Public Policy

On advancement of knowledge in grantees' fields, MCHCF is rated:

- similarly to the median funder
- similarly to the median health conversion funder

On effect on public policy in grantees' fields, MCHCF is rated:

- similarly to the median funder
- similarly to the median health conversion funder



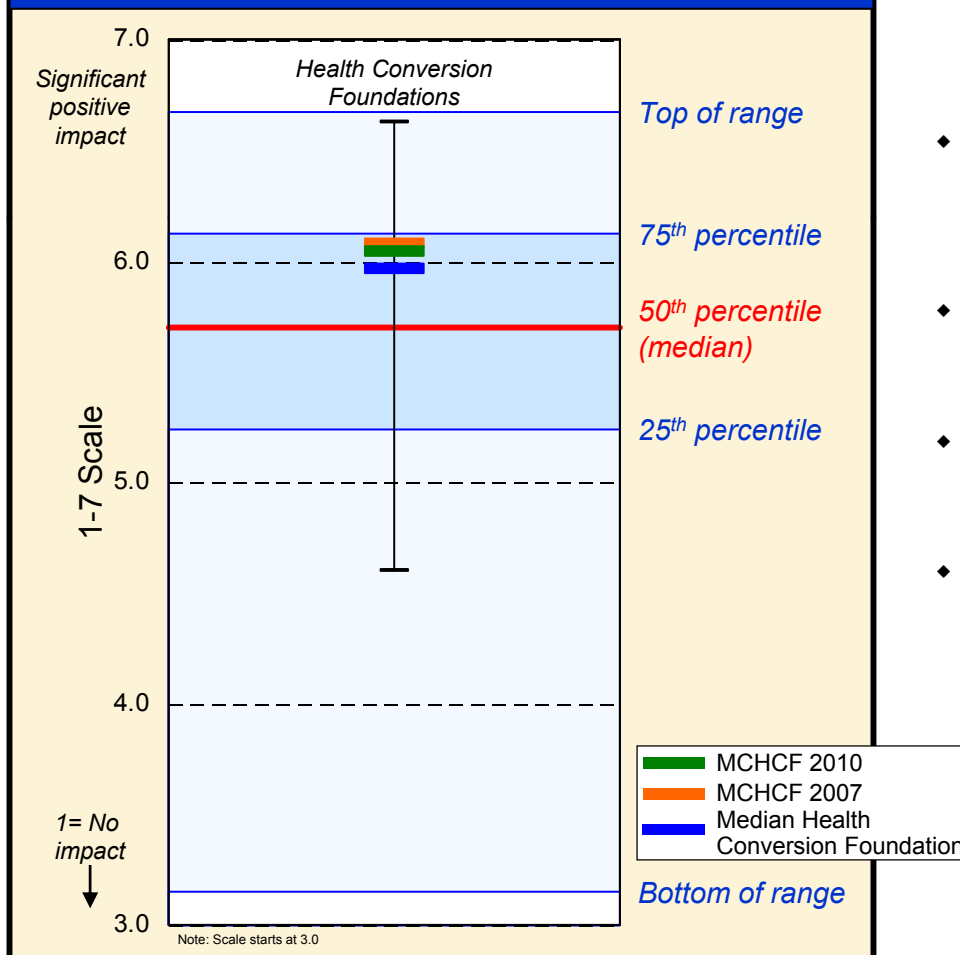
Note: The questions depicted on these charts include a "don't know" response option. In the left-hand chart, 6 percent of MCHCF 2010 respondents answered "don't know", compared to 25 percent at the median funder, 21 percent of MCHCF 2007 respondents, and 17 percent of respondents at the median health conversion funder. In the right-hand chart, 18 percent of MCHCF 2010 respondents answered "don't know", compared to 40 percent at the median funder, 32 percent of MCHCF 2007 respondents, and 27 percent of respondents at the median health conversion funder.

# Impact on Grantees' Local Communities

On impact on grantees' local communities, MCHCF is rated:

- above the median funder
- similarly to the median health conversion funder

## Impact on Grantees' Local Communities



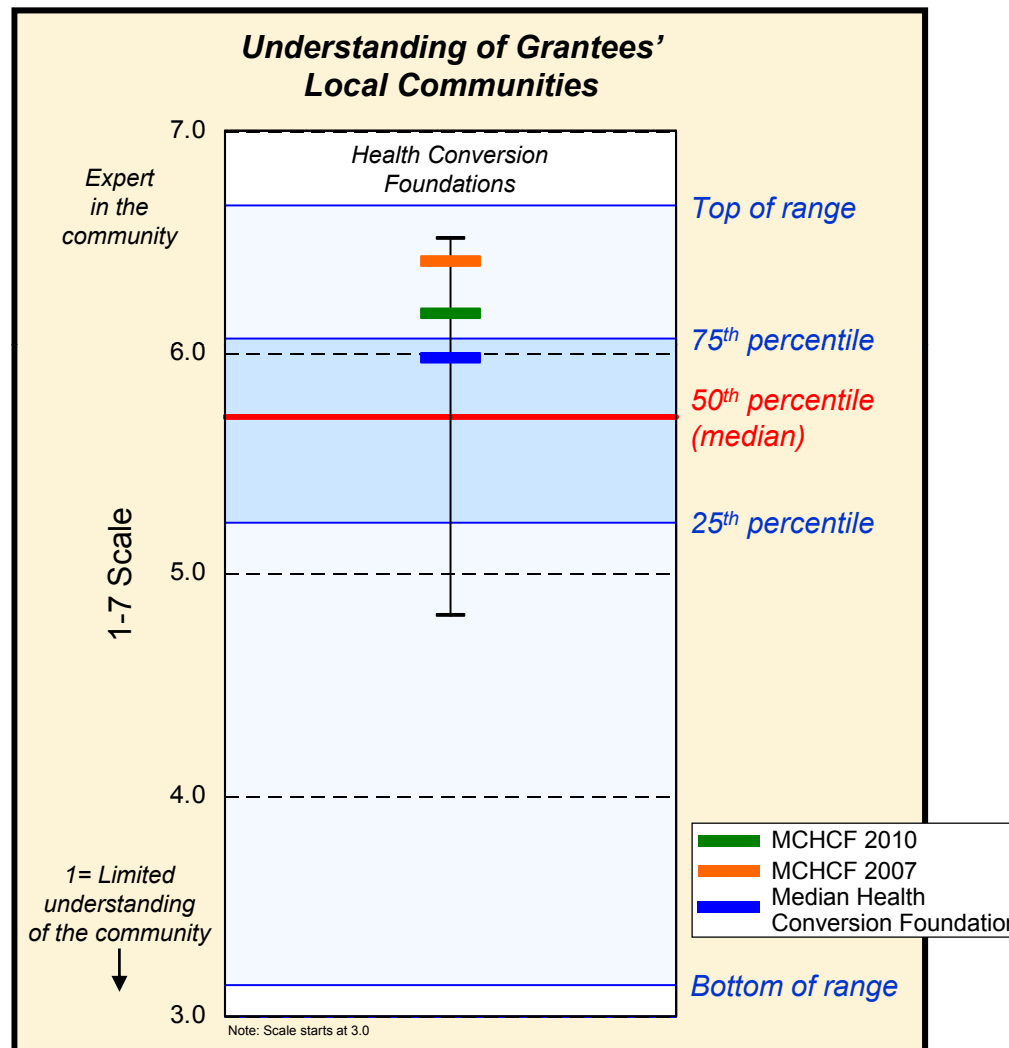
## Selected Grantee Comments

- ♦ “The Foundation is a leader in understanding the needs in the community and fostering solutions to these gaps. It is keenly aware of the resources available in and to the community.”
- ♦ “The Foundation serves as the leader in funding for direct assistance with the complicated process of accessing health care in the Commonwealth of Massachusetts.”
- ♦ “The Foundation has enhanced the work in the region focused on the health and wellbeing of students through the initiatives conducted in schools.”
- ♦ “The Foundation has significantly increased awareness of the health needs and disparities within our community and has actively supported a very diverse set of initiatives. They are boldly going where no Foundation has gone before!”

# Understanding of Grantees' Local Communities

On understanding of grantees' local communities, MCHCF is rated:

- above the median funder
- above the median health conversion funder

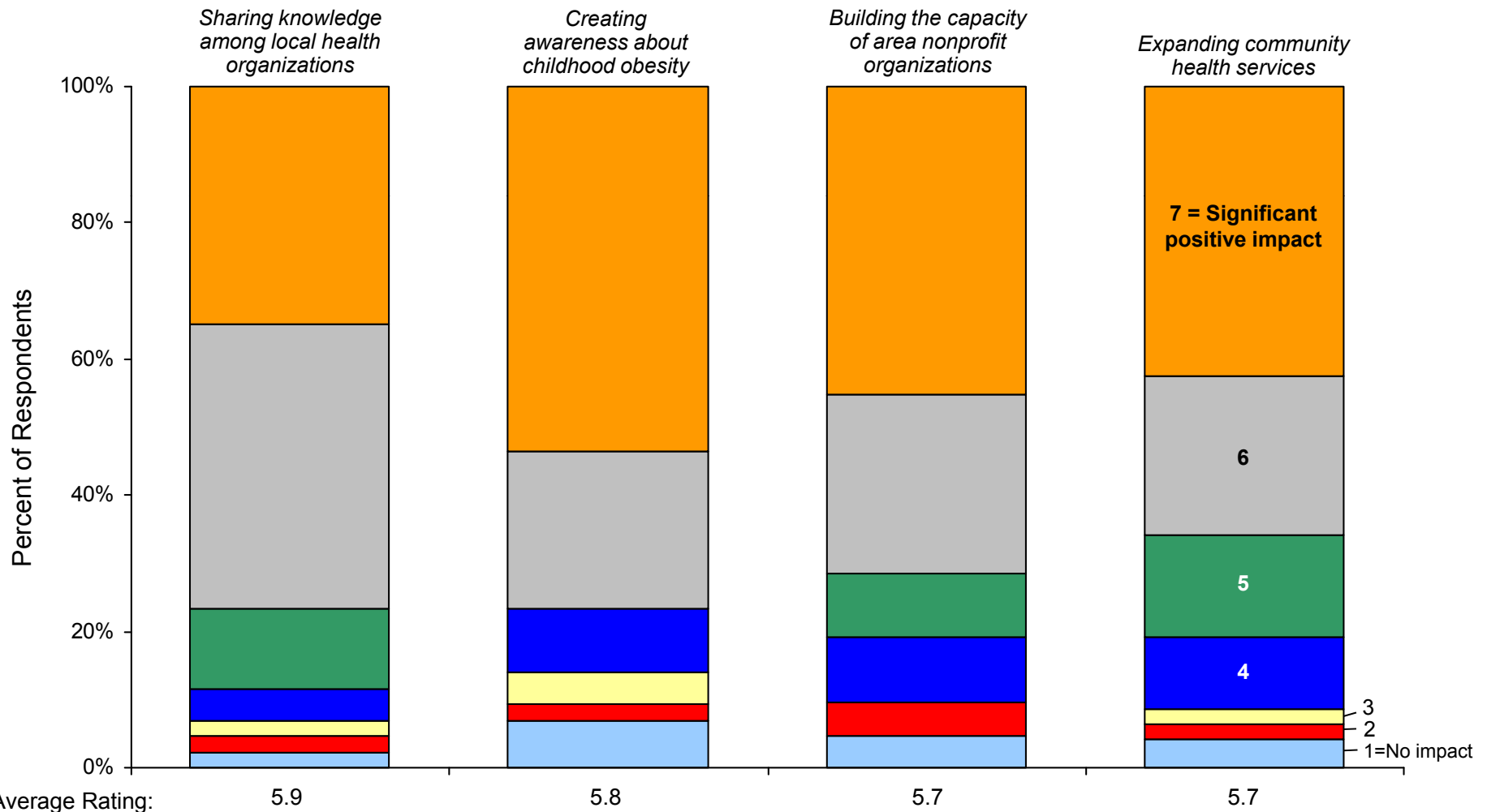


Note: This question includes a "don't know/not applicable" response option; 4 percent of MCHCF 2010 respondents answered "don't know/not applicable", compared to 13 percent at the median funder, 7 percent of MCHCF 2007 respondents, and 4 percent of respondents at the median health conversion funder.

# Impact on the MetroWest Area (1)

MCHCF grantees were asked to rate the extent to which the Foundation had an impact on the MetroWest area in various ways, where 1 = “No impact” and 7 = “Significant positive impact.” Grantees responded that the Foundation has had the most impact sharing knowledge among local health organizations and creating awareness about childhood obesity.

**“To what extent has the Foundation had an impact on the MetroWest area in the following ways?”**

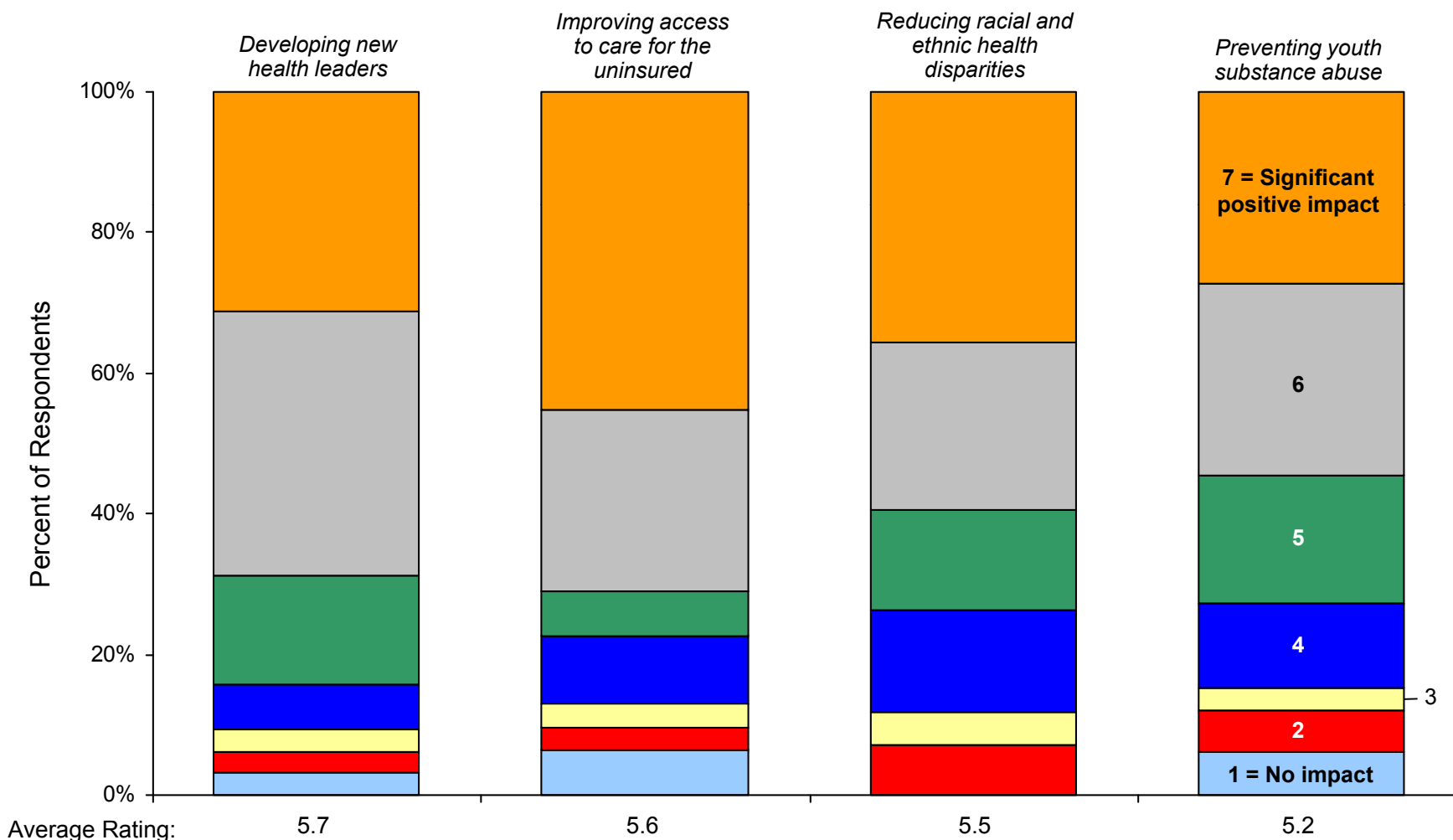


Note: No comparative data is available because the question was only asked of MCHCF grantees.

## Impact on the MetroWest Area (2)

MCHCF grantees were asked to rate the extent to which the Foundation had an impact on the MetroWest area in various ways, where 1 = “No impact” and 7 = “Significant positive impact.” Grantees responded that the Foundation has had the least positive impact in preventing youth substance abuse.

**“To what extent has the Foundation had an impact on the MetroWest area in the following ways?”**



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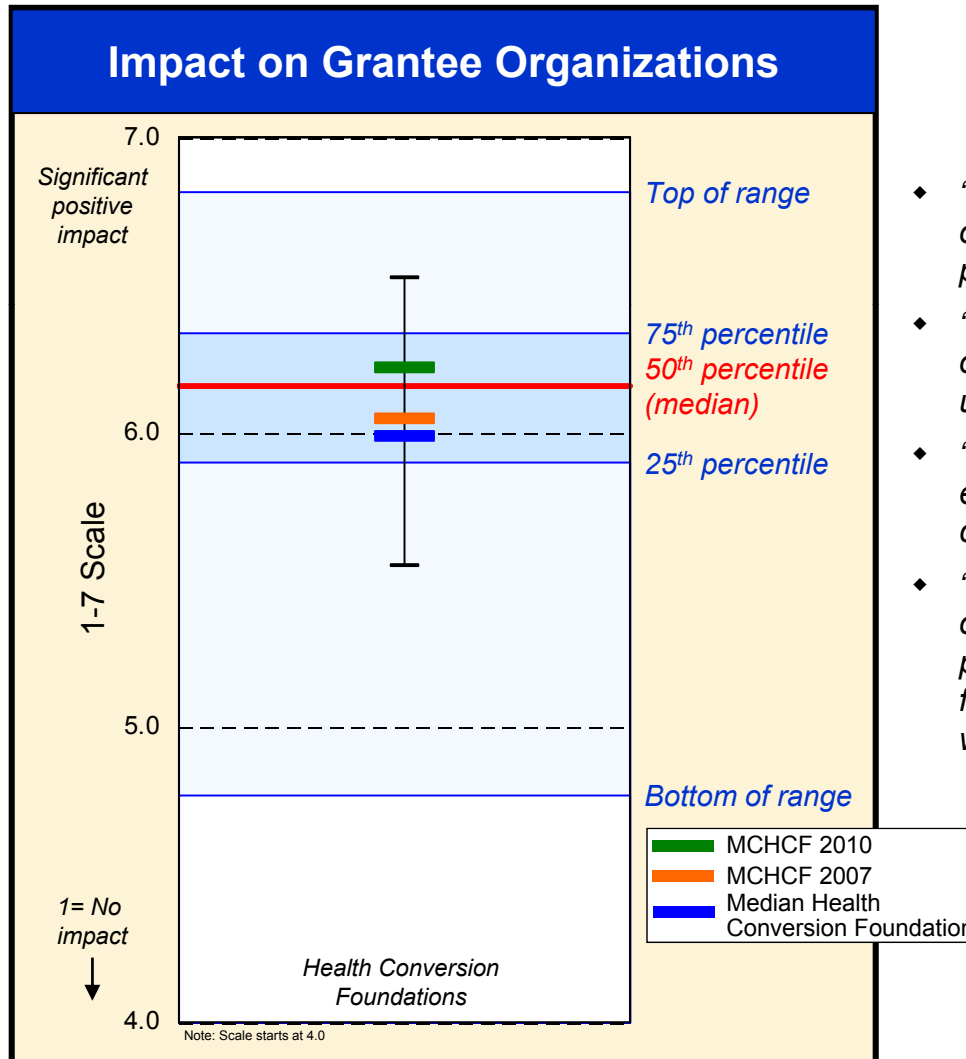
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# Impact on Grantee Organizations

On impact on grantee organizations, MCHCF is rated:

- similarly to the median funder
- above the median health conversion funder



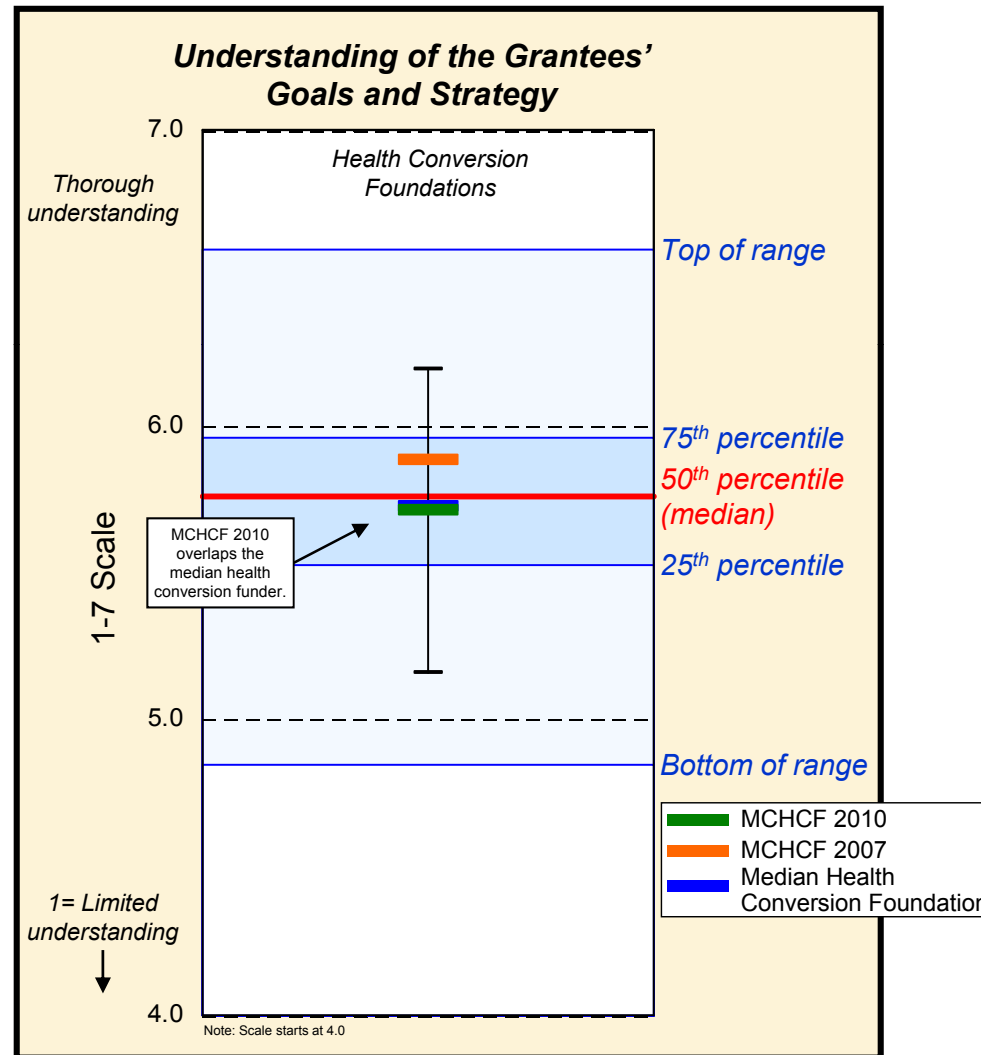
## Selected Grantee Comments

- ♦ “Allowed our organization the opportunity to meet some of the health and social needs of an incredibly vulnerable population.”
- ♦ “The Foundation works collaboratively with our organization to ensure shared expectations and understanding exist.”
- ♦ “They listen carefully to the needs and try to work with each agency to help them meet their needs even if they cannot provide funding.”
- ♦ “Provided financial and non financial assistance [to our organization]. In the past the Foundation has helped by providing short term funding until other consistent funding was obtained.... They understood the impact [our work] would have if clients didn't receive [our] services.”

# Understanding of Grantees' Goals and Strategy

On understanding of grantees' goals and strategy, MCHCF is rated:

- similarly to the median funder
- similarly to the median health conversion funder

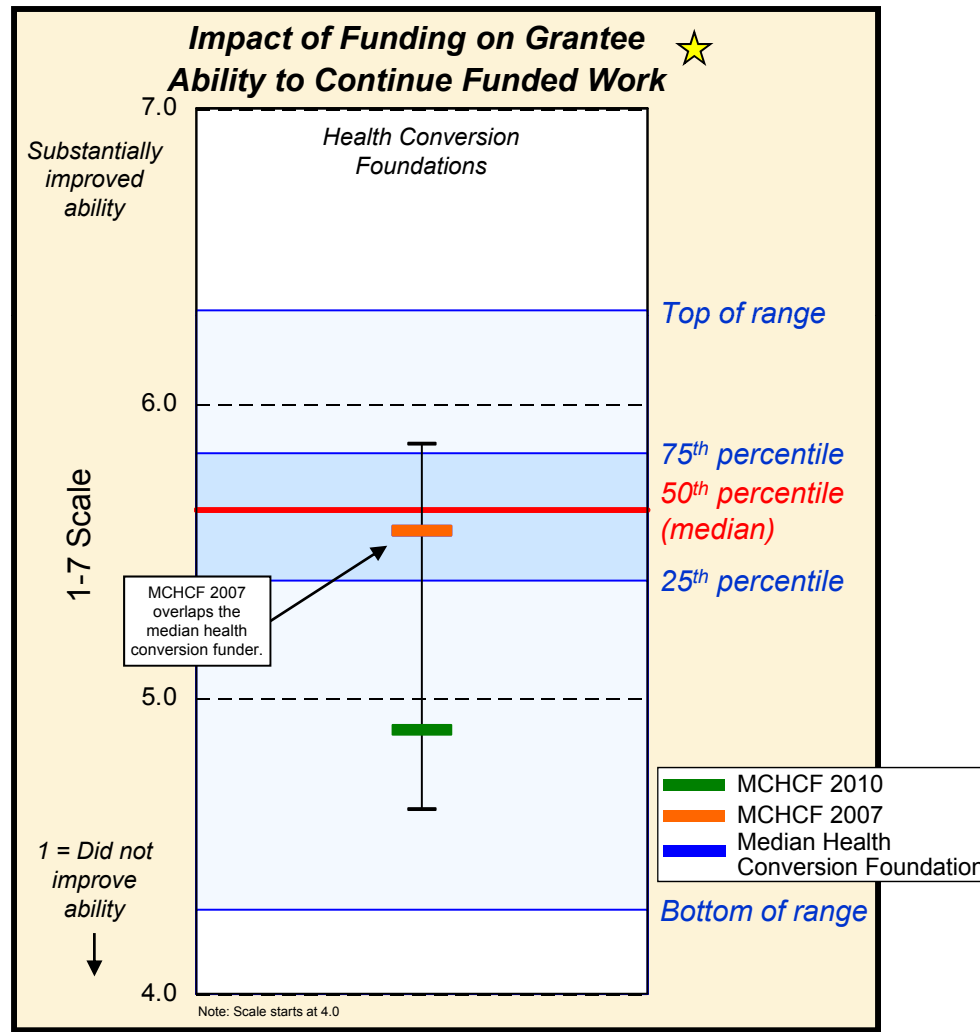


Note: This question includes a "don't know" response option; 4 percent of MCHCF 2010 respondents answered "don't know", compared to 7 percent at the median funder, 6 percent of MCHCF 2007 respondents, and 5 percent of respondents at the median health conversion funder.

# Impact on Sustainability of Funded Work

On the effect of the Foundation's funding on grantees' ability to sustain the work funded by the grant in the future, MCHCF is rated:

- lower than ninety percent of funders
- below the median health conversion funder



Note: This question includes a "don't know/not applicable" response option; 6 percent of MCHCF 2010 respondents answered "don't know/not applicable", compared to 9 percent at the median funder, and 15 percent of respondents at the median health conversion funder.

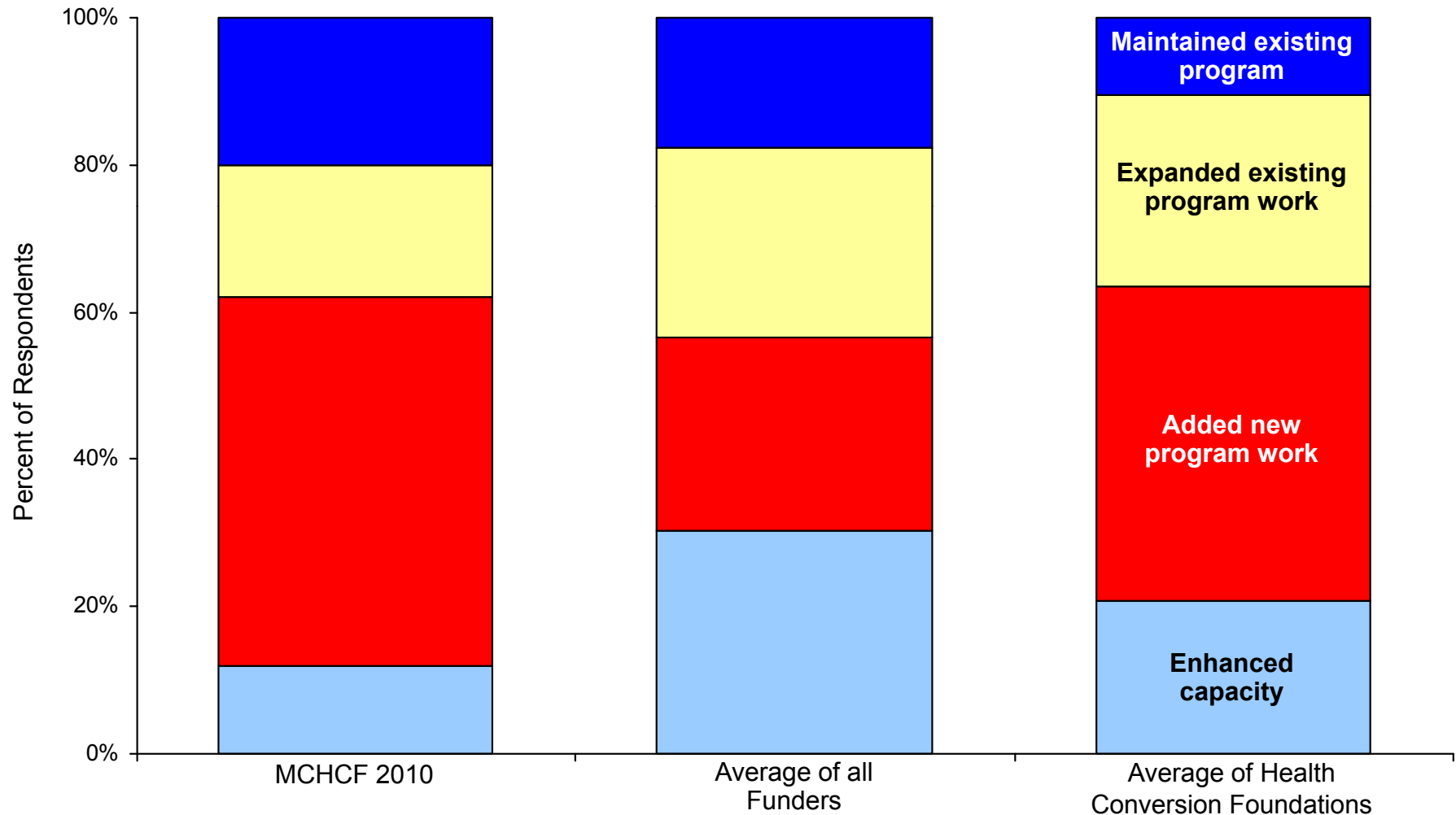
★ = MCHCF 2010 rating is significantly lower than MCHCF 2007 rating at a 90% confidence level.

# Grant Effect

The proportion of MCHCF grantees that used the Foundation's grant primarily to add new program work is:

- larger than that of the average funder
- larger than of the average health conversion funder

**Primary Effect of Grant on Grantee's Organization**



# Grant Patterns Summary (1)

The grant patterns summary segments a funder’s grantmaking by grant characteristics that, across CEP’s dataset, are associated with higher and lower ratings of a funder’s impact on a grantee’s organization. The grant patterns take into account the size and duration of the funder’s grants as well as whether they’ve provided a recipient with general operating or program/project support.<sup>1</sup>

<i>Field-Wide Findings on Impact on Grantee Organization Ratings</i>	<b>Grant Patterns<sup>2</sup></b>
<b>Highest Ratings on Impact on Grantee Organization</b>	General operating support grant + Grant size \$25K or greater + Multi-year in length
<b>Moderate Ratings on Impact on Grantee Organization</b>	Program/Project grant + Grant size \$25K or greater + Multi-year in length OR Program/Project grant + Grant size \$150K or greater + One year in length OR General operating support grant + Grant size \$10K-\$149K + One year in length OR General operating support grant + Grant size \$10K-\$24K + Multi-year in length
<b>Lowest Ratings on Impact on Grantee Organization</b>	Program/Project grant + Grant size \$25K-\$149K + One year in length OR Program/Project grant + Grant Size less than \$25K + Less than 5 years in length OR General operating support grant + Grant size less than \$10K + One year in length

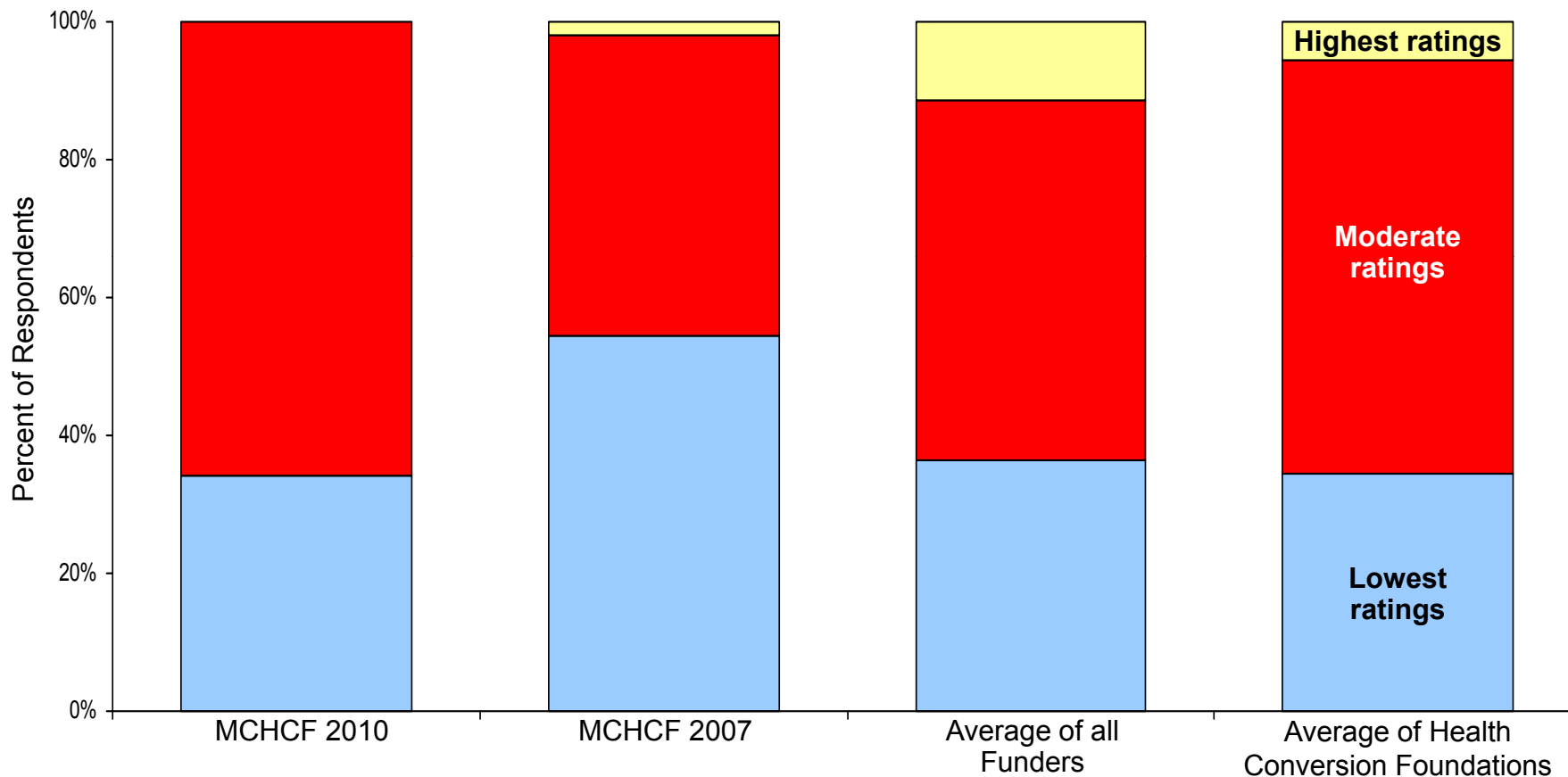
1: All other types of funding are excluded from the grant patterns.

2: Grant patterns listed are representative of the majority of grants that fall within each group. Some patterns are not shown because they are infrequently awarded to grantees.

# Grant Patterns Summary (2)

MCHCF does not award grants in the pattern that CEP field-wide research has shown to result in the highest impact on grantee organization ratings.

**Grant Patterns**



*Survey-Wide Analysis Fact:* By itself, type of grant awarded is not an important predictor of grantees' ratings of a philanthropic funder's impact on their organizations. However, ratings of impact on the grantee organization are higher for operating than program support grantees when those operating support grants are larger and longer term than what funders typically provide. For more information on these findings, please see CEP's report, *In Search of Impact: Practices and Perceptions in Foundations' Provision of Program and Operating Grants to Nonprofits*.

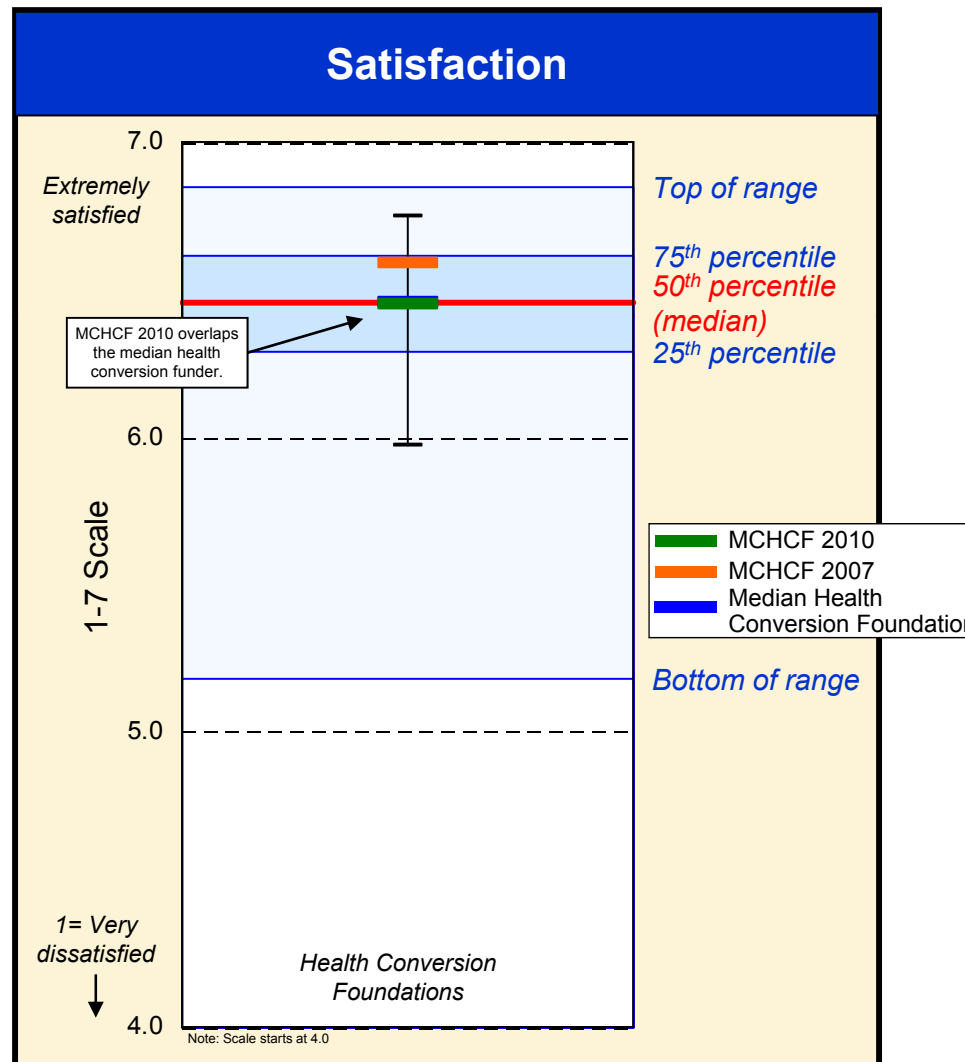
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# Satisfaction

On grantees' overall satisfaction with their experiences with the Foundation, MCHCF is rated:

- similarly to the median funder
- similarly to the median health conversion funder

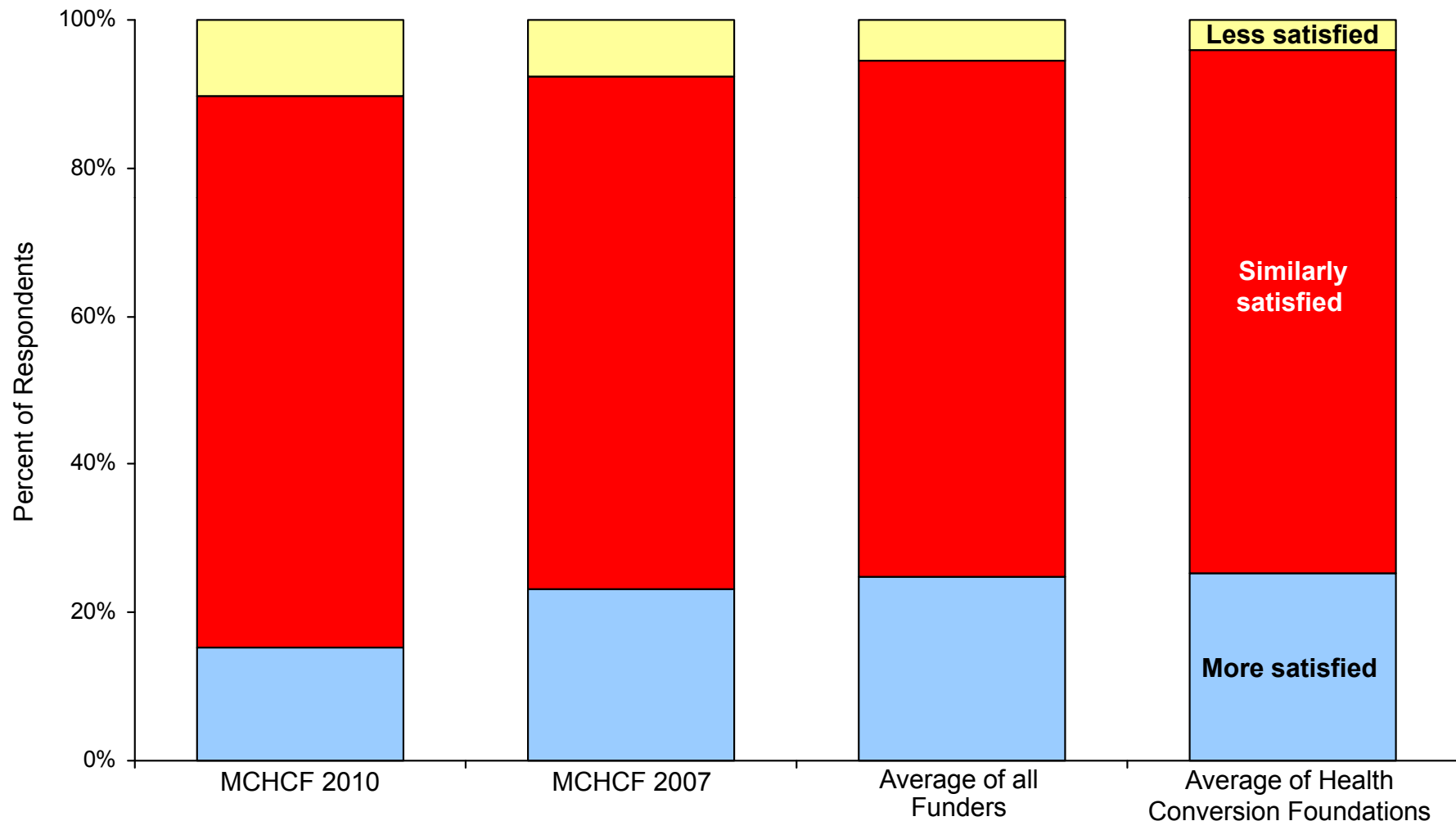


# Satisfaction Relative to Last Year

The proportion of MCHCF grantees that are more satisfied this year with the Foundation than they were last year is:

- smaller than that of the average funder
- smaller than that of the average health conversion funder

**Change in Satisfaction with the Funder from Last Year**

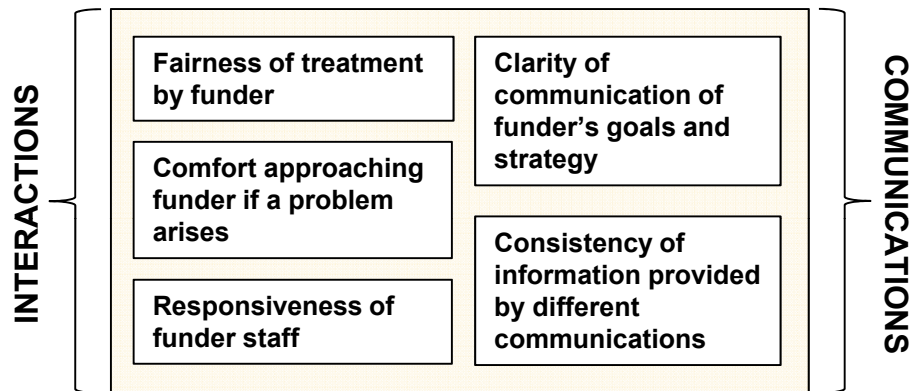


# Funder-Grantee Relationships Summary

On this summary of key components of funder-grantee relationships, MCHCF is rated:

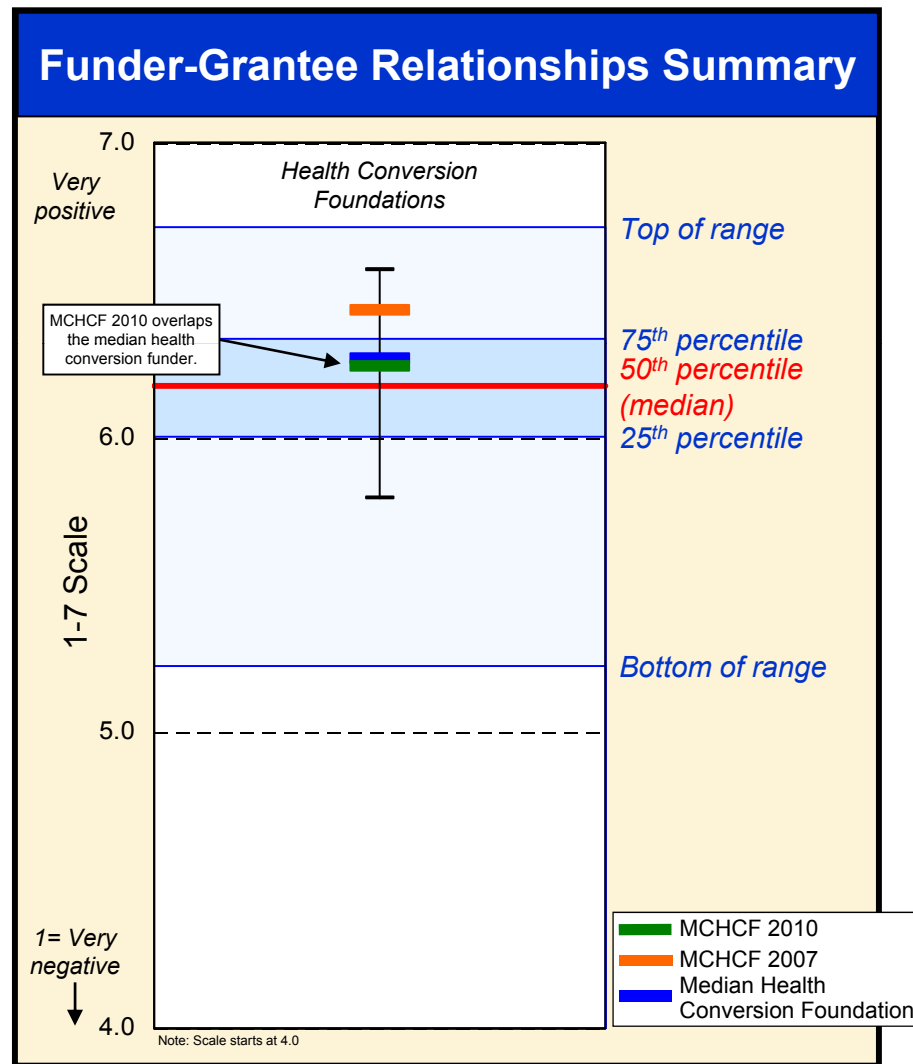
- similarly to the median funder
- similarly to the median health conversion funder

## Key Components of Funder-Grantee Relationships Measure



Survey-Wide Analysis Fact: What best predict grantee ratings on the *Funder-Grantee Relationships Summary*? 1) *Understanding*: Understanding of funded organizations' goals and strategies; 2) *Selection*: Helpfulness of selection process and mitigation of pressure to modify priorities; 3) *Expertise*: Understanding of fields and communities; 4) *Contact*: Initiation of contact and with appropriate frequency. For more on these findings and resulting management implications, please see CEP's report, *Working with Grantees: The Keys to Success and Five Program Officers Who Exemplify Them*.

Note: Index created by averaging grantee ratings of comfort approaching the Foundation if a problem arises, responsiveness of the Foundation staff, fairness of the Foundation's treatment of grantees, clarity of communication of the Foundation's goals and strategy, and the consistency of information provided by different communication resources. The data above reflects only the responses of grantees who answered all five of these questions.



# Funder-Grantee Relationship Comments

## Selected Grantee Comments

### Interactions

- ◆ *“Whenever I’ve contacted the Foundation staff they’ve been knowledgeable, supportive, friendly and open to my questions and concerns.”*
- ◆ *“[Staff] are helpful but they sometimes lose emails/reports and make you resubmit them.”*
- ◆ *“The Foundation staff members are always easily available, approachable and professional.”*
- ◆ *“Working with the MetroWest Foundation in this program has been a great pleasure! The level of communication and support from the staff has tremendously help us to achieve our goals in the delivery of services to underserved populations in MetroWest. They provide a great level of support and quickly respond to our questions and inquiries.”*

### Communications

- ◆ *“Staff was always available to answer my questions during the grant writing process and other times. MetroWest was very clear about its funding priorities and the type of grant it funds.”*
- ◆ *“At times our staff found guidance confusing.”*
- ◆ *“MetroWest was very clear about its funding priorities and the type of grant it funds.”*
- ◆ *“The Foundation does a very effective job of communicating its goals.”*

# Interactions Measures

On fairness of treatment of grantees, MCHCF is rated:

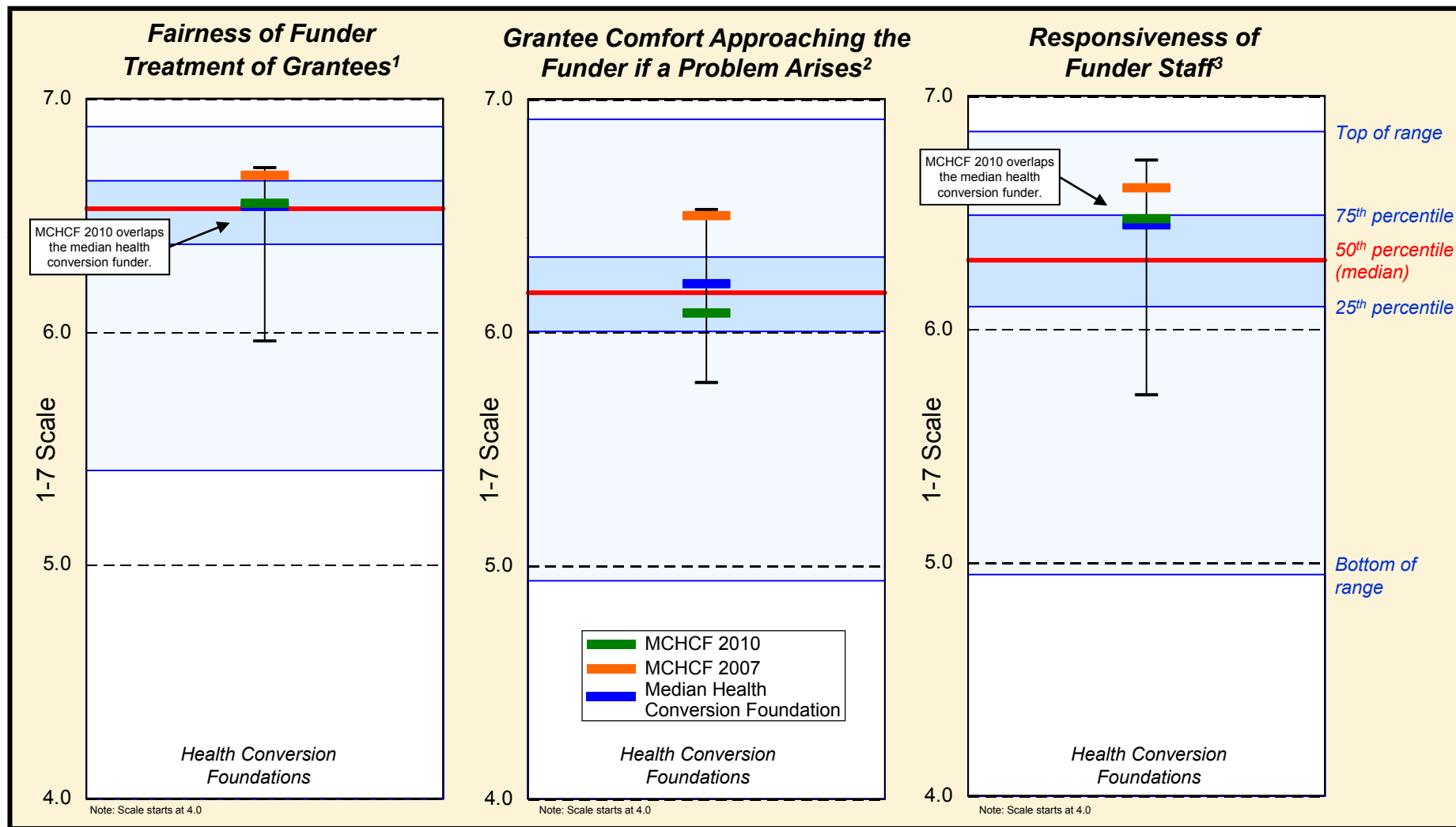
- similarly to the median funder
- similarly to the median health conversion funder

On grantees' comfort in approaching the Foundation if a problem arises, MCHCF is rated:

- below the median funder
- below the median health conversion funder

On responsiveness of Foundation staff to grantees, MCHCF is rated:

- above the median funder
- similarly to the median health conversion funder



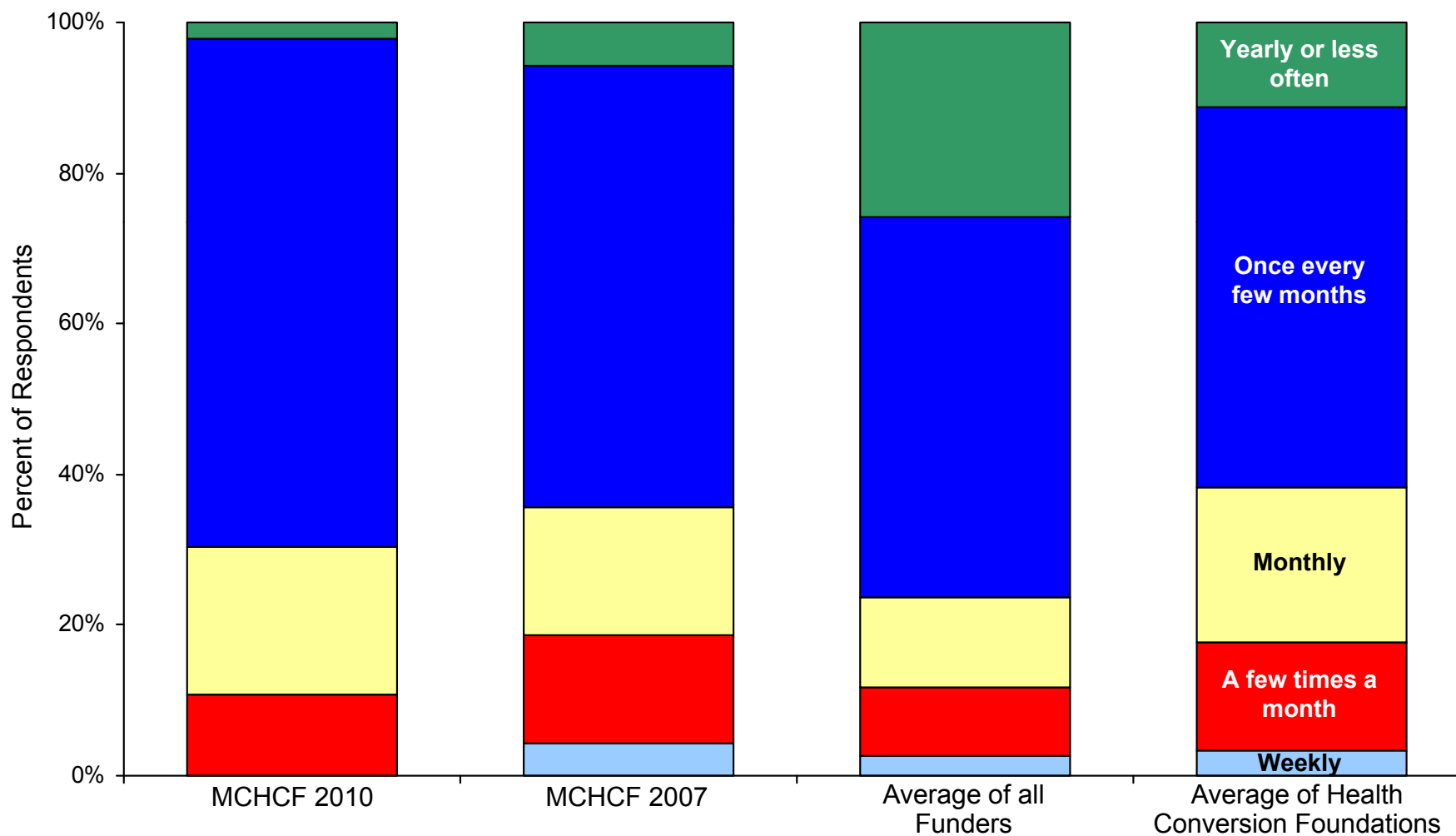
1: Scale goes from 1 = Not at all fairly to 7 = Extremely fairly.  
 2: Scale goes from 1 = Not at all comfortable to 7 = Extremely comfortable.  
 3: Scale goes from 1 = Not at all responsive to 7 = Extremely responsive.

# Frequency of Interactions

The proportion of MCHCF grantees that report interacting with their program officer yearly or less often is:

- smaller than that of the average funder
- smaller than that of the average health conversion funder

*Frequency of Grantee Contact with Program Officer During Grant*

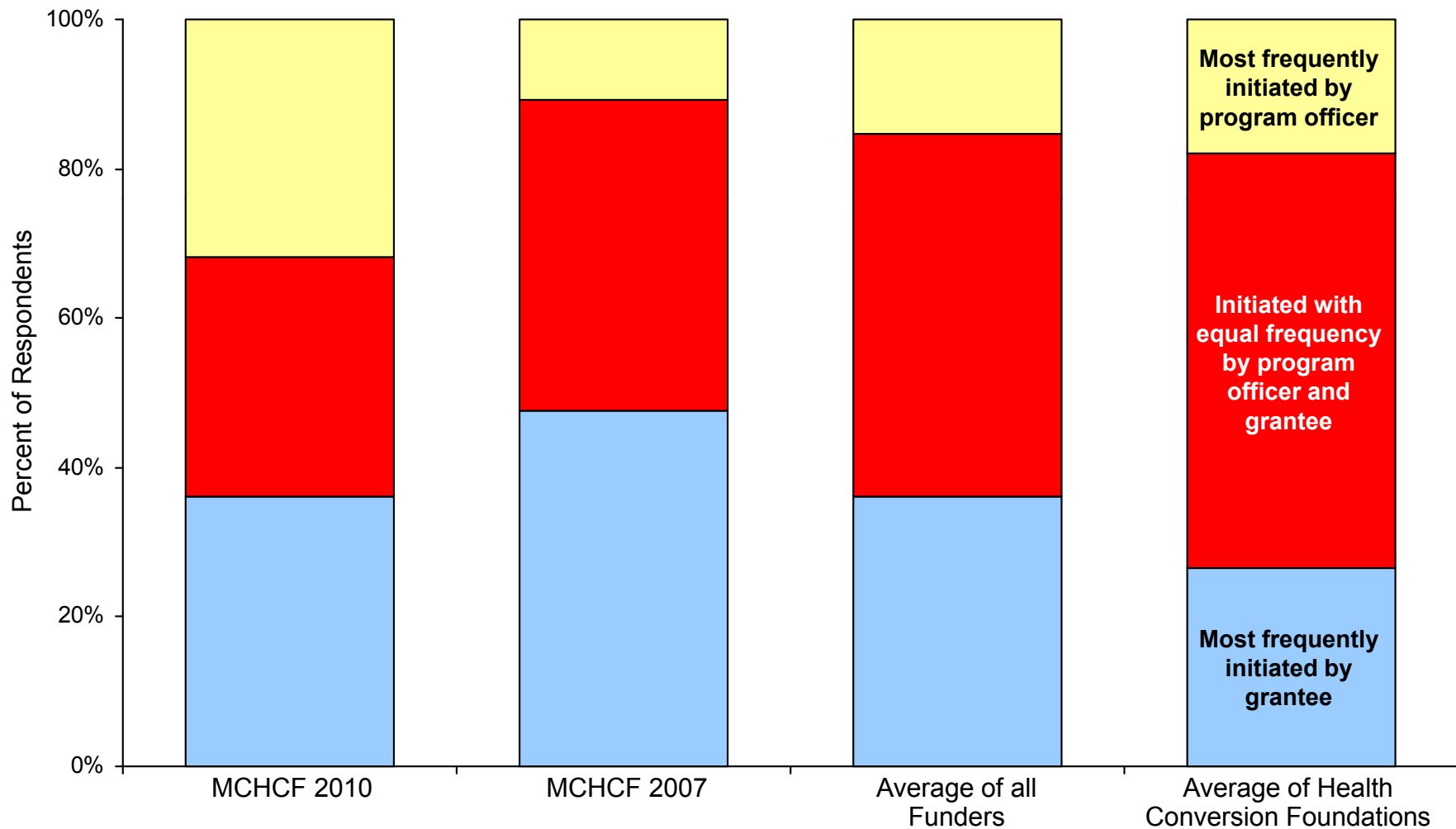


# Initiation of Interactions

The proportion of MCHCF grantees that report that they most frequently initiate interactions with the Foundation is:

- similar to that of the average funder
- larger than that of the average health conversion funder

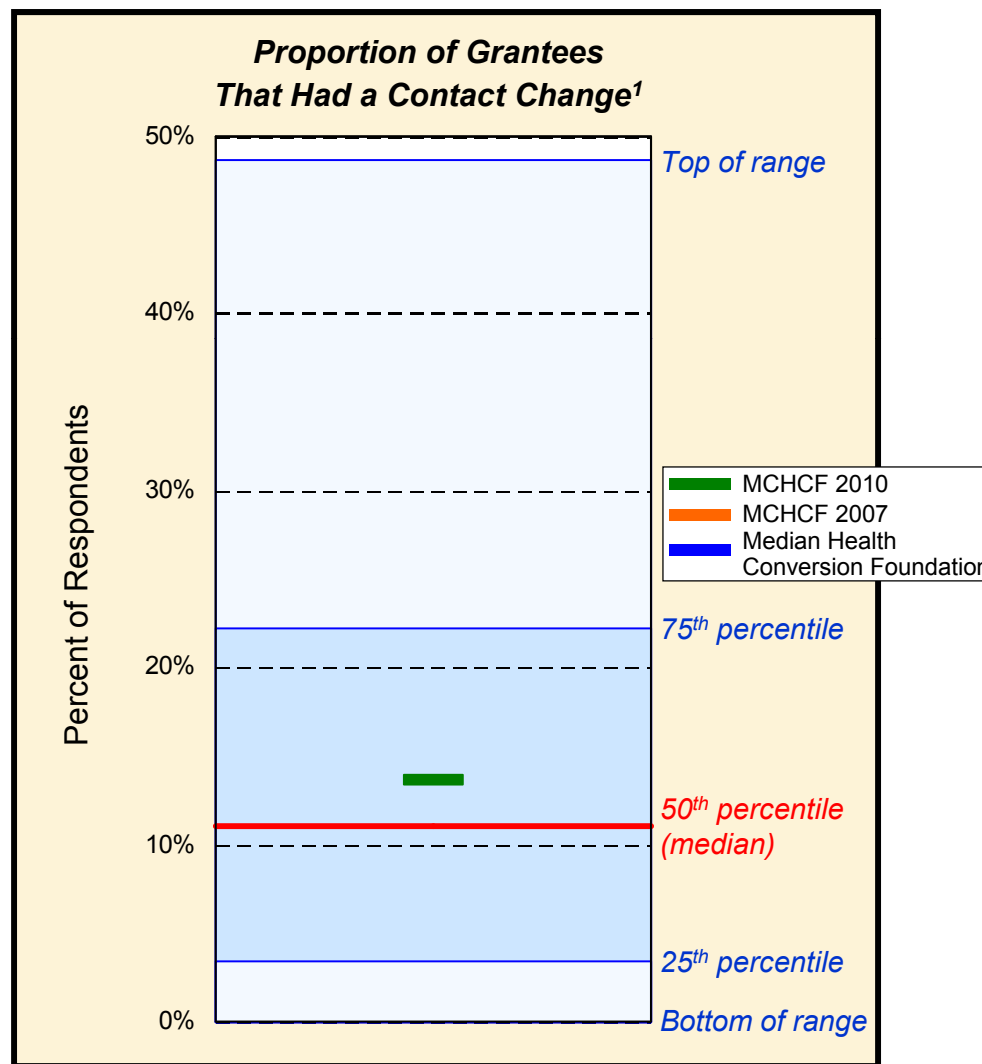
*Initiation of Grantee Contact with Program Officer During Grant*



# Proportion of Grantees That Had a Change in Primary Contact

The proportion of MCHCF grantees who had a change in their primary contact in the last six months is:

- similar to that of the median funder

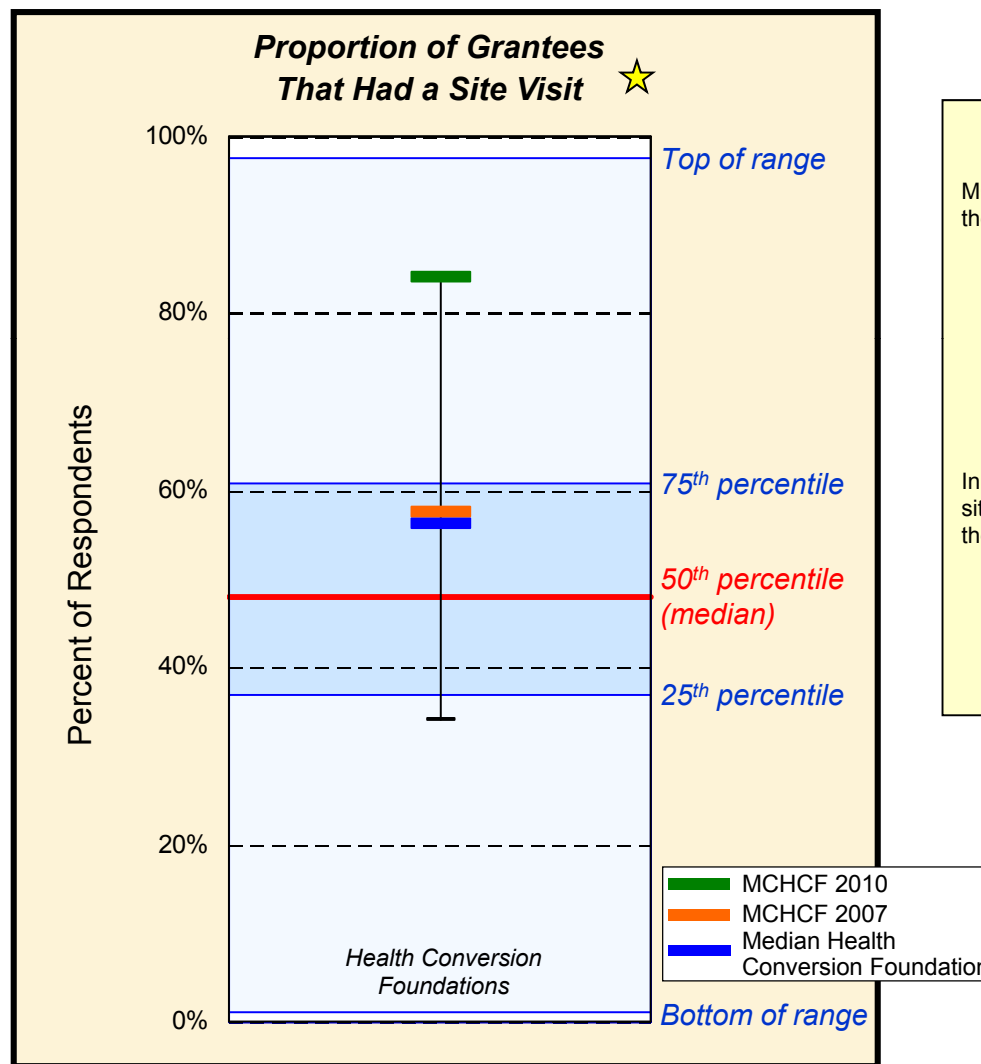


1: Represents data from 65 funders. MCHCF 2007 data and median health conversion funder data not available due to changes to the survey instrument.

# Proportion of Grantees That Had a Site Visit

The proportion of MCHCF grantees receiving a site visit is:

- larger than that of ninety percent of funders
- larger than that of all other health conversion funders



### Behind the Numbers – Variation by Site Visit

MCHCF grantees that report receiving a site visit from the Foundation tend to rate MCHCF less positively on:

- ♦ Overall satisfaction with the Foundation
- ♦ Strength of funder-grantee relationships
- ♦ Impact of MCHCF's reputation on grantees' ability to secure funding from other sources
- ♦ Helpfulness of the selection and reporting/evaluation processes in strengthening grantees' organizations

In particular, MCHCF grantees that report receiving a site visit as part of the reporting/evaluation process rate the Foundation significantly less positively on:

- ♦ Impact on and ability to advance knowledge in grantees' fields
- ♦ Impact on grantees' organizations
- ♦ Overall satisfaction with the Foundation
- ♦ Strength of funder-grantee relationships

Note: Chart created by aggregating data about site visits that occurred during the selection, reporting and evaluation processes, and during the course of the grant.

★ = MCHCF 2010 rating is significantly higher than MCHCF 2007 rating at a 90% confidence level.

# Communications Measures

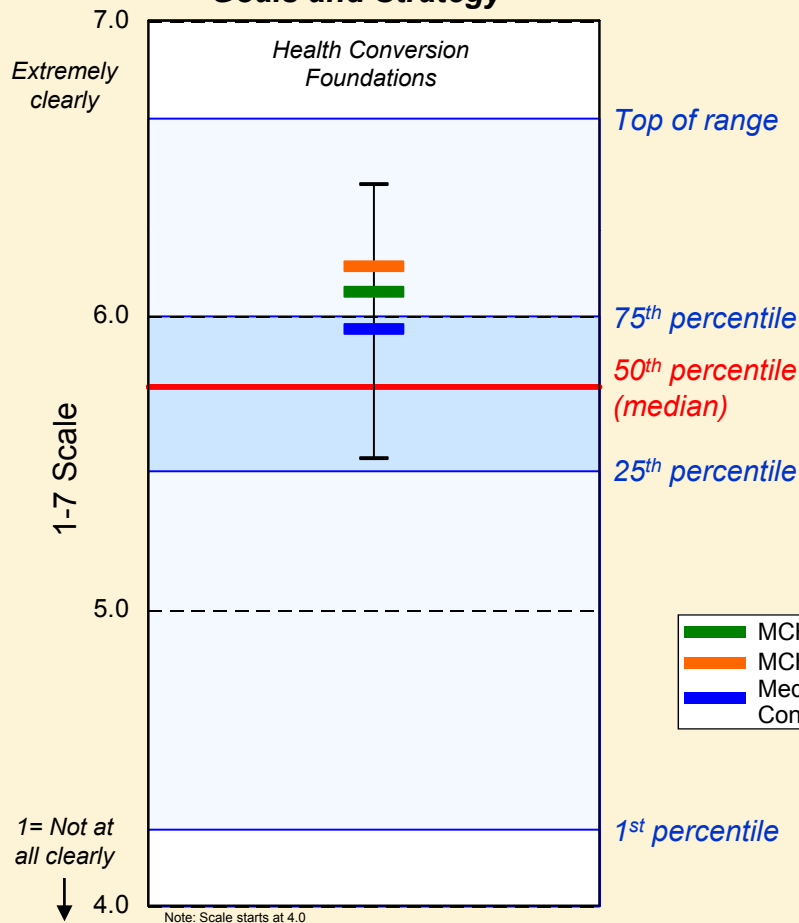
On clarity of the Foundation's communication of its goals and strategy, MCHCF is rated:

- above the median funder
- above the median health conversion funder

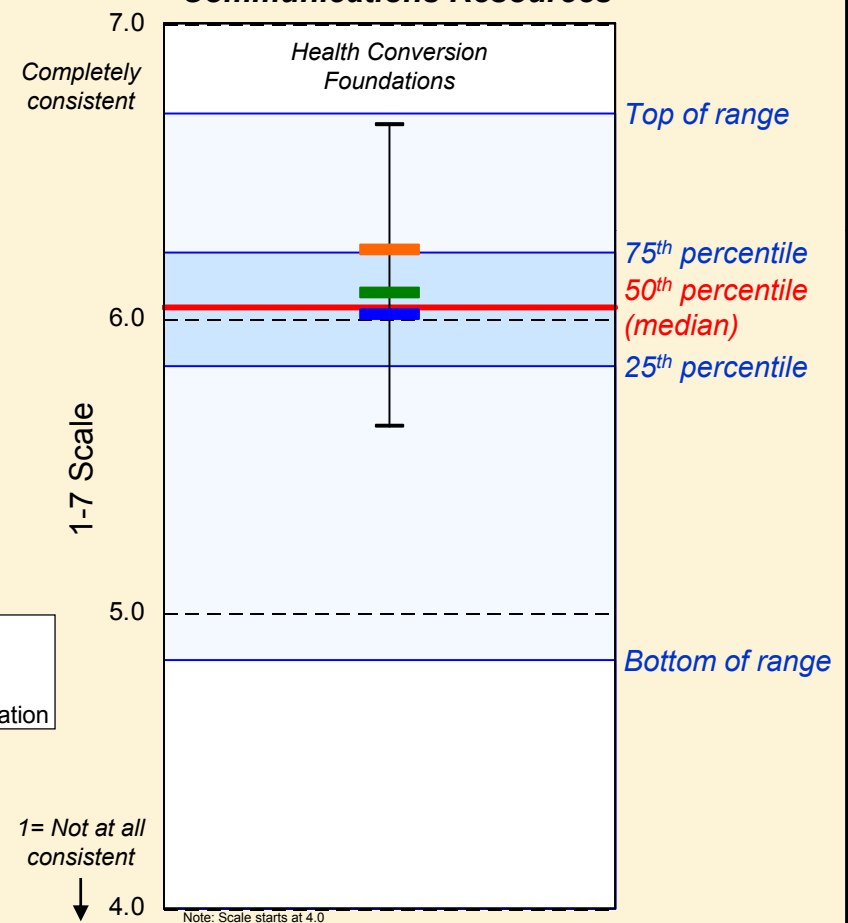
On consistency of the Foundation's communications resources, both personal and written, MCHCF is rated:

- similarly to the median funder
- similarly to the median health conversion funder

**Clarity of Funder Communication of Goals and Strategy**



**Consistency of Information Provided by Communications Resources**

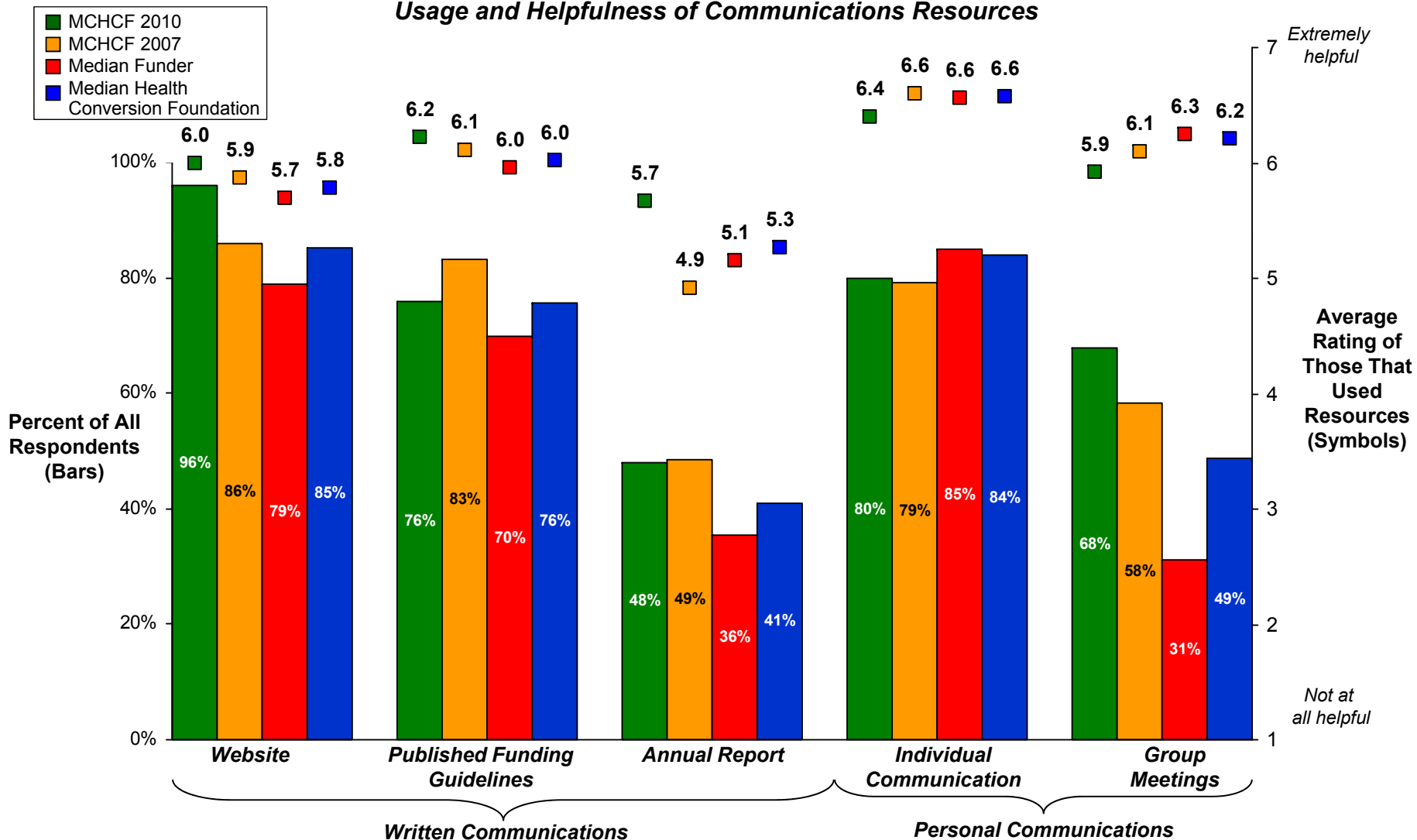


Note: In the left-hand chart, data is not shown from one funder whose clarity of communication rating is less than 4.0. In the right-hand chart, this question includes a "used one or no resources" response option; 0 percent of MCHCF 2010 respondents indicated they had used one or no resources, compared to 5 percent at the median funder, 4 percent of MCHCF 2007 respondents, and 4 percent of respondents at the median health conversion funder.

# Communications Resources

Compared to the median philanthropic funder, a larger than typical proportion of MCHCF grantees report using the Foundation's written communications resources to learn about the Foundation, and rate them above typical on their helpfulness to grantees. Grantees rate the helpfulness of the Foundation's personal communications resources below typical.

*Usage and Helpfulness of Communications Resources*



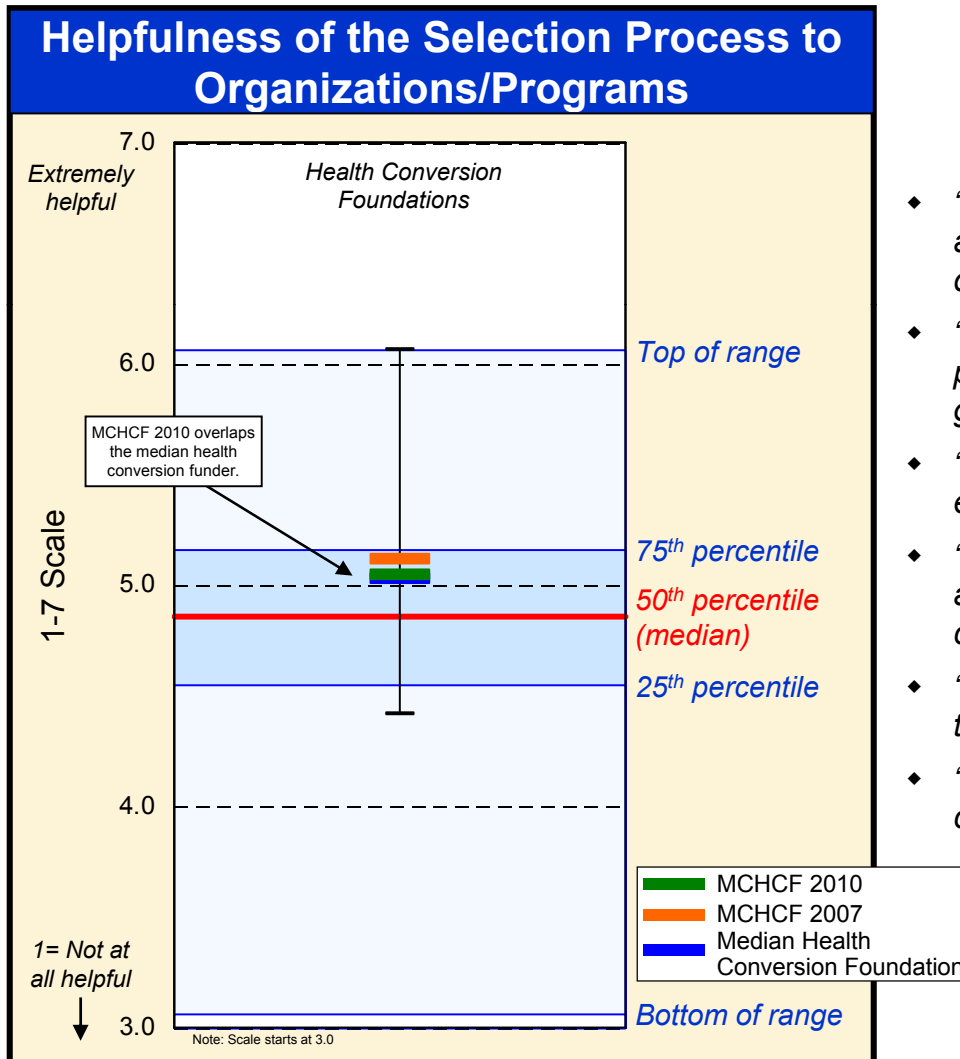
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# Helpfulness of Selection Process

On helpfulness of the Foundation's selection process in strengthening funded organizations/programs, MCHCF is rated:

- above the median funder
- similarly to the median health conversion funder



## Selected Grantee Comments

- ♦ “The Foundation is transparent. The guidelines are strict and designed to improve quality but they are not rigid or designed to limit or hamper service.”
- ♦ “The Foundation has done all they can to streamline the process of applying for and managing one of their grants.”
- ♦ “The most supportive and helpful grant process we have ever engaged in.”
- ♦ “We spent a great deal of time preparing our proposal, and discussing it with the staff only to have it widely criticized for omissions once it was reviewed.”
- ♦ “I’m not a huge fan of the online process in general, but the Foundation’s is one of the better.”
- ♦ “The grant application process was well organized and clearly articulated.”

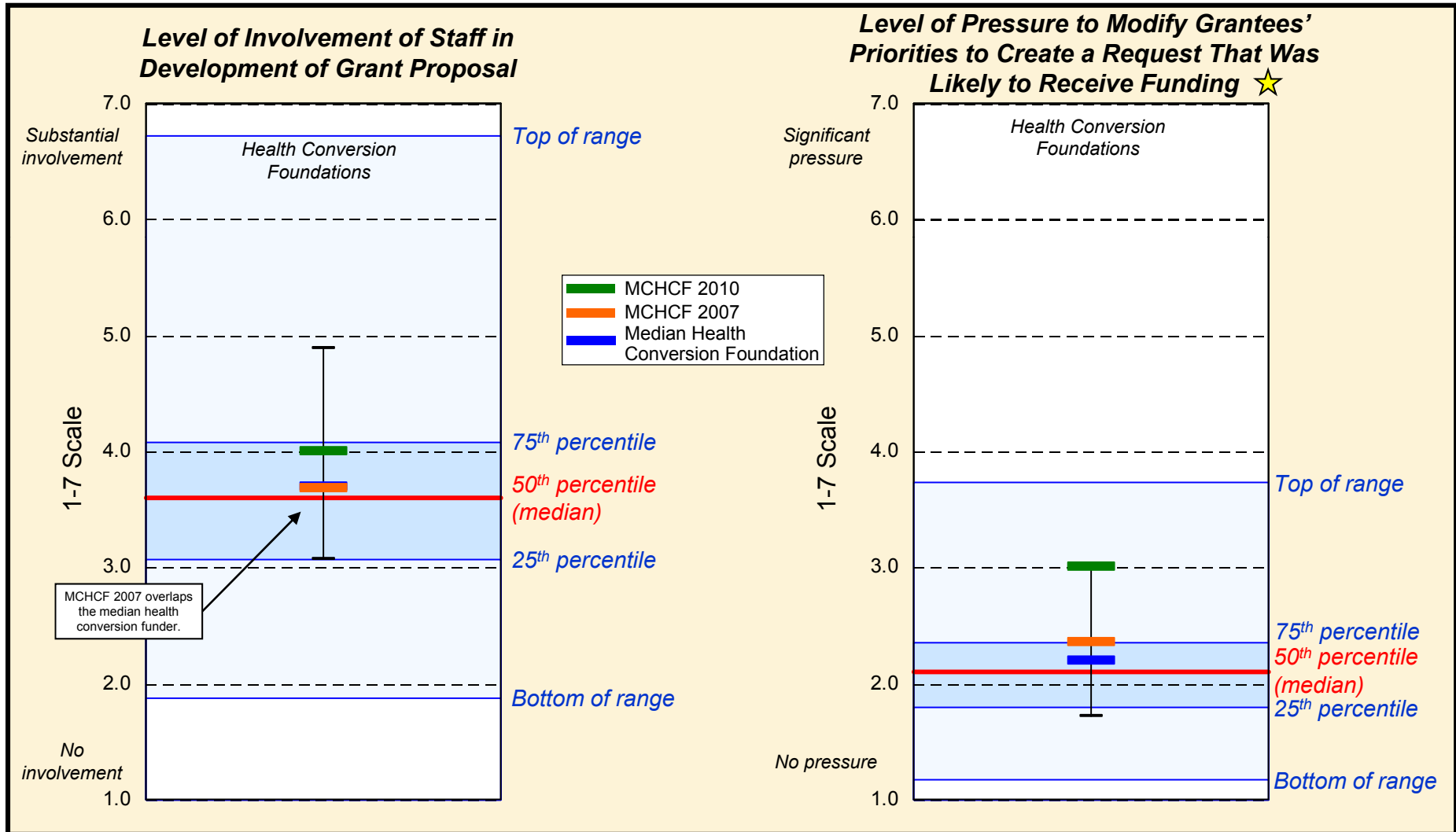
# Funder Involvement and Pressure in Selection Process

On the level of involvement in the development of grantees' proposals, MCHCF is rated:

- above the median funder
- above the median health conversion funder

On the level of pressure grantees feel to modify their priorities to create a proposal that was likely to receive funding, MCHCF is rated:

- higher than ninety percent of funders
- higher than all other health conversion funders



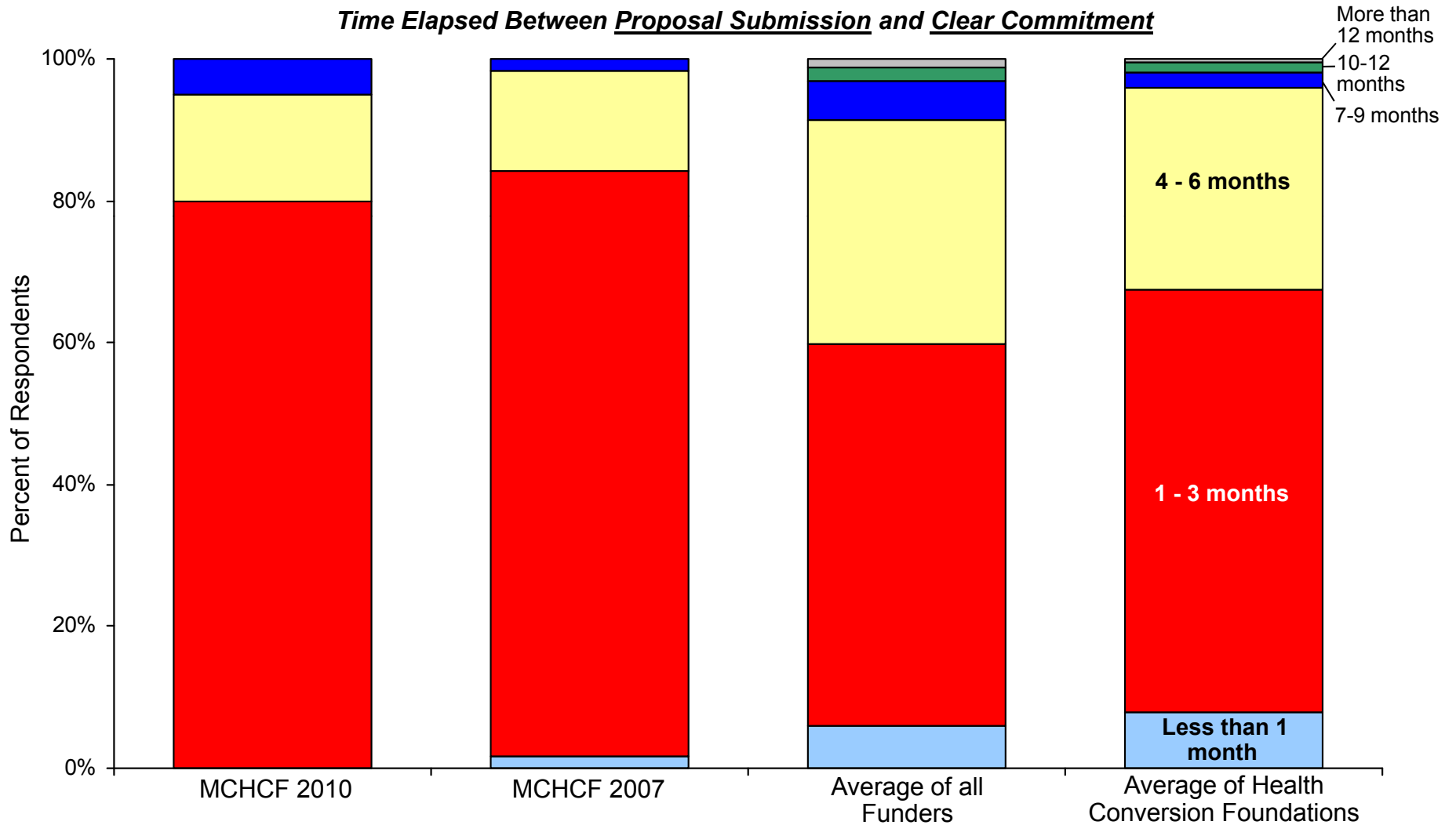
★ = MCHCF 2010 rating is significantly higher than MCHCF 2007 rating at a 90% confidence level.

# Time Between Submission and Clear Commitment

The proportion of MCHCF grantees that report that four months or more elapsed between submission of proposal and clear commitment of funding is:

- smaller than that of the average funder
- smaller than that of the average health conversion funder

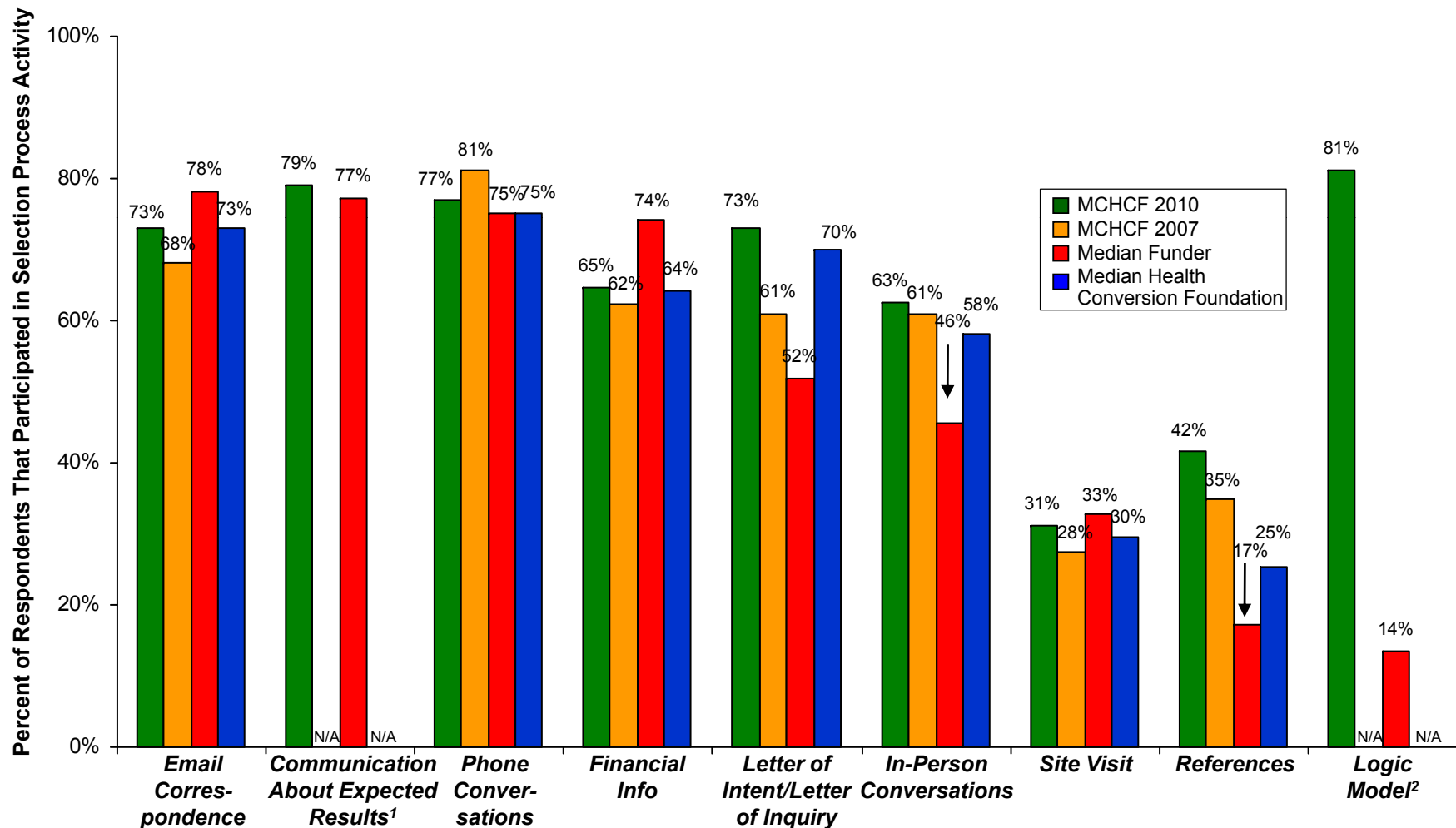
*Time Elapsed Between Proposal Submission and Clear Commitment*



# Selection Process Activities

Compared to grantees of the median philanthropic funder, MCHCF grantees more frequently report using a logic model, submitting references, and engaging and in-person conversations with Foundation staff as part of the selection process.

Selection Process Activities



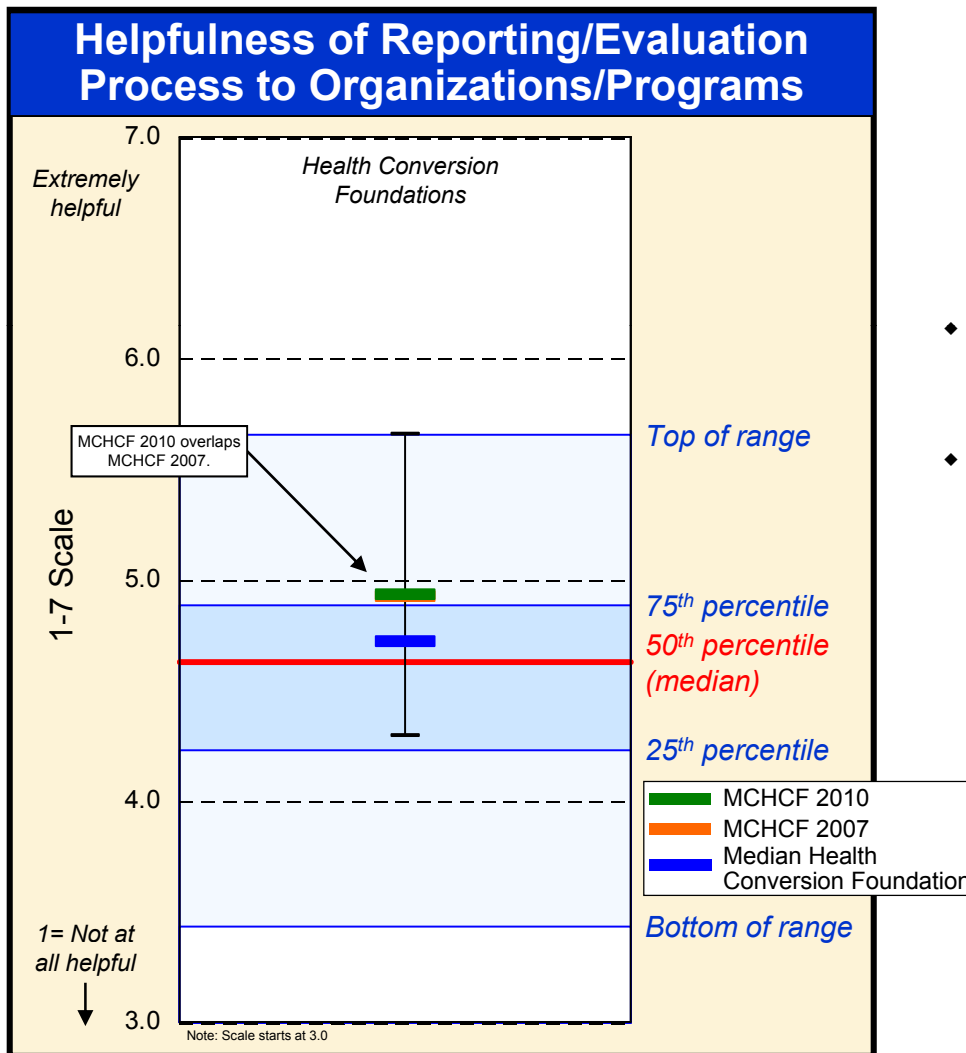
1: Represents data from 59 funders. MCHCF 2007 and median health conversion foundation data not available due to changes to the survey instrument.

2: Represents data from 45 funders. MCHCF 2007 and median health conversion foundation data not available due to changes to the survey instrument.

# Helpfulness of Reporting and Evaluation Processes

On helpfulness of the Foundation's reporting/evaluation process in strengthening funded organizations/programs, MCHCF is rated:

- above the median funder
- above the median health conversion funder



## Selected Grantee Comments

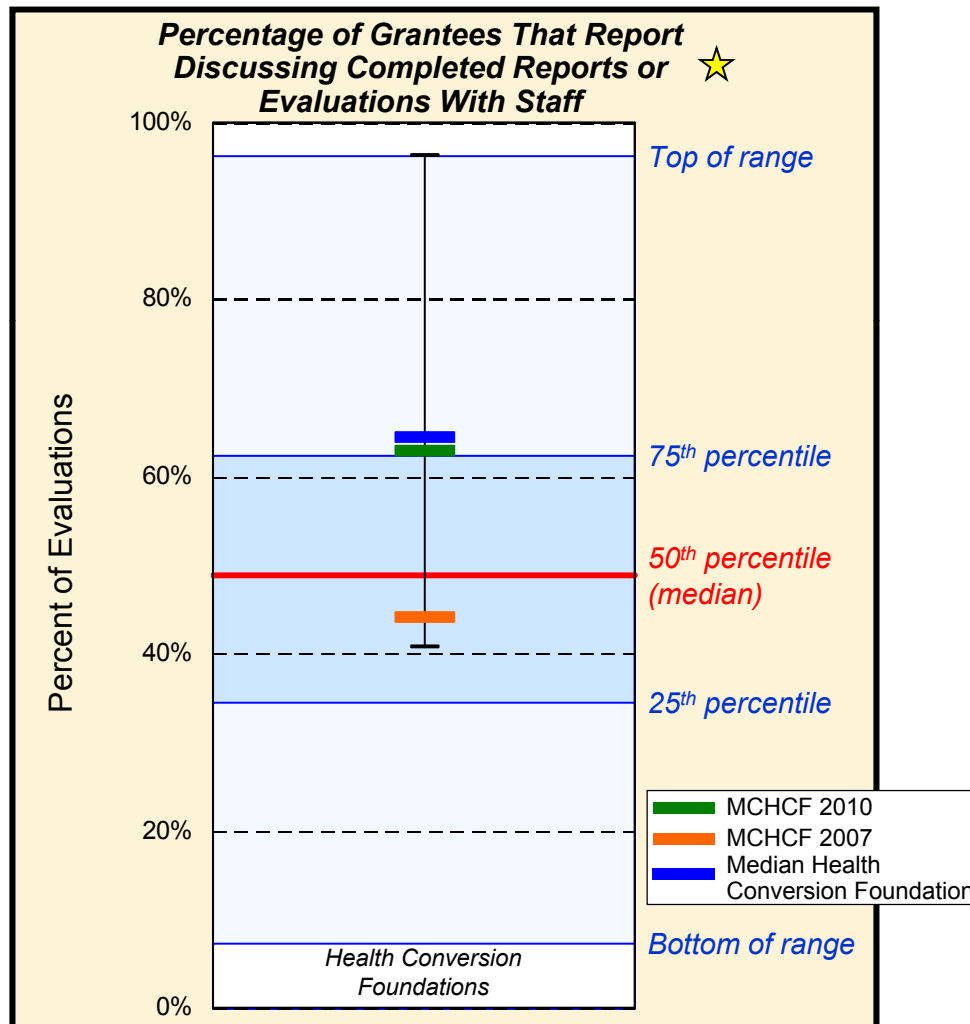
- ♦ "Foundation's focus on outcomes and logic models improved our organization's practices across all programs."
- ♦ "Requested information and reporting is a burden."

Note: This question was only asked of those grantees that had participated in a reporting or evaluation process by the time they took the survey. For MCHCF 2010, 92 percent of grantees indicated that they had participated in a reporting or evaluation process by the time they took the survey, compared to 61 percent at the median funder, 76 percent of MCHCF 2007 respondents, and 72 percent of respondents at the median health conversion funder.

# Reporting and Evaluation Processes

The proportion of MCHCF grantees that reported discussing their completed reports or evaluations with Foundation staff is:

- larger than that of the median funder
- similar to that of the median health conversion funder



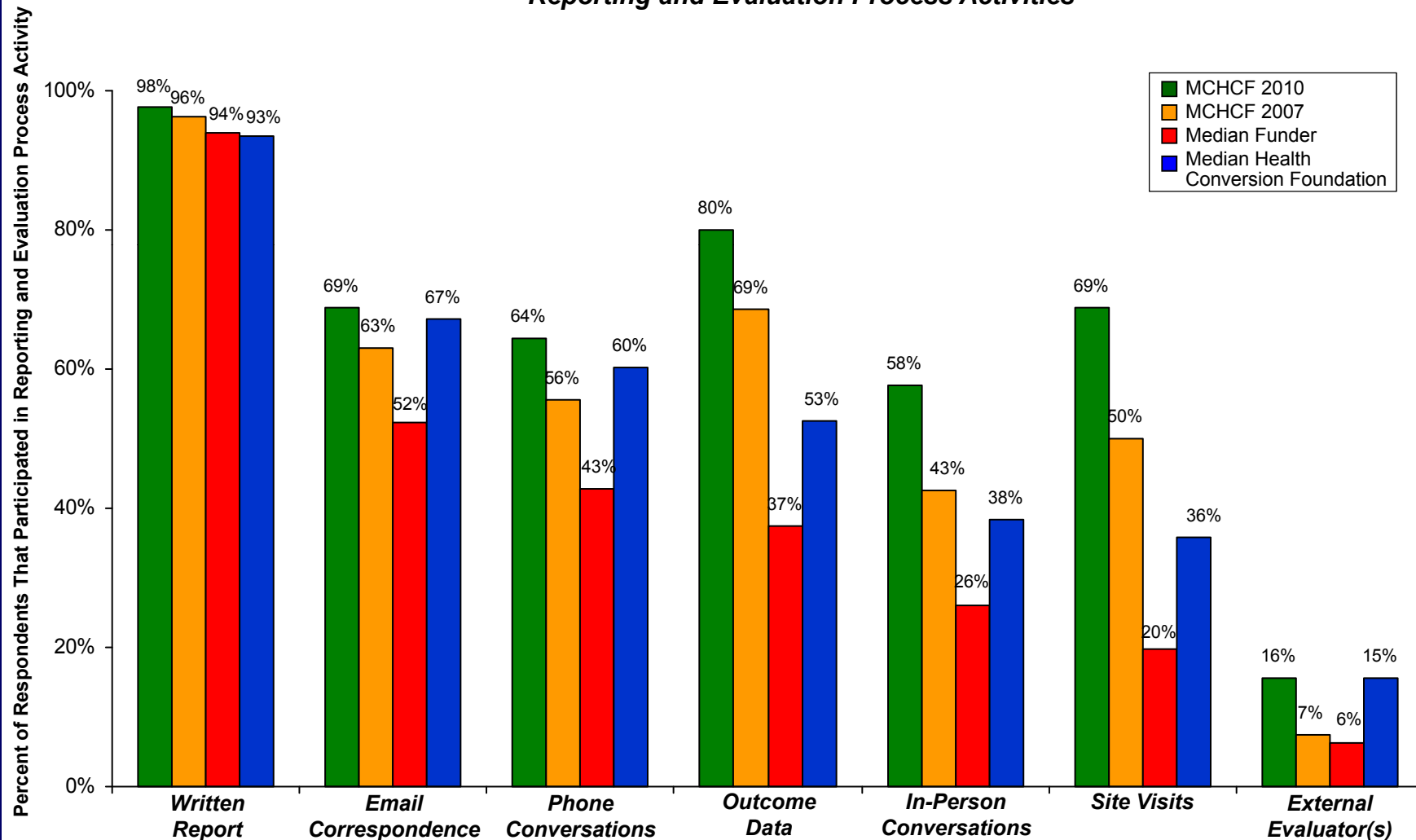
Note: This question was only asked of those grantees that had participated in a reporting or evaluation process by the time they took the survey. For MCHCF 2010, 92 percent of grantees indicated that they had participated in a reporting or evaluation process by the time they took the survey, compared to 61 percent at the median funder, 76 percent of MCHCF 2007 respondents, and 72 percent of respondents at the median health conversion funder.

★ = MCHCF 2010 rating is significantly higher than MCHCF 2007 rating at a 90% confidence level.

# Reporting and Evaluation Process Activities

MCHCF grantees more frequently report receiving site visits, submitting outcome data, and engaging in phone and in-person conversations with Foundation staff as part of the reporting and evaluation processes than is typical.

*Reporting and Evaluation Process Activities*

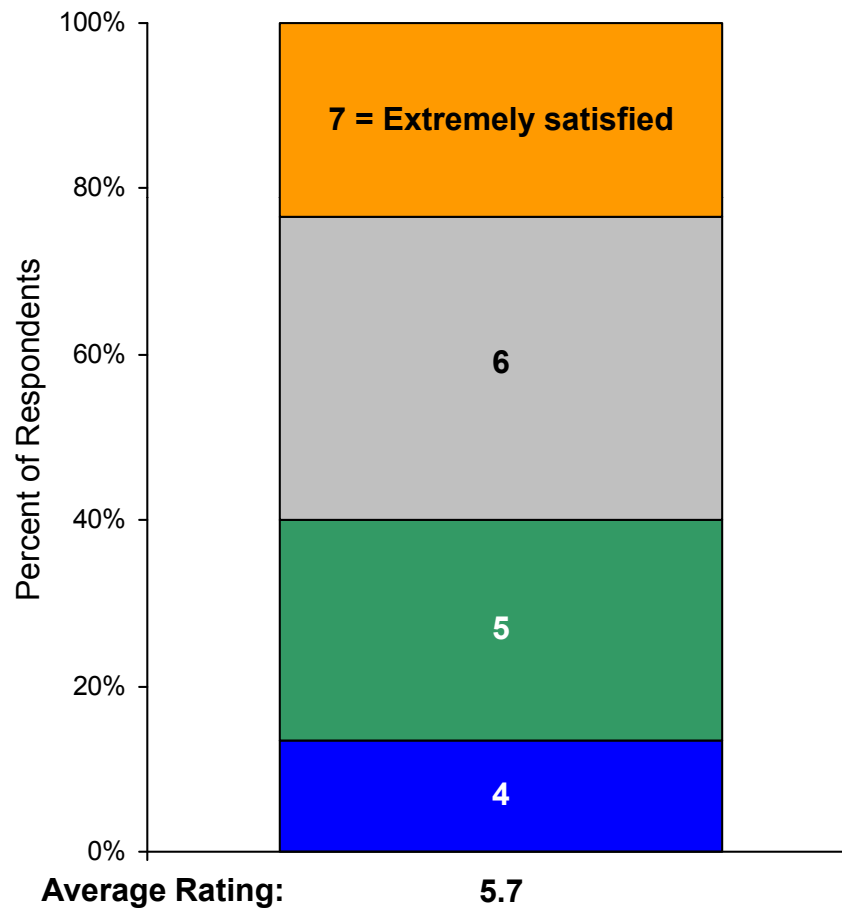


Note: This question was only asked of those grantees that had participated in a reporting or evaluation process by the time they took the survey. For MCHCF 2010, 92 percent of grantees indicated that they had participated in a reporting or evaluation process by the time they took the survey, compared to 61 percent at the median funder, 76 percent of MCHCF 2007 respondents, and 72 percent of respondents at the median health conversion funder.

# Online Reporting Process

MCHCF grantees were asked to rate their satisfaction with the Foundation’s new online reporting process, if they had used it, where 1 = “Not at all satisfied” and 7 = “Extremely satisfied.” Of the 60 percent of grantees who had used the online reporting process, no grantees reported that they were not satisfied with the new online reporting process.

*“If you have used the new online reporting process, how satisfied were you with it?”*

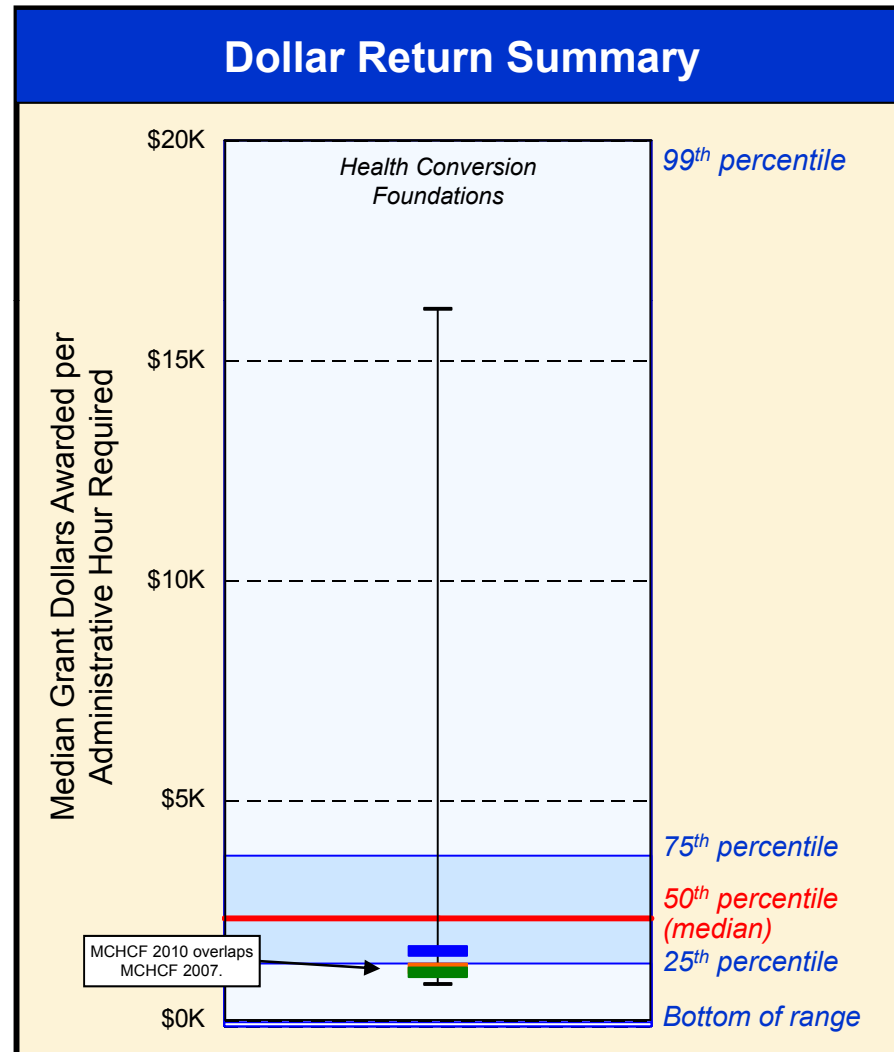


Note: Comparative data not available because this question was only asked of MCHCF grantees. Forty percent of MCHCF grantees chose the “Not applicable” option.

# Dollar Return Summary

This summary measure includes the total grant dollars awarded and the total time necessary to fulfill the administrative requirements over the lifetime of the grant. At the median, the number of dollars awarded per hour of administrative time spent by MCHCF grantees is:

- less than that of the median funder
- less than that of the median health conversion funder



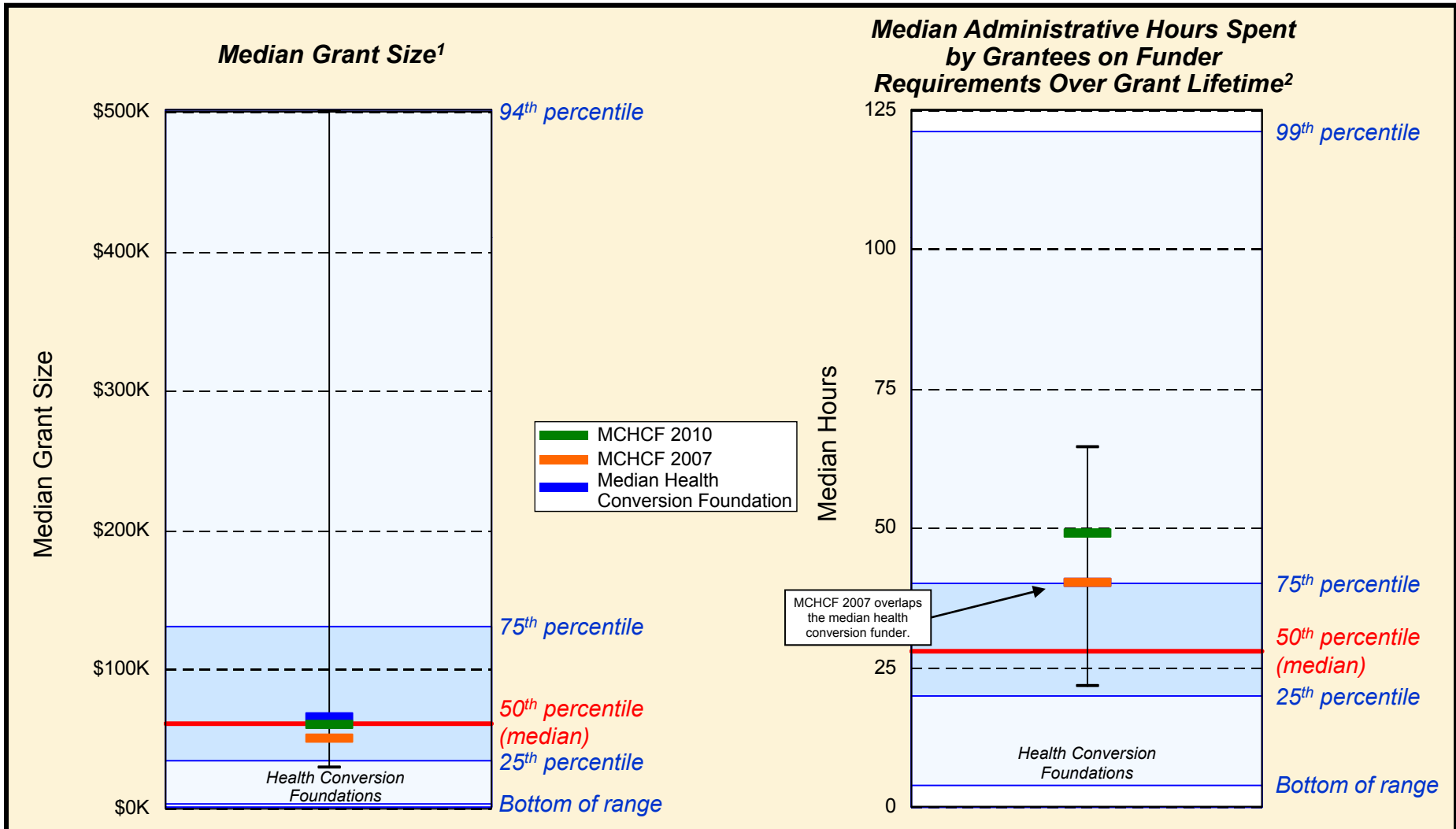
# Grant Size and Administrative Time

At the median, the grant size reported by MCHCF grantees is:

- similar to that of the median funder
- similar to that of the median health conversion funder

At the median, the number of hours of administrative time spent by MCHCF grantees during the course of the grant is:

- greater than the time spent by grantees of the median funder
- greater than the time spent by grantees of the median health conversion funder



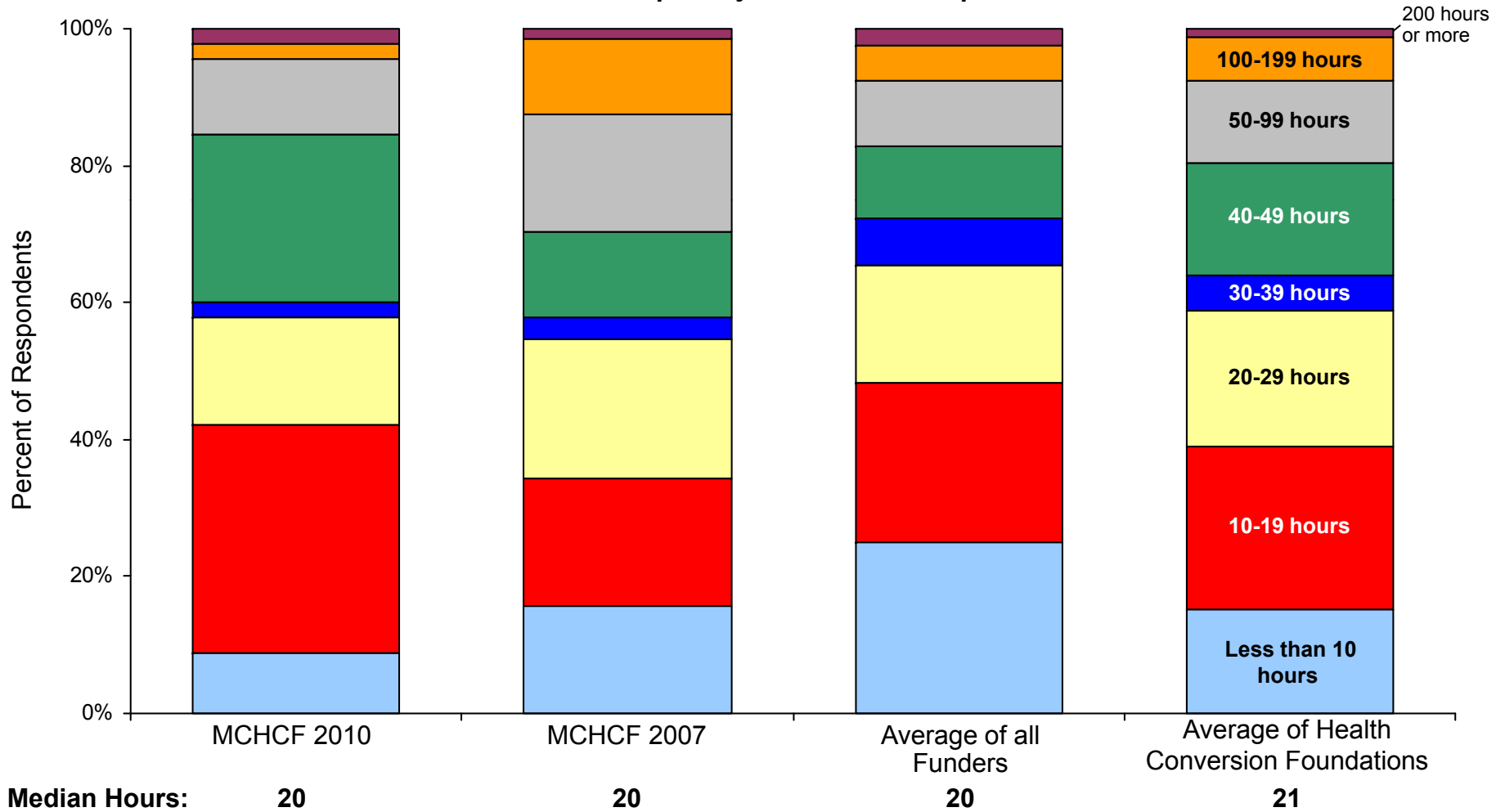
1: Chart does not show data from 12 funders whose median grant size exceeds \$500K.  
 2: Chart displays total grant proposal creation, evaluation, and monitoring hours spent over the life of the grant; each of these events did not necessarily occur for each individual grantee. Chart does not show data from two funders whose median administrative hours exceeds 125 hours.

# Administrative Time – Proposal and Selection Process

At the median, the number of hours of administrative time spent by MCHCF grantees during the selection process is:

- similar to the time spent by grantees of the median funder
- similar to the time spent by grantees of the median health conversion funder

**Median Administrative Hours Spent by Grantees on Proposal and Selection Process**

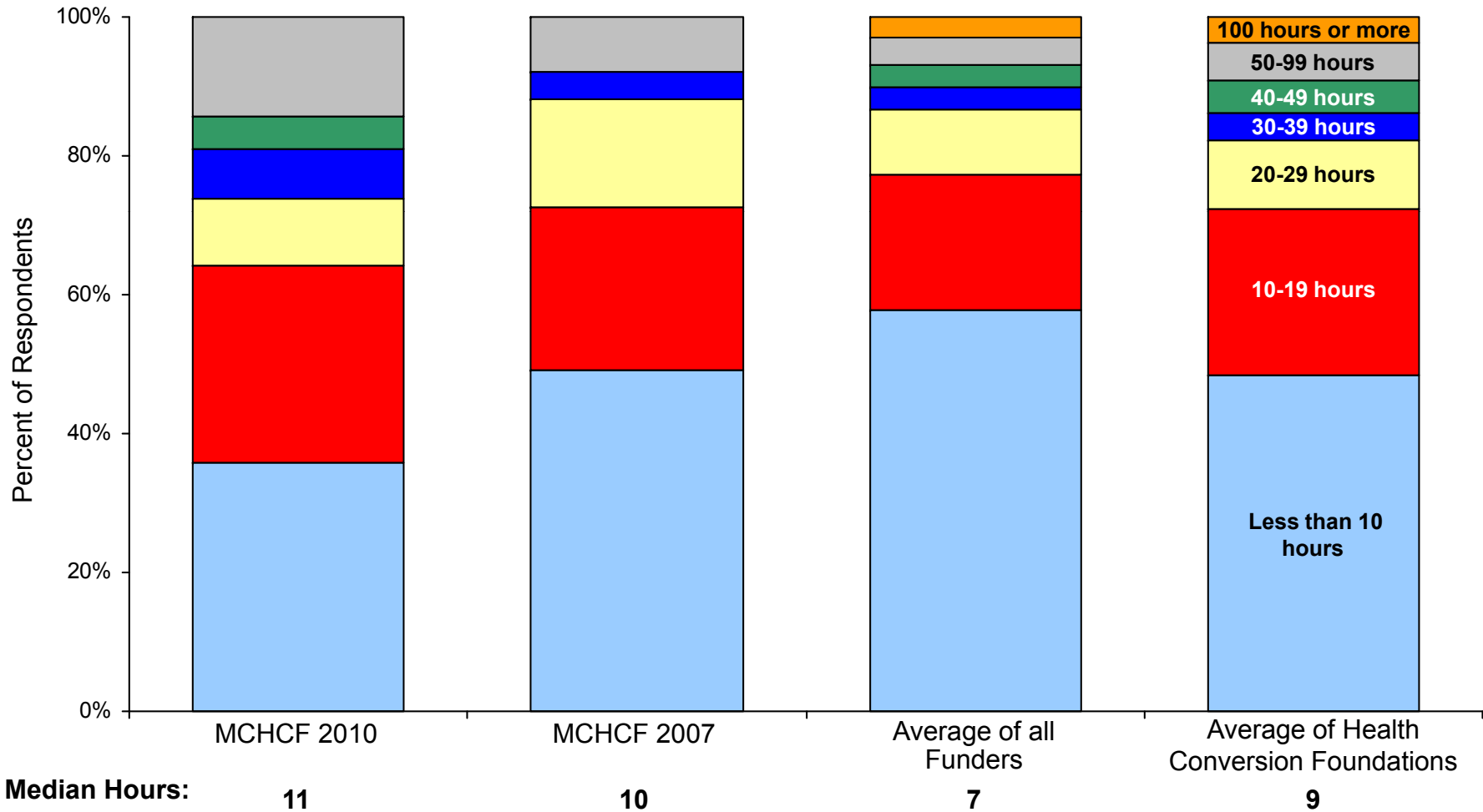


# Administrative Time – Reporting and Evaluation Processes

At the median, the number of hours of administrative time spent by MCHCF grantees per year on the reporting/evaluation process is:

- greater than the time spent by grantees of the median funder
- similar to the time spent by grantees of the median health conversion funder

**Median Administrative Hours Spent by Grantees on Monitoring, Reporting, and Evaluation Processes (Annualized)**



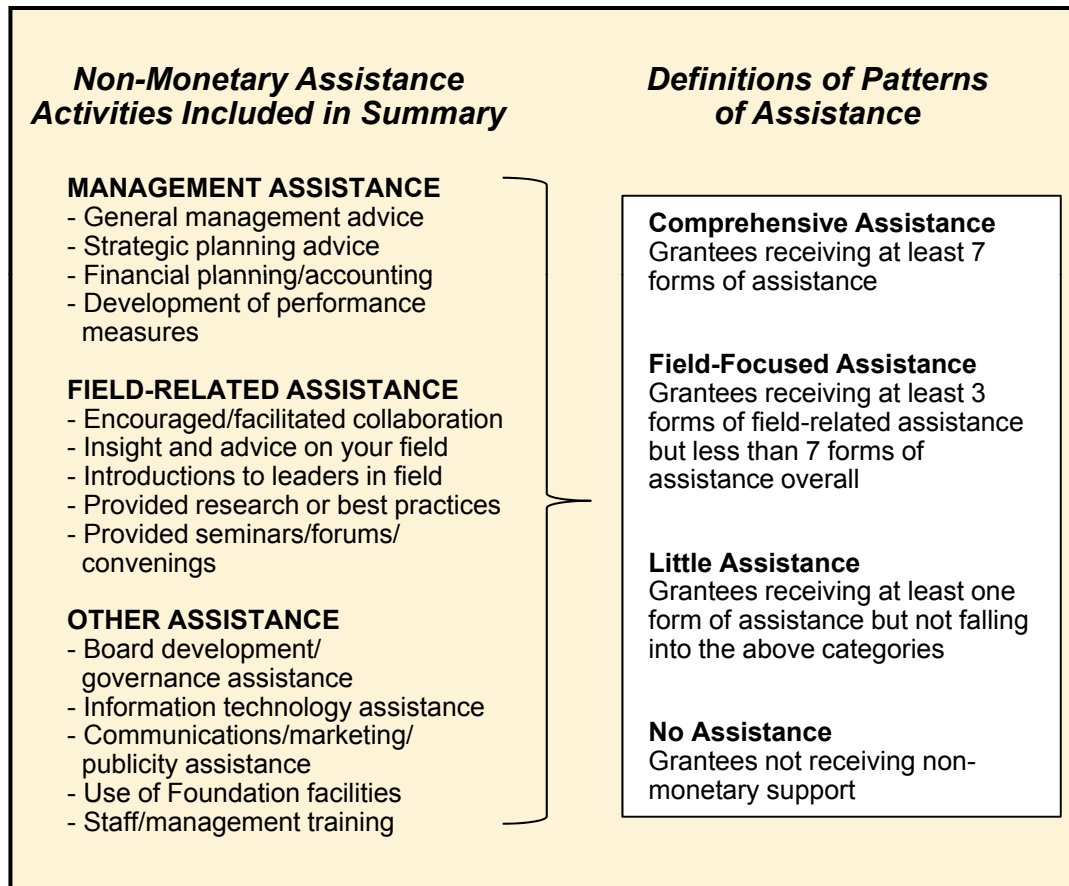
Note: "Evaluation" in the survey includes any activity considered by grantees to be part of an evaluation, and does not necessarily correspond to the Foundation's definition.

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# Non-Monetary Assistance Summary (1)

The non-monetary assistance summary includes the fourteen activities listed below. Provision of assistance patterns fall into the four categories: comprehensive assistance, field-focused assistance, little assistance, and no assistance.



## Selected Grantee Comments

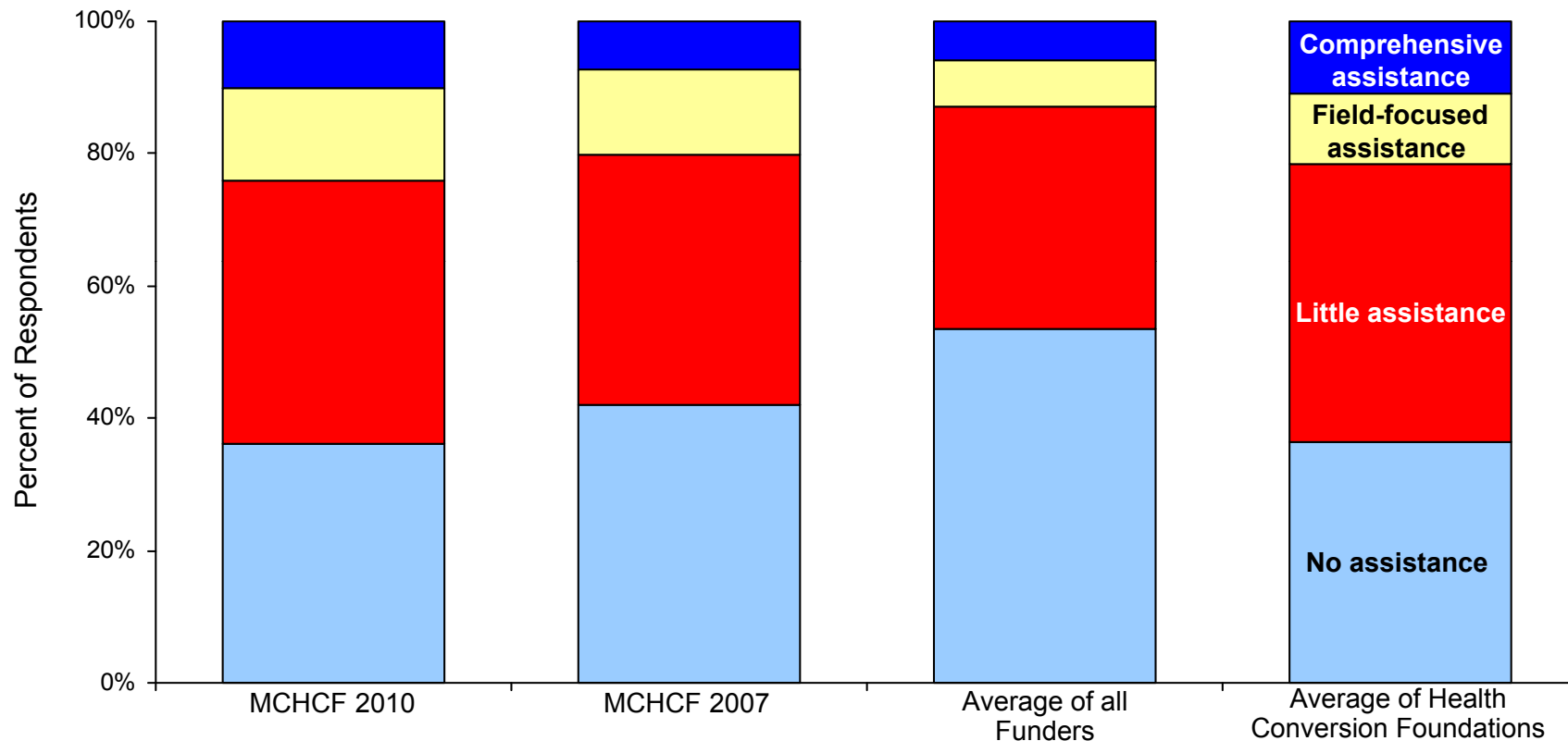
- ◆ *“The community reports...and convened groups and initiatives have raised awareness and increased knowledge and skills, thereby empowering providers to expand their own reach and develop new, effective strategies to improve community health. Although our current grant project is a direct support from the Foundation, we value even more their instructional and motivational presence in the community, a presence that calls us all to better work!”*
- ◆ *“Very welcoming and easy to approach if additional issues or technical assistance was required.”*
- ◆ *“Their Leadership Program, in which I was a participant, is excellent.”*

# Non-Monetary Assistance Summary (2)

The proportion of MCHCF grantees that report receiving comprehensive or field-focused assistance is:

- larger than that of the median funder
- similar to that of the median health conversion funder

**Non-Monetary Assistance Patterns**



*Survey-Wide Analysis Fact:* Providing just two or three types of assistance appears to be ineffective; it is only in the minority of cases when grantees receive either a comprehensive set of assistance activities or a set of mainly field-focused types of assistance that they have a substantially more positive and productive experience with their foundation funders than grantees receiving no assistance. For more information on these findings, please see CEP's report, *More than Money: Making a Difference with Assistance Beyond the Grant Check*.

**Behind the Numbers – Variation by Provision of Field-Focused or Comprehensive Assistance**  
MCHCF grantees that report receiving field-focused or comprehensive assistance rate the Foundation significantly higher on:

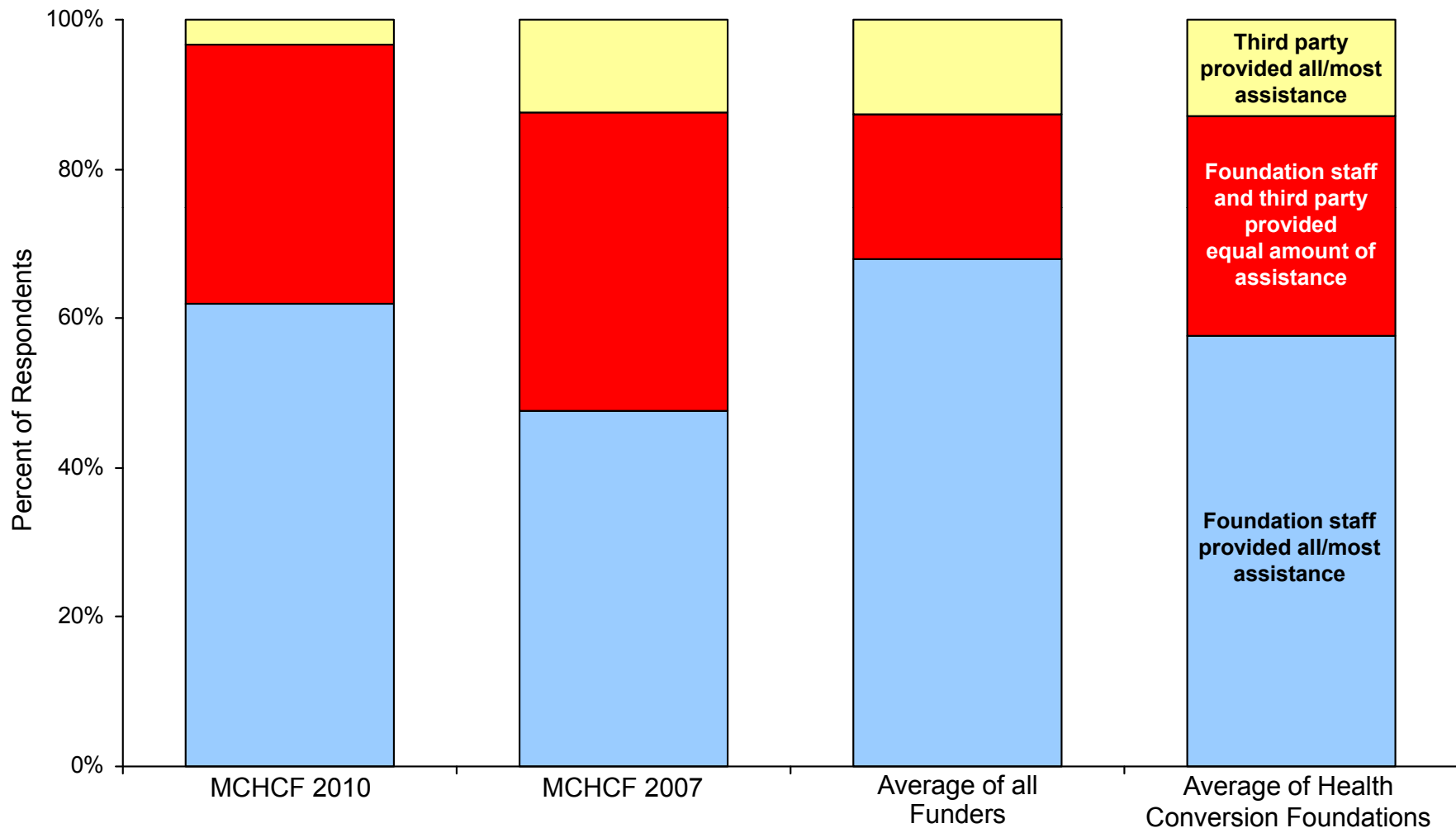
- Impact on and understanding of grantees' fields
- Extent to which the Foundation has advanced knowledge and influenced public policy in grantees' fields
- Impact on and understanding of grantees' organizations

# Who Provided Non-Monetary Assistance

The proportion of MCHCF grantees that report that Foundation staff provided all or most of the assistance they received is:

- similar to that of the average funder
- similar to that of the average health conversion funder

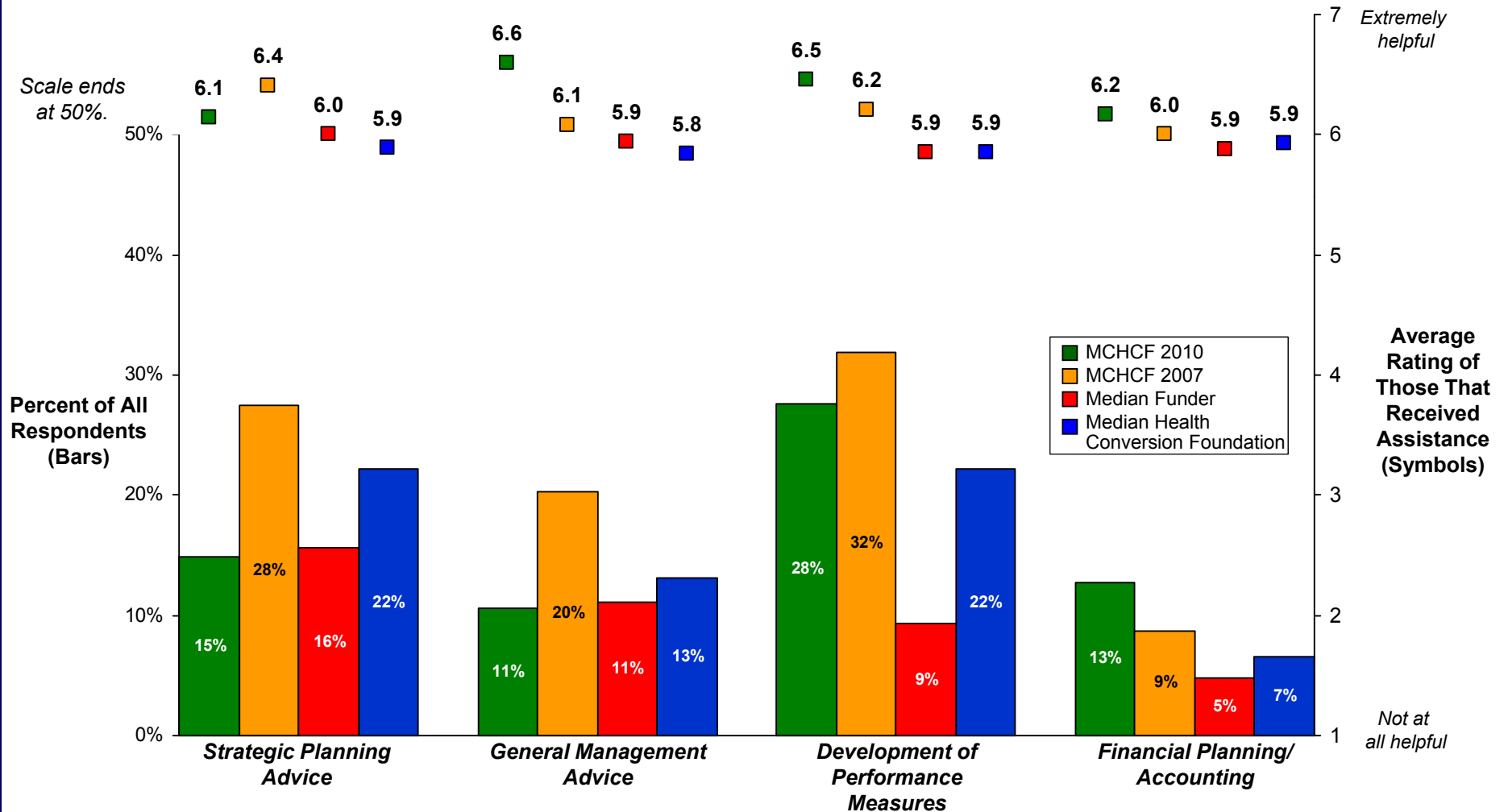
*Who Provided Non-Monetary Assistance*



# Management Assistance Activities & Helpfulness

A larger than typical proportion of MCHCF grantees report receiving assistance with development of performance measures and financial planning/accounting. MCHCF grantees rate every type of management assistance as more helpful than typical.

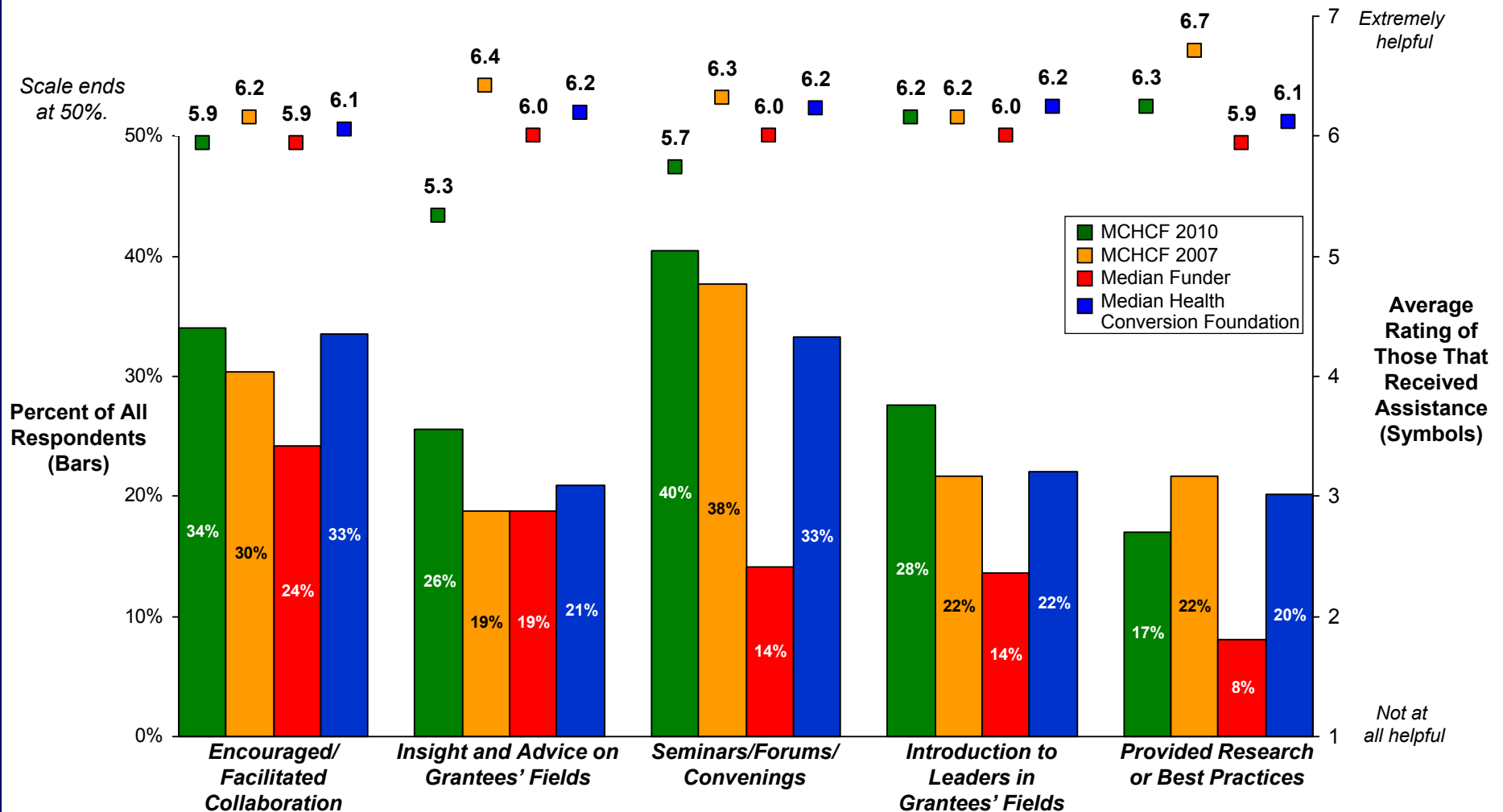
*Frequency and Helpfulness of Management Assistance Activities*



# Field-Related Assistance Activities & Helpfulness

A larger than typical proportion of MCHCF grantees report attending seminars/forums/convenings and receiving introductions to leaders in the field. MCHCF grantees provide mixed rating for the helpfulness of the Foundation's field-related assistance activities, with insight and advice on grantees' fields receiving particularly low ratings.

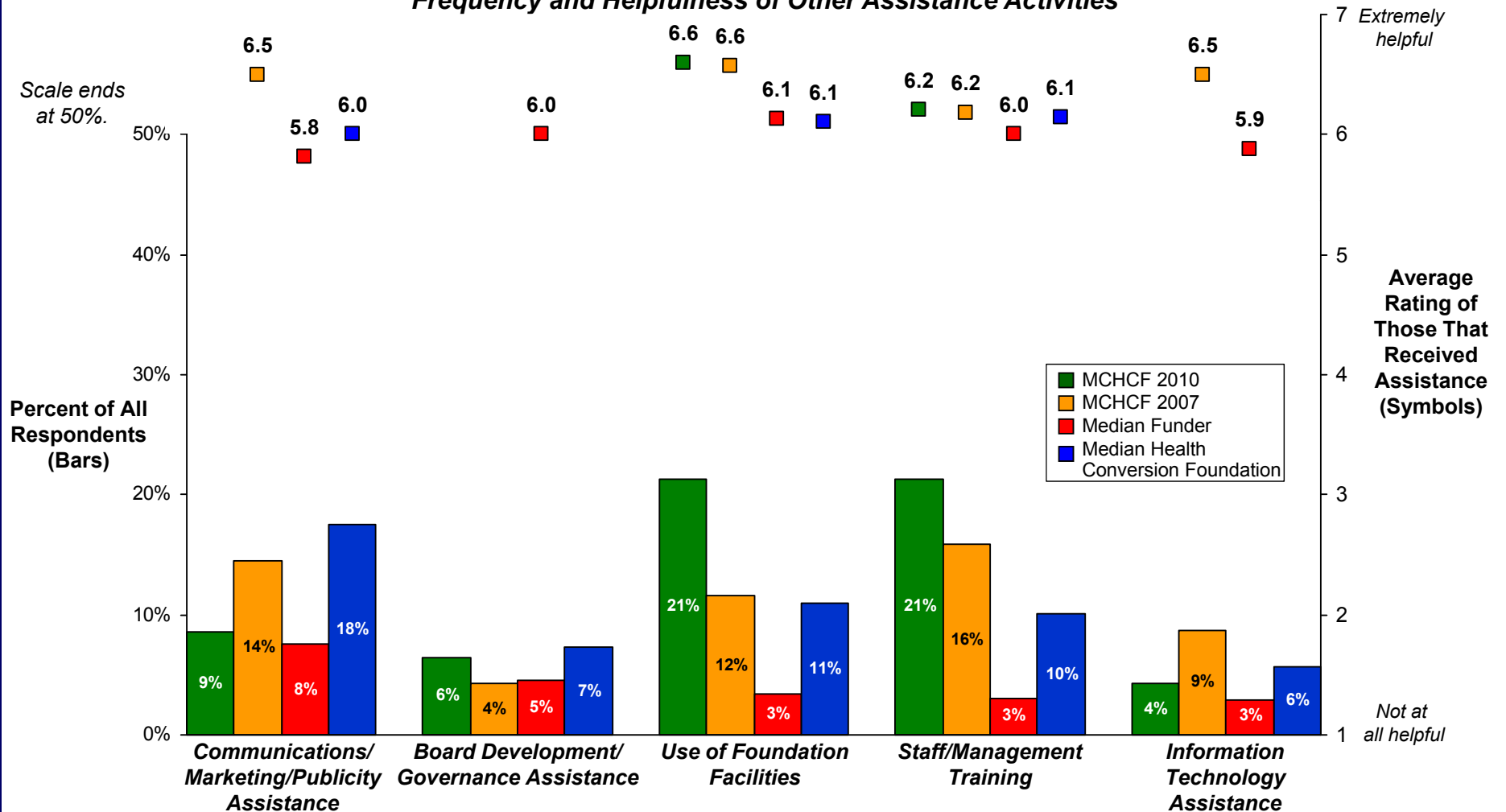
*Frequency and Helpfulness of Field-Related Assistance Activities*



# Other Support Activities & Helpfulness

A larger than typical proportion of MCHCF grantees report receiving staff/management trainings and using Foundation facilities.

Frequency and Helpfulness of Other Assistance Activities



Note: Helpfulness ratings not shown when fewer than five responses to the question were received.

# Impact of Assistance Securing Funding from Other Sources

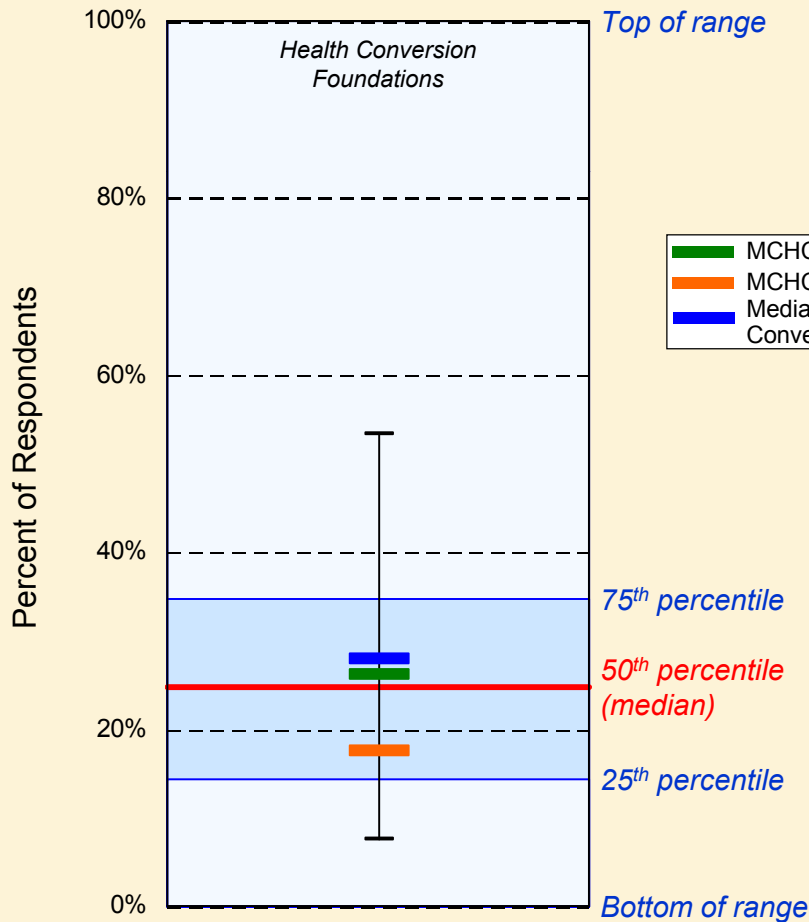
The proportion of MCHCF grantees receiving active assistance from the Foundation in securing funding from other sources is:

- similar to that of the median funder
- similar to that of the median health conversion funder

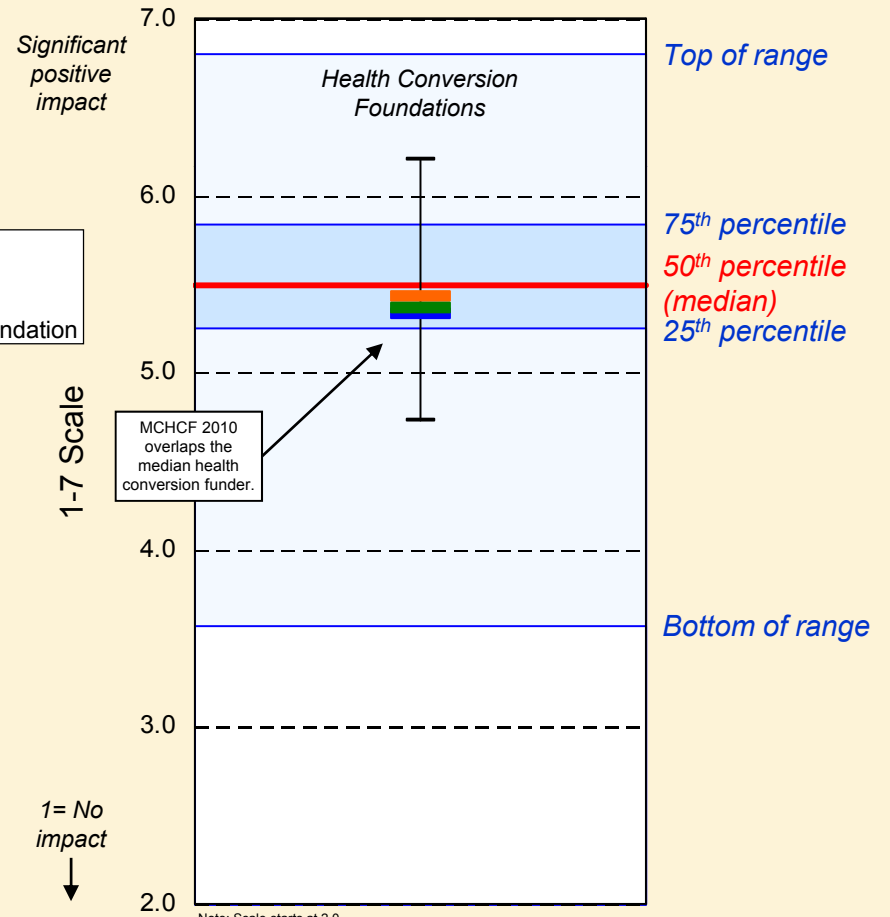
On impact of the Foundation's assistance in securing funding from other sources, MCHCF is rated:

- similarly to the median funder
- similarly to the median health conversion funder

**Percent of Grantees That Received Assistance Securing Funding from Other Sources**



**Impact of Assistance Securing Funding from Other Sources**

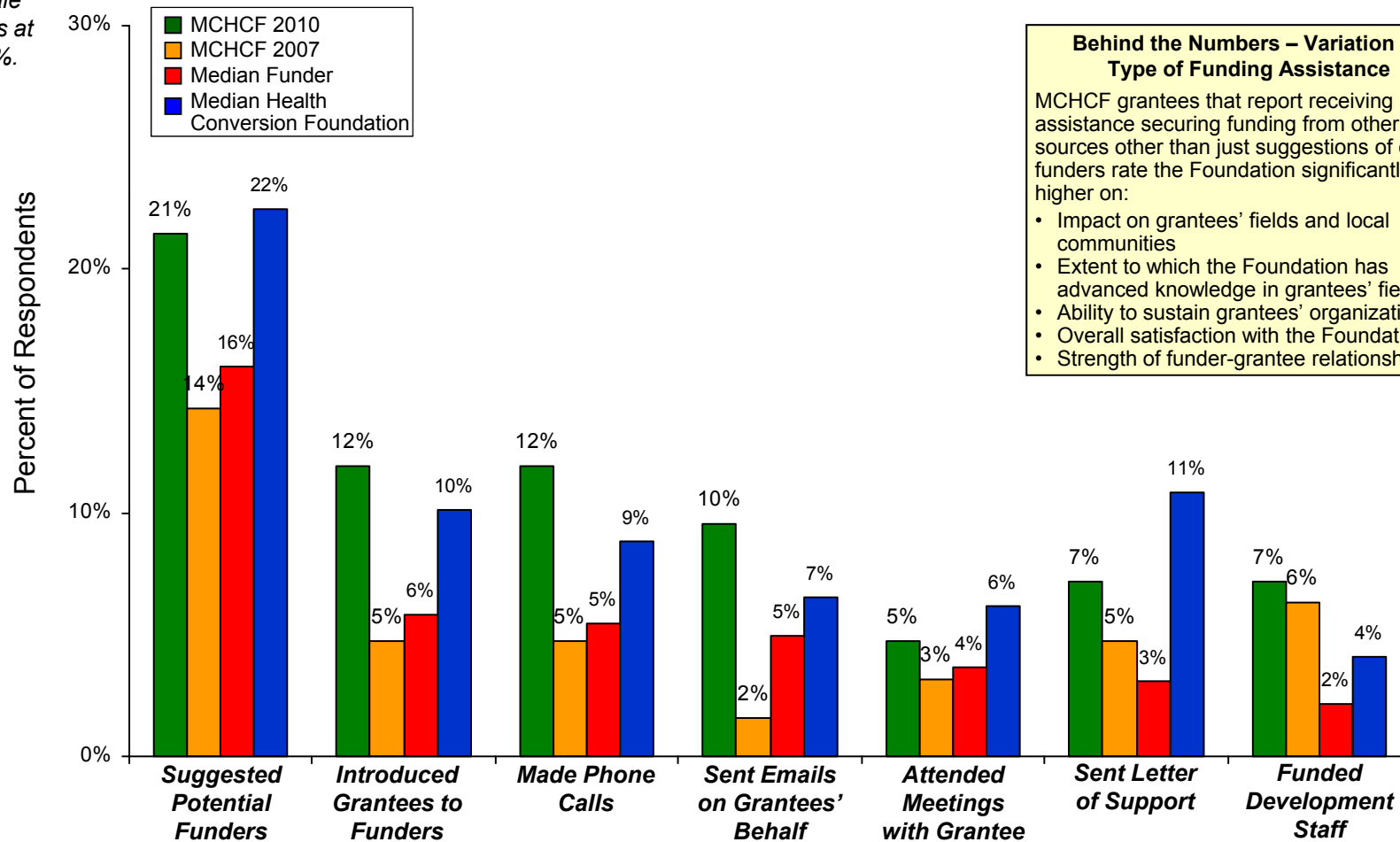


# Frequency of Assistance Securing Funding from Other Sources

MCHCF grantees report receiving a larger than typical amount of assistance securing funding from other sources from the Foundation.

**Activities Provided by the Funder  
to Assist in Obtaining Funding From Other Sources**

Scale  
ends at  
30%.



**Behind the Numbers – Variation by Type of Funding Assistance**

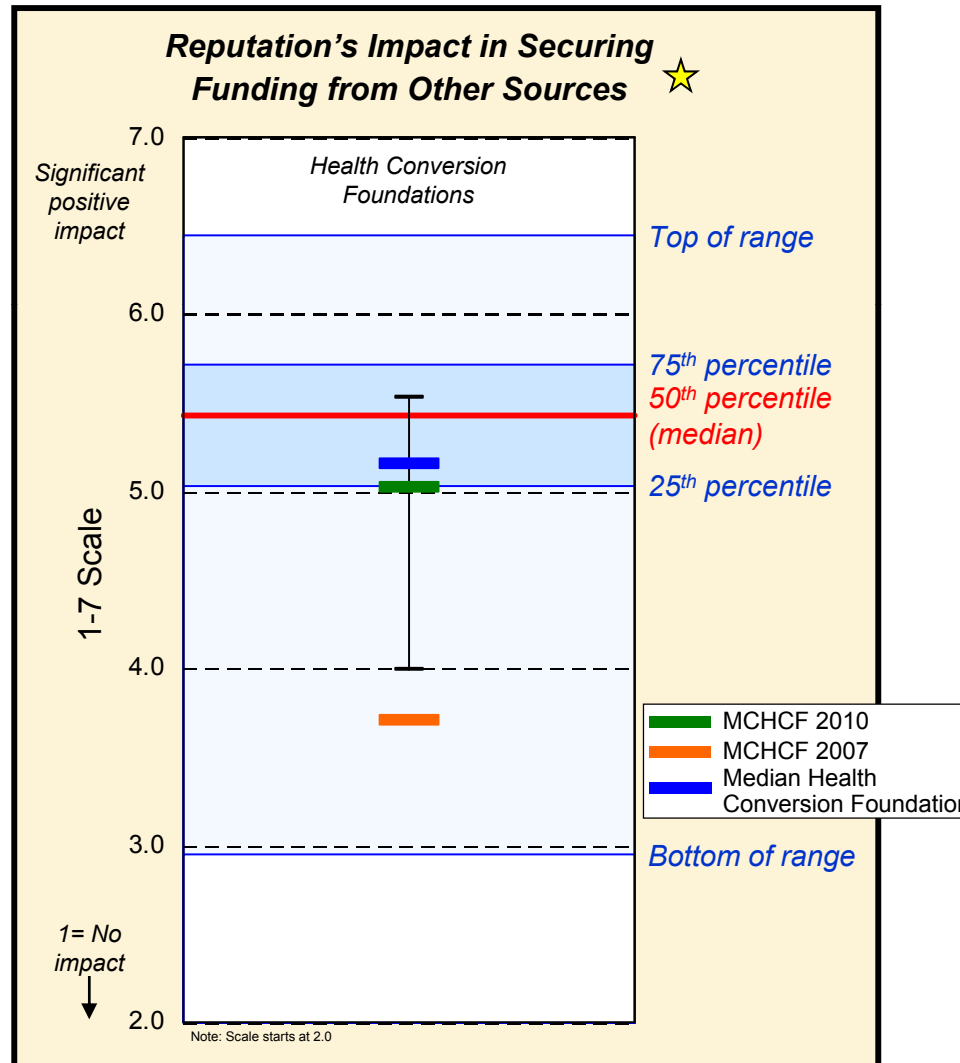
MCHCF grantees that report receiving active assistance securing funding from other sources other than just suggestions of other funders rate the Foundation significantly higher on:

- Impact on grantees' fields and local communities
- Extent to which the Foundation has advanced knowledge in grantees' fields
- Ability to sustain grantees' organizations
- Overall satisfaction with the Foundation
- Strength of funder-grantee relationships

# Impact of Reputation

On impact of the Foundation's reputation on grantees' ability to secure funding from other sources, MCHCF is rated:

- below the median funder
- similar to the median health conversion funder



★ = MCHCF 2010 rating is significantly higher than MCHCF 2007 rating at a 90% confidence level.

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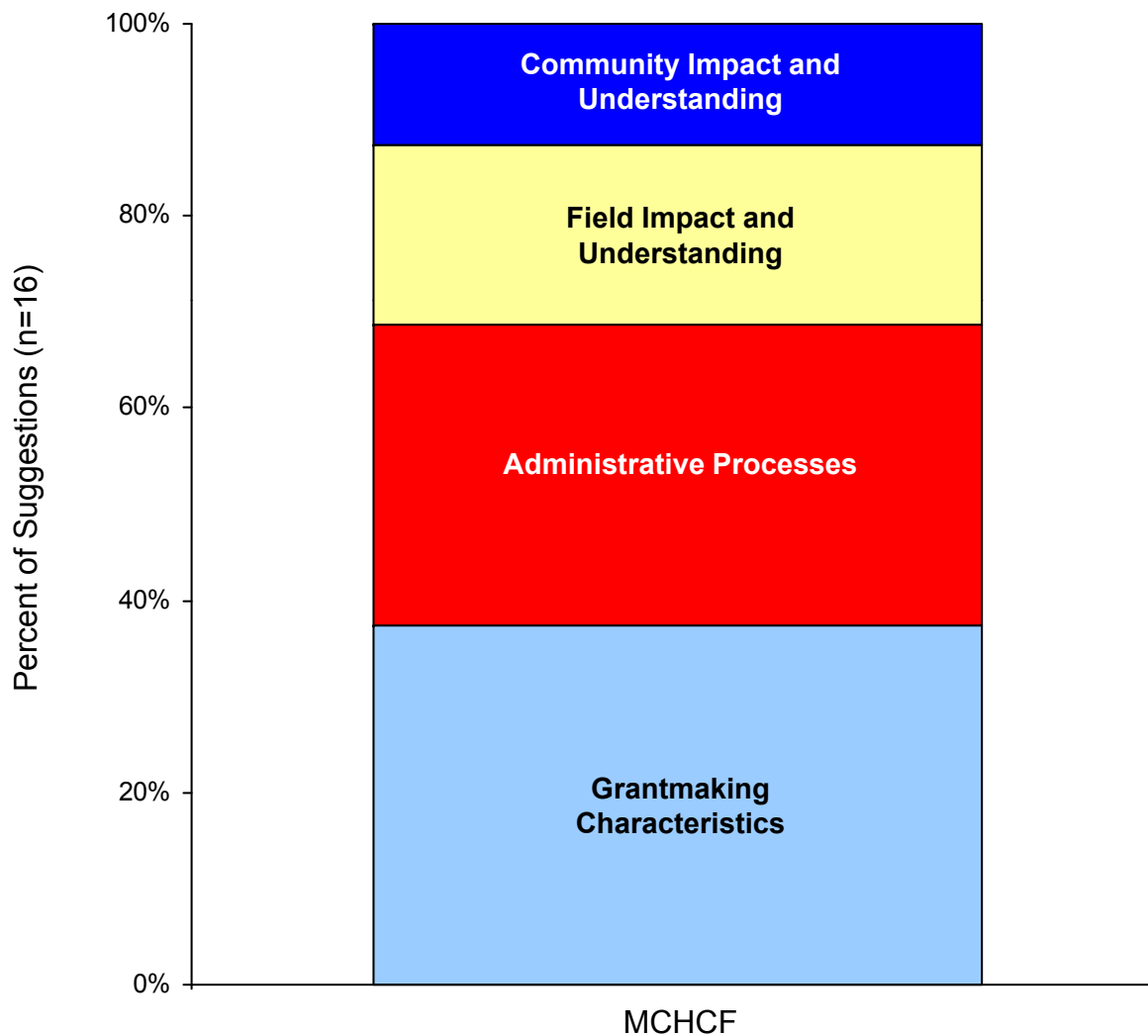
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# Grantee Suggestions for the Foundation (1)

Grantees were asked to provide any suggestions for how the Foundation could improve. The most frequently mentioned theme among the 16 suggestions for improvement concern the Foundation's field impact and understanding.

*Topics of Grantee Suggestions*



Note: There were a total of 16 grantee suggestions for MCHCF.

# Grantee Suggestions for the Foundation (2)

Topic of Grantee Suggestion	%	MCHCF Grantee Suggestions
Grantmaking Characteristics	38%	<p><b><u>Broaden funding priorities (n=3)</u></b>                      “Recognize need for continuing programs for prevalent chronic illnesses and not just fund the current important popular disease/condition.” “Please focus on elder issues...they are vital and please seriously consider underwriting nutrition and health care programs.” “I would like to see more money going to [elder care].”</p> <p><b><u>Other (n=3)</u></b>                      “Funding for operating expenses, including staff, would be very helpful.” “Capital support. We could significantly improve the health of the community if we had more space in which to offer services!” “Many programs are funded for a limited time with the expectation that the grantee will develop mechanism for sustaining the programs. In many of these cases, there are no other sources of funding to sustain programs and high successful services begin and end. It would be helpful if the Foundation could help identify ways to extend programs beyond the grant periods, to access other funding sources, or to develop other mechanisms for sustainability where reimbursement is not available.”</p>
Administrative Processes	31%	<p><b><u>Evaluation process (n=3)</u></b>                      “Reduce the reporting requirements. They are excessive, demanding and time consuming.” “Feedback on their assessment of our program’s successes.” “The reporting demands are hard to keep up with.”</p> <p><b><u>Selection process (n=2)</u></b>                      “Make the proposal preparation process less time-consuming.” “More comfort with the whole process.”</p>
Field Impact and Understanding	19%	<p>“Sharing of the impact that all funded programs had.” “Foundation has a narrow definition of health and tends to fund traditional health care providers such as MD’s and RN’s and does not have a holistic view of what makes a healthy community.” “We wish that they would see that keeping low-income families in permanent housing is a SIGNIFICANT health issue.”</p>
Community Impact and Understanding	13%	<p>“It would be helpful to have up to date community data.” “The Foundation must be flexible as the community needs changes due to funding reductions and the needs of clients affected by HIV/AIDS and other health disparities among those most affected.”</p>

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# Review of Findings

Chart shows the percentile rank of MCHCF 2010 (◆), MCHCF 2007 (◇), and the median health conversion funder (◇) among all funders in the comparative set.

Indicator	Percentile Rank on Indicator					Description of Indicator	
	0th	25th	50th	75th	100th		
Impact on the Field						Grantees were asked to rate the funder's impact on their fields.	
Impact on the Community						Grantees were asked to rate the funder's impact on their local communities.	
Impact on the Grantee Organization						Grantees were asked to rate the funder's impact on their organizations.	
Satisfaction						Grantees were asked to rate their satisfaction with their funder.	
Quality of Relationships						This summary includes grantee ratings of funder fairness, responsiveness, grantee comfort approaching the funder if a problem arises, clarity of funder communication of its goals and strategy, and consistency of information provided by its communications resources.	
Selection Process						Grantees were asked to rate the helpfulness of the funder's selection process for their organizations.	
Reporting and Evaluation Processes						Grantees were asked to rate the helpfulness of the funder's reporting and evaluation processes for their organizations.	
Dollar Return on Grantee Administrative Hours						This summary is the calculation of number of dollars received divided by the time required of grantees to fulfill the funder's administrative requirements.	
Percent Receiving Field or Comprehensive Non-Monetary Assistance						The funder's percentile rank on the proportion of grantees receiving higher impact field-focused or comprehensive assistance.	
Assistance Securing Funding from Other Sources	% Receiving						The funder's percentile rank on the proportion of grantees receiving assistance securing funding from other sources.
	Impact						Grantees were asked to rate the impact of the funder's assistance securing funding from other sources.

# Funder Change Over Time

CEP has worked with 68 funders that have subscribed to the GPR at least twice. The table below shows the change in grantee perceptions of MCHCF compared to the typical level of change we see across the first to second GPRs of repeat funders.

Measure		MCHCF 2007 to 2010 Change	Typical Level of Change
Impact on the Field		-0.1	0.2
Impact on the Community		0.0	0.1
Impact on the Grantee Organization		0.2	0.2
Satisfaction		-0.1	0.1
Quality of Relationships		-0.2	0.1
Selection Process		-0.1	0.1
Reporting and Evaluation Processes		0.0	0.3
Dollar Return on Grantee Administrative Hours		-\$92	\$167
Percent Receiving Field or Comprehensive Non-Monetary Assistance		4%	1%
Assistance Securing Funding from Other Sources	% Receiving	9%	2%
	Impact	-0.1	0.3

# Analysis and Discussion (1)

## A Strong Force with Expertise in the Community

- MCHCF continues to be perceived by its grantees as a strong and knowledgeable presence in the community. Similar to its ratings on its 2007 Grantee Perception Report, MCHCF is rated above the typical funder whose grantees CEP has surveyed for its impact on and understanding of its grantees' local communities. One MCHCF grantee describes the Foundation as "a voice for health in the community" and another states, "The Foundation is a leader in understanding the needs in the community and fostering solutions to these gaps. It is keenly aware of the resources available in and to the community. It also brings experts in to help understand and address complex issues."
- However, MCHCF receives lower than typical ratings for its impact on grantees' fields, a rating that has trended downward since 2007. Nevertheless, MCHCF grantees rate the Foundation above typical – and more positively than in 2007 – for its understanding of grantees' fields: a measure often associated with high ratings of field impact. When asked to provide suggestions on ways that the Foundation could improve, the largest proportion of grantees' suggestions concerned MCHCF's grantmaking, including, for example, suggestions for the Foundation to increase its focus on issues specific to the elderly.
  - *How will the Foundation maintain its high ratings going forward – has it distilled and documented the strategies, practices, and values that staff and board believe lead to these strong ratings?*
  - *If broader field-related impact is a goal of the Foundation, what opportunities exist for Foundation staff to leverage their understanding of the field to create further impact?*

## Analysis and Discussion (2)

### Grantee Sustainability and Assistance Beyond the Grant

Grantees rate MCHCF lower than typical for the extent to which the Foundation has improved grantees' ability to sustain their work in the future – a significant decrease from MCHCF's 2007 ratings. MCHCF may have an opportunity to further impact and sustain its grantees' organizations through its assistance beyond the grant check.

#### **Nonmonetary Assistance**

- MCHCF provides a larger than typical proportion of its grantees with the most intensive and helpful patterns of non-monetary assistance: those that combine multiple types of assistance into field-focused or comprehensive patterns. Those grantees that receive these assistance patterns rate the Foundation more positively on many measures throughout the report, including its impact on and understanding of their fields, its ability to advance knowledge and effect on public policy, and its impact on and understanding of their organizations. In the words of one grantee, "Community reports...and convened groups and initiatives have raised awareness and increased knowledge and skills, thereby empowering providers to expand their own reach and develop new, effective strategies to improve community health. Although our current grant project is a direct support from the Foundation, we value even more their instructional and motivational presence in the community, a presence that calls us all to better work!"
- However, grantees provide mixed ratings when asked to rate the helpfulness of various nonmonetary assistance activities. In particular they provide more varied ratings – that are lower than in 2007 – for the helpfulness of the Foundation's field-related assistance activities such as insight and advice on grantees' fields.

#### **Assistance in Grantees' Efforts to Secure Funding from Other Sources**

- A larger than typical proportion of MCHCF grantees receives the most helpful forms of active assistance from the Foundation in their efforts to secure funding from other sources – assistance beyond simply suggesting other potential funders. Consistent with findings from CEP's research report, *More than Money*, grantees who receive these more intensive forms of funding assistance rate more positively on many dimensions throughout this report, including its impact on grantees' fields and local communities, the Foundation's ability to sustain grantees' organizations, grantees' overall satisfaction with the Foundation, and the strength of funder-grantee relationships. However, overall, MCHCF grantees rate the helpfulness of this assistance securing funding from other sources only typically.
  - *In light of the importance and value of MCHCF's nonmonetary assistance to grantees, how can the Foundation ensure that all forms of nonmonetary assistance – particularly field-related forms – are as helpful as possible?*
  - *Given the large proportion of grantees that receive the most active forms of assistance securing funding from other sources, what steps can the Foundation take to further increase the impact of this assistance?*

## Analysis and Discussion (3)

### Helpful, Yet Lengthy Administrative Processes

MCHCF grantees rate the Foundation's selection and reporting/evaluation processes as more helpful in strengthening their organizations and work than grantees at the typical funder whose grantees CEP has surveyed. However, MCHCF's grantees report spending 75 percent more time on administrative processes than is typical (49 hours at MCHCF versus 28 hours at the typical funder). Although MCHCF gives grants that are typical in size, the large amount of time spent on the Foundation's processes reduces the number of dollars awarded per administrative hour required of grantees. In open-ended comments, some grantees refer to reporting requirements as "excessive" and "a burden."

#### **Selection Process**

- Grantees indicate that MCHCF is more involved in the development of their proposals than typical. This level of staff involvement may be helpful for grantees – as in 2007, the Foundation receives above-typical ratings for the helpfulness of its selection process in strengthening grantees and their work. However, this involvement may also contribute to greater pressure for grantees to modify their priorities to create a proposal that is likely to receive funding. Grantees rate MCHCF above 90 percent of other funders on the pressure they feel during the application process to change their organizations' priorities in order to create a grant proposal that was likely to receive funding.

#### **Evaluation Process**

- MCHCF grantees continue to rate the Foundation's reporting/evaluation process above typical for its helpfulness in strengthening their organizations, and a larger than typical proportion of grantees – a statistically significant increase from 2007 levels – report discussing their completed reports and evaluations with Foundation staff. One grantee comments that MCHCF's "focus on outcomes and logic models improved our organization's practices across all programs."
- When asked to rate their satisfaction with the Foundation's new online reporting process, the largest proportion of grantees rated a 6 or a 7 (on a 1 to 7 scale where 1 = "Not at all satisfied" and 7 = "Extremely satisfied"). One grantee describes the online processes as "one of the better [online processes];" another notes, "The new on-line process has been pretty clear and the Foundation did a good job of explaining the new process to grantees."
- Site visits can provide an opportunity for funders to strengthen funder-grantee relationships and impart valuable insight and advice to grantees. However, MCHCF grantees who receive site visits over the course of their grant – particularly during the reporting/evaluation processes – rate MCHCF lower on many measures throughout the report, including their overall satisfaction with the Foundation and the strength of funder-grantee relationships.
  - *Can the Foundation continue to streamline any aspects of the evaluation process without sacrificing the information necessary to make the best decisions?*
  - *How can MCHCF identify factors that may account for the less positive perceptions of those grantees who have received a site visit during the Foundation's evaluation process to make this aspect of the evaluation a more positive experience for grantees?*

## Analysis and Discussion (4)

### Weaker Funder-Grantee Relationships

- CEP's research, *Working with Grantees*, identifies two key components of strong funder-grantee relationships: high quality interactions and clear, consistent communication. The strength of relationships forged between funders and grantees is a key predictor of not only grantee satisfaction, but also of grantee perceptions of the Foundation's impact. On a summary measure of the strength of funder-grantee relationships, MCHCF's rating has trended downward since 2007, and the Foundation is now rated similarly to the median funder.
- Despite many positive grantee comments, on each of the three dimensions related to quality of interactions – fairness of treatment, comfort approaching the Foundation if a problem arises, and responsiveness of Foundation staff – MCHCF is now rated less positively than in 2007. In particular, grantees' ratings for their comfort approaching the Foundation if a problem arises have fallen from above 75 percent of funders in 2007, to below that of the typical funder.
- While grantees rate the helpfulness of MCHCF's written communications resources – its website, published funding guidelines, and annual report – above typical, they rate the helpfulness of its personal communications resources – individual communications and group meetings – below typical. One grantee notes, "At times our staff found guidance confusing." Grantees who indicate that their program officer most frequently initiated interactions rate the clarity of MCHCF's communication of its goals and strategy lower than other grantees, and also report feeling more pressure from the Foundation to modify their organizations' priorities in order to create a proposal that was likely to receive funding.
  - *What factors can the Foundation identify that may have led to a drop in the quality of grantee-funder interactions?*
  - *Can MCHCF build on practices that led to the previously high ratings in 2007? How can the Foundation ensure that grantees are comfortable asking questions and soliciting advice from Foundation staff?*

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# Racial Diversity

The following section reflects the results of questions related to diversity. These questions are meant to address funder communication and impact related to grantees' work and organizations.

- ♦ A larger than typical proportion of MCHCF's grantees indicate that the Foundation has communicated with them about racial diversity related to the Foundation itself, the Foundation's programmatic work, grantees' organizations, and the work associated with their particular grant.

Measure	MCHCF 2010				Full Dataset Median			
<b>Foundation Communication Related to Racial Diversity</b>								
<i>Has the Foundation communicated with you about racial diversity related to:</i>	Yes	No, but not relevant	No, but Foundation should	Don't know	Yes	No, but not relevant	No, but Foundation should	Don't know
The Foundation itself (staff, board, etc.)	31%	29%	14%	27%	13%	44%	16%	27%
The Foundation's programmatic work (funding, mission, programs)	73%	10%	4%	12%	35%	27%	16%	22%
The grantee's organization (staff, board, etc.)	42%	29%	8%	21%	24%	38%	14%	24%
The work associated with this grant in particular	59%	24%	2%	14%	33%	34%	12%	22%
<b>Impact of Communication Related to Racial Diversity (only asked of grantees who indicated 'yes' to the relevant question above)</b>								
Impact of communication on grantee's <b>organization</b> (1="Negative impact", 4="Neither positive nor negative impact", and 7="Positive impact")	5.5				5.1			
Impact of communication on grantee's <b>work</b> (1="Negative impact", 4="Neither positive nor negative impact", and 7="Positive impact")	5.6				5.2			
<b>Relevance of Racial Diversity to Funded Work</b>								
Percent of grantees who indicate that the work funded by this grant addresses topics in which racial diversity is a relevant component	58%				56%			

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# Grantmaking Characteristics

Measure	MCHCF 2010	MCHCF 2007	Full Dataset Median	Health Conversion Foundation Median
<b>Length of Grant Awarded</b>				
<i>Average grant length</i>	2.4 years	1.8 years	2.1 years	1.9 years
1 year	30%	57%	51%	47%
2 years	17%	15%	20%	20%
3 years	36%	22%	17%	24%
4 years	15%	3%	4%	4%
5 or more years	2%	3%	8%	5%
<b>Type of Grant Awarded</b>				
Program/Project Support	96%	78%	64%	77%
General Operating Support	0%	1%	20%	8%
Technical Assistance	4%	18%	5%	9%
Building/Renovation	0%	1%	6%	4%
Other Capital Support	0%	1%	2%	1%
Scholarship/Fellowship	0%	0%	2%	1%
Endowment Support	0%	0%	1%	0%
Event/Sponsorship Funding <sup>1</sup>	0%	N/A	N/A	N/A
<b>Grant Amount Awarded</b>				
<i>Median grant size</i>	\$60K	\$50K	\$60K	\$66K
Less than \$10K	5%	12%	11%	7%
\$10K - \$24K	21%	10%	15%	14%
\$25K - \$49K	16%	22%	15%	16%
\$50K - \$99K	28%	23%	17%	20%
\$100K - \$149K	12%	7%	10%	9%
\$150K - \$299K	9%	16%	13%	15%
\$300K - \$499K	5%	7%	6%	10%
\$500K - \$999K	2%	1%	6%	5%
\$1MM and above	2%	1%	7%	5%
<b>Median Percent of Budget Funded By Grant (Annualized)</b>				
Size of grant relative to size of grantee budget	1.3%	1.6%	3.3%	2.7%

1: MCHCF 2007 and comparative data not available for event/sponsorship funding because this option was added to the survey in the fall of 2009. For the 59 funders for which data is available, the average percentage of grantees indicating they received event/sponsorship funding was 2 percent.

# Grantee Characteristics (1)

Measure	MCHCF 2010	MCHCF 2007	Full Dataset Median	Health Conversion Foundation Median
<b>Operating Budget of Grantee Organization</b>				
<i>Median budget</i>	<i>\$2.0MM</i>	<i>\$1.9MM</i>	<i>\$1.4MM</i>	<i>\$2.0MM</i>
< \$100K	9%	15%	8%	7%
\$100K - \$499K	29%	21%	20%	20%
\$500K - \$999K	6%	6%	14%	14%
\$1MM - \$4.9MM	18%	21%	30%	27%
\$5MM - \$24.9MM	29%	25%	18%	21%
\$25MM and above	9%	12%	11%	12%
<b>Length of Establishment of Grantee Organizations</b>				
<i>Median length of establishment</i>	<i>34 years</i>	<i>34 years</i>	<i>24 years</i>	<i>28 years</i>
Less than 5 years	5%	12%	7%	8%
5 - 9 years	15%	7%	14%	15%
10 -19 years	7%	9%	22%	20%
20 - 49 years	49%	37%	36%	35%
50 - 99 years	10%	12%	12%	13%
100 years or more	15%	23%	9%	10%

## Grantee Characteristics (2)

Measure	MCHCF 2010	MCHCF 2007	Full Dataset Median	Health Conversion Foundation Median
<b>Length of Time Which Grantees Have Regularly Conducted the Funded Programs<sup>1</sup></b>				
Less than 1 year	16%	N/A	17%	N/A
1 - 5 years	71%	N/A	50%	N/A
6 - 10 years	11%	N/A	14%	N/A
More than 10 years	2%	N/A	19%	N/A
<b>Pattern of Grantees' Funding Relationship with the Foundation<sup>2</sup></b>				
First grant received from the Foundation	23%	N/A	30%	N/A
Consistent funding in the past	57%	N/A	53%	N/A
Inconsistent funding in the past	19%	N/A	17%	N/A
<b>Length of Funding Relationship with the Foundation<sup>3</sup></b>				
1 - 5 years	71%	N/A	52%	N/A
6 - 10 years	26%	N/A	28%	N/A
More than 10 years	3%	N/A	20%	N/A
<b>Funding Status and Grantees Previously Declined Funding</b>				
Percent of grantees currently receiving funding from the Foundation	67%	78%	75%	74%
Percent of grantees previously declined funding by the Foundation	59%	46%	33%	43%

1: MCHCF 2007 and median health conversion funder data not available due to changes to the survey instrument.

2: Represents data from 45 funders. This question includes a "don't know" response option; 6 percent of MCHCF 2010 respondents answered "don't know", compared to 2 percent at the median funder. MCHCF 2007 and median health conversion funder data not available due to changes to the survey instrument.

3: Represents data from 28 funders. This question includes a "don't know" response option; 8 percent of MCHCF 2010 respondents answered "don't know", compared to 4 percent at the median funder. MCHCF 2007 and median health conversion funder data not available due to changes to the survey instrument.

# Grantee Characteristics (3)

Measure	MCHCF 2010	MCHCF 2007	Full Dataset Median	Health Conversion Foundation Median
<b>Job Title of Respondents<sup>1</sup></b>				
Executive Director	20%	N/A	46%	N/A
Development Director	4%	N/A	9%	N/A
Other Senior Management	20%	N/A	14%	N/A
Project Director	34%	N/A	13%	N/A
Other Development Staff	4%	N/A	6%	N/A
Volunteer	0%	N/A	2%	N/A
Other	18%	N/A	10%	N/A
<b>Gender of Respondents<sup>2</sup></b>				
Female	85%	69%	62%	72%
Male	15%	31%	38%	28%
<b>Race/Ethnicity of Respondents<sup>3</sup></b>				
Caucasian/White	92%	94%	80%	86%
African-American/Black	0%	3%	7%	5%
Hispanic/Latino	8%	2%	4%	3%
Asian (incl. Indian subcontinent)	0%	2%	3%	2%
Multi-racial	0%	0%	3%	3%
American Indian/Alaskan Native	0%	0%	1%	1%
Pacific Islander	0%	0%	0%	0%
Other	0%	0%	2%	0%

1: Represents data from 45 funders. MCHCF 2007 and median health conversion funder data not available due to changes to the survey instrument

2: In Spring of 2009 CEP removed the word "optional" from this question but added an "other" response choice and a "prefer not to say" response choice. Previously this question was only infrequently skipped and so we have maintained comparative data in spite of the question change. In response to this question, a total of 4 percent of MCHCF 2010 respondents selected "other" or "prefer not to say," compared to 3 percent at the median funder.

3: In Spring of 2009 CEP removed the word "optional" from this question but added a "prefer not to say" response choice. Previously this question was only infrequently skipped and so we have maintained comparative data in spite of the question change. In response to this question, a total of 2 percent of MCHCF 2010 respondents selected "prefer not to say," compared to 5 percent at the median funder.

# Funder Characteristics

Measure	MCHCF 2010	MCHCF 2007	Full Dataset Median	Health Conversion Foundation Median
<b>Financial Information</b>				
Total assets	\$86.6MM	\$107.8MM	\$256.8MM	\$122.7MM
Total giving	\$3.9MM	\$3.9MM	\$14.6MM	\$4.9MM
<b>Administrative Expenses</b>				
Administrative expense as percent of total assets	1.9%	0.8%	1.2%	1.8%
Administrative expense as percent of total giving	42.0%	20.9%	21.6%	49.2%
<b>Funder Staffing</b>				
Total staff (FTEs)	3.9	3.9	13	9
Percent of staff working directly with grantees	100%	100%	89%	92%
Percent of staff who are program staff	74%	74%	55%	62%

Note: Excludes FTEs who are volunteers or unpaid staff members.

Source: Self-reported data provided by MCHCF and other GPR and Operational Benchmarking Report (OBR) subscribers from 2003-2010 survey rounds.

# Funders in Dataset

The 262 philanthropic funders whose grantees CEP has surveyed are listed below. Those that were independently surveyed are denoted by an asterisk (\*).

The Abell Foundation, Inc.*	The Cleveland Foundation	Gulf Coast Community Foundation of Venice	The McKnight Foundation	The Robin Hood Foundation
Adolph Coors Foundation*	The Clowes Fund	Hall Family Foundation*	Medina Foundation	Rockefeller Brothers Fund
The Ahmanson Foundation*	The Collins Foundation*	Hampton Roads Community Foundation	MetroWest Community	Rockefeller Foundation
Alaska Mental Health Trust Authority	The Colorado Health Foundation	Harold K.L. Castle Foundation	Health Care Foundation	Rollin M. Gerstacker Foundation*
Alfred P. Sloan Foundation*	Colorado Trust	The Harry and Jeanette Weinberg Foundation, Inc	Meyer Memorial Trust*	Rose Community Foundation
Alliance for California Traditional Arts	The Columbus Foundation	Hartford Foundation for Public Giving	Michael Reese Health Trust	Russell Family Foundation
Alphawood Foundation*	and Affiliated Organizations	The Harvest Foundation of the Piedmont	The Minneapolis Foundation	Ruth Mott Foundation
Altman Foundation*	Community Foundation Silicon Valley	Health Foundation of Greater Cincinnati	Missouri Foundation for Health	S & G Foundation, Inc.*
The Ambrose Monell Foundation*	Community Memorial Foundation	The Heinz Endowments	The Morris and Gwendolyn	S. H. Cowell Foundation
Amelia Peabody Foundation*	Community Technology Foundation of California	Helen Andrus Benedict Foundation	CaFritz Foundation	Saint Luke's Foundation of Cleveland, Ohio
Amon G. Carter Foundation*	Connecticut Health Foundation, Inc.	Henry H. Kessler Foundation	Ms. Foundation for Women	The Saint Paul Foundation Inc.
Andersen Foundation*	Conrad N. Hilton Foundation	Hess Foundation, Inc.*	The Mt. Sinai Health Care Foundation	Santa Barbara Foundation
Ann Arbor Area Community Foundation	Cultural Council of Santa Cruz County	Horace W. Goldsmith Foundation*	The Nathan Cummings Foundation	SC Ministry Foundation
The Annenberg Foundation*	Daniels Fund*	The Horizon Foundation for New Jersey	Nellie Mae Education Foundation	Sea Change Foundation
The Anschutz Foundation*	Danville Regional Foundation	Houston Endowment, Inc.	The New Hampshire Charitable Foundation	Shelton Family Foundation*
Arcus Foundation	The David and Lucile Packard Foundation	HRJ Consulting	New Profit, Inc.	The Sherman Fairchild Foundation, Inc.*
Arts Council Silicon Valley	Dekko Foundation, Inc.	The Hyams Foundation, Inc.	New York Community Trust	The Shubert Foundation*
The Assisi Foundation of Memphis, Inc.	Doris Duke Charitable Foundation	J.A. & Kathryn Albertson Foundation*	New York State Health Foundation	The Skillman Foundation
The Atlantic Philanthropies	The Duke Endowment	J. Bulow Campbell Foundation*	Nina Mason Pulliam Charitable Trust	The Skoll Foundation
AVI CHAI Foundation	Dyson Foundation	The J. Willard and	Nord Family Foundation	Stuart Foundation
Baptist Community Ministries*	E. Rhodes & Leona B. Carpenter Foundation*	Alice S. Marriott Foundation*	Northern Rock Foundation	Surdna Foundation, Inc.
Barr Foundation	East Bay Community Foundation	Jacob and Valeria Langeloth Foundation	Northwest Area Foundation	Susan G. Komen
Beldon Fund	Eden Hall Foundation*	James Graham Brown Foundation, Inc.*	Northwest Health Foundation	Breast Cancer Foundation
Bill & Melinda Gates Foundation	The Educational Foundation of America	The James Irvine Foundation	Omidyar Foundation	T.L.L. Temple Foundation*
Blandin Foundation	El Pomar Foundation*	The Jay and Rose	One Foundation	Thrivent Financial for Lutherans Foundation
Blue Cross and Blue Shield of	Endowment for Health	Phillips Family Foundation*	Ontario Trillium Foundation	United Way of Massachusetts Bay
North Carolina Foundation	The Energy Foundation	Jessie Ball duPont Fund	The Overbrook Foundation*	Vancouver Foundation
Blue Cross Blue Shield of	The Erie Community Foundation	Jessie Smith Noyes Foundation	Partnership for Excellence in	The Vermont Community Foundation
Massachusetts Foundation	Eugene and Agnes E. Meyer Foundation	The Jim Joseph Foundation	Jewish Education (PEJE)	Victoria Foundation, Inc.*
Blue Shield of California Foundation	Evelyn and Walter Haas, Jr. Fund	The Josiah Macy, Jr. Foundation	Paul G. Allen Foundations	Virginia G. Piper Charitable Trust
Boston Foundation, Inc.	F. M. Kirby Foundation, Inc.*	The John A. Hartford Foundation, Inc.	Paul Hamlyn Foundation	W. K. Kellogg Foundation
Bradley Foundation*	The F.B. Heron Foundation	John D. and Catherine T.	Peninsula Community Foundation	Wachovia Regional Foundation
Bradley-Turner Foundation*	The Fan Fox and	MacArthur Foundation	The Pears Foundation	Waitt Family Foundation*
The Brainerd Foundation	Leslie R. Samuels Foundation*	John H. and Wilhelmina D. Harland	The Peter and	The Wallace Foundation
The Brinson Foundation	Fannie Mae Foundation	Charitable Foundation, Inc.	Elizabeth C. Tower Foundation	Walter & Elise Haas Fund
The Broad Foundation	First 5 Alameda	John P. McGovern Foundation*	PetSmart Charities	Wayne & Gladys Valley Foundation
The Brown Foundation	County – Every Child Counts	The John R. Oishei Foundation	The Pew Charitable Trusts*	Weingart Foundation*
Bush Foundation	The Ford Family Foundation	John S. and James L. Knight Foundation	Philadelphia Foundation	Wellington Management Charitable Fund
California Community Foundation	The Ford Foundation	Kalamazoo Community Foundation	The Pittsburgh Foundation	Wilburforce Foundation
The California Endowment	France-Merrick Foundation*	Kansas Health Foundation	Polk Bros. Foundation	William Casper Graustein Memorial Fund
California HealthCare Foundation	Friends Provident Foundation	Kate B. Reynolds Charitable Trust*	Pritzker Foundation*	The William and Flora Hewlett Foundation
The California Wellness Foundation*	The Frist Foundation*	Kendeda Fund	PSEG Foundation and	The William K. Warren Foundation*
The Cannon Foundation, Inc.*	The GAR Foundation	The Kresge Foundation	Corporate Responsibility Department	William Penn Foundation
Caring for Colorado Foundation	Gates Family Foundation*	Kronkosky Charitable Foundation	Public Welfare Foundation*	The William Randolph Hearst Foundations*
Carnegie Corporation of New York	Gaylord and Dorothy	The Lenfest Foundation, Inc.*	Quantum Foundation	The William Stamps Farish Fund*
Carrie Estelle Doheny Foundation*	Donnelley Foundation	Levi Strauss Foundation	The Ralph M. Parsons Foundation*	William T. Kemper Foundation*
The Case Foundation	General Mills Foundation	Lloyd A. Fry Foundation	Raskob Foundation for	Williamsburg Community
Central Indiana Community Foundation	The George Gund Foundation	Longwood Foundation	Catholic Activities, Inc.	Health Foundation
The Champlin Foundations*	The George S. and Dolores	The Louis Calder Foundation*	Rasmuson Foundation	Windgate Charitable Foundation, Inc.*
Charles and Helen Schwab Foundation	Dore Eccles Foundation*	Lucile Packard Foundation	The Raymond John Wean Foundation	Winter Park Health Foundation
Charles and Lynn Schusterman	Geraldine R. Dodge Foundation	for Children's Health	Resources Legacy Fund	Woods Fund of Chicago
Family Foundation	The Gill Foundation	Lumina Foundation for Education, Inc.	The Rhode Island Foundation	Yad Hanadiv
Charles Stewart Mott Foundation	The Goizueta Foundation	Maine Community Foundation	Richard & Rhoda Goldman Fund	Z. Smith Reynolds Foundation, Inc.
The Chicago Community Trust	Gordon and Betty Moore Foundation	Maine Health Access Foundation	Richard King Mellon Foundation*	Zeist Foundation
The Christensen Fund	Grable Foundation	Marguerite Casey Foundation	The Robert Wood Johnson Foundation	
The Clark Foundation*	Grand Rapids Community Foundation	Mary Reynolds Babcock Foundation		
Claude Worthington Benedum Foundation	The Greater Cincinnati Foundation	Mathile Family Foundation*		

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# About the Center for Effective Philanthropy (CEP)

## Mission

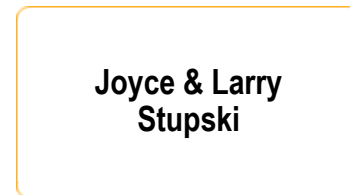
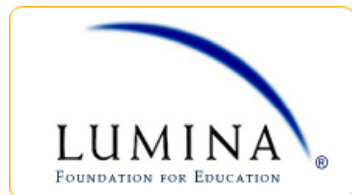
**To provide data and create insight so philanthropic funders can better define, assess, and improve their effectiveness and impact.**

## Vision

**We seek a world in which pressing social needs are more effectively addressed. We believe improved effectiveness of philanthropic funders can have a profoundly positive impact on nonprofit organizations and the people and communities they serve.**

# CEP Funders

CEP is funded through a combination of foundation grants and revenue earned from management tools and seminars. Funders providing support for CEP's work include:



# CEP Research

CEP’s research and creation of comparative data sets leads to the development of assessment tools, publications serving the philanthropic funder field, and programming. CEP’s research initiatives focus on several subjects, including:

Research Focus	CEP Publication
Performance Assessment	<i>Toward a Common Language: Listening to Foundation CEOs and Other Experts Talk About Performance Measurement in Philanthropy</i> (2002)
	<i>Indicators of Effectiveness: Understanding and Improving Foundation Performance</i> (2002)
	<i>Assessing Performance at the Robert Wood Johnson Foundation: A Case Study</i> (2004)
Funder Strategy	<i>Beyond the Rhetoric: Foundation Strategy</i> (2007)
	<i>Lessons from the Field: Becoming Strategic: The Evolution of the Flinn Foundation</i> (2009)
	<i>The Essentials of Foundation Strategy</i> (2009)
	<i>Lessons from the Field: Striving for Transformative Change at the Stuart Foundation</i> (2009)
Funder Governance	<i>Foundation Governance: The CEO Viewpoint</i> (2004)
	<i>Beyond Compliance: The Trustee Viewpoint on Effective Foundation Governance</i> (2005)
Funder-Grantee Relationships	<i>Listening to Grantees: What Nonprofits Value in Their Foundation Funders</i> (2004)
	<i>Foundation Communications: The Grantee Perspective</i> (2006)
	<i>In Search of Impact: Practices and Perceptions in Foundations’ Provision of Program and Operating Grants to Nonprofits</i> (2006)
	<i>Luck of the Draw</i> (2007)
	<i>Working with Grantees: The Keys to Success and Five Program Officers Who Exemplify Them</i> (2010)
Managing Operations	<i>Lessons from the Field: Improving the Experience at the David and Lucile Packard Foundation</i> (2008)
	<i>Lessons from the Field: Aiming for Excellence at the Wallace Foundation</i> (2008)
Non-Monetary Assistance	<i>More than Money: Making a Difference with Assistance Beyond the Grant</i> (2008)

# CEP Assessment Tools

CEP provides philanthropic funder leaders with assessment tools – utilizing comparative data – that inform performance assessment:

- **Grantee Perception Report® (GPR):** provides CEOs, boards, and staff with comparative data on grantee perceptions of funder performance on a variety of dimensions
- **Applicant Perception Report (APR):** a companion to the GPR that provides comparative data from surveys of declined grant applicants
- **Comparative Board Report (CBR):** provides data on board structure and trustee perceptions of board effectiveness on a comparative basis
- **Staff Perception Report (SPR):** explores philanthropic funder staff members' perceptions of funder effectiveness and job satisfaction on a comparative basis
- **Operational Benchmarking Report (OBR):** provides comparative data, relative to a selected peer group of funders, on aspects of philanthropic funder operations – including organization staffing, program officer workload, grant processing times, and administrative costs
- **Stakeholder Assessment Report (STAR):** delivers insight about a funder's effectiveness by surveying stakeholders a funder seeks to influence as part of its strategy
- **Multidimensional Assessment Process (MAP):** provides an integrated assessment of performance, assimilating results and data from all of CEP's assessment tools into key findings, implications, and recommended action steps for greater effectiveness
- **Donor Perception Report (DPR):** creates insight, on a comparative basis, about donors' perceptions of the community foundations to and through which they contribute or establish funds
- **Beneficiary Perception Report (BPR):** informs the work of funders and grantees by providing comparative feedback from those whose lives funders seek to improve – the ultimate beneficiaries of funders' philanthropic efforts

## Contact Information

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