



# Building Movement Project

**Working Towards the Common Good:  
Findings from the 2014 New Mexico Nonprofit Survey**  
*Report Appendix*



## Building Movement Project

### 2014 New Mexico Nonprofit Survey

This survey was developed by The Building Movement Project to learn more about New Mexico’s nonprofit organizations. Findings from the survey, which was administered from October to December 2014, are shared in the report, *Working Towards the Common Good: Findings from the 2014 New Mexico Nonprofit Survey*. If you would like to use or adapt this survey, please contact The Building Movement Project at [info@buildingmovement.org](mailto:info@buildingmovement.org).

### Welcome

Thank you for taking **the 2014 New Mexico Nonprofit Survey!** This survey will provide valuable information on the key issues that nonprofits are working on, the opportunities and challenges we face, and how we can continue to work together to ensure the well-being of all New Mexicans.

This short confidential survey will ask you questions about your nonprofit organization’s work, the communities that you serve, and ways in which your organization works with other organizations and coalitions. The survey should take about 15 minutes to complete. Please fill out only one survey per organization. We ask that you please complete the survey by **Monday, December 15th**.

This survey effort is being led by The Building Movement Project (BMP), in partnership with many New Mexico nonprofits such as Albuquerque Health Care for the Homeless, Inc., Encuentro, Center for Nonprofit Excellence, New Mexico Voices for Children, and SouthWest Organizing Project. Last year’s confidential survey led to the report, [“Meeting Need, Making Change: 2013 Survey of Nonprofit Service Providers in New Mexico,”](#) and BMP plans to release a report on this year’s survey in early 2015. If you have any questions about this survey, feel free to contact Tina Law ([tlaw@buildingmovement.org](mailto:tlaw@buildingmovement.org)).

**\*\*This is a confidential survey.** We will only report on general trends from this survey data. **No individual respondent or participating organization will be identified in the report that will be released in early 2015.**

**Organization:\*** \_\_\_\_\_

**Title:** \_\_\_\_\_



## Your Organization

1) What city is your organization located in?

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2) Which of the following best describes your organization's overall work? (select one)\*

**Direct services:** your organization primarily provides programs and services that help individuals in your community overcome personal challenges and improve their lives (i.e., social services, health services, youth development programs, employment programs, legal services, art programming, education).

**Community organizing:** your organization primarily works to make people aware of the policies and laws that are the root causes of the problems they face, and then mobilize community members to take action to promote policy and social change.

**Advocacy:** your organization primarily advocates for policy and/or systems changes that will benefit community members and improve their lives.

My organization does not engage in direct services, community organizing, OR advocacy. *Please explain:* \_\_\_\_\_ \*

3) Understanding that organizations play multiple roles and engage in multiple strategies in their communities, please feel free to describe your organization's overall work in greater detail.

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**4) What are your organization’s primary issue areas? (select up to three)\***

- |  |  |
|--|--|
| <input type="checkbox"/> Aging (i.e., elder services, adult care)                            | <input type="checkbox"/> Historical preservation                               |
| <input type="checkbox"/> Behavioral/mental health  | <input type="checkbox"/> HIV/AIDS  |
| <input type="checkbox"/> Criminal justice issues (i.e., criminalization, reentry)            | <input type="checkbox"/> Housing (i.e., affordable housing, homelessness)      |
| <input type="checkbox"/> Culture/language preservation                                       | <input type="checkbox"/> Immigration   |
| <input type="checkbox"/> Development and land use  | <input type="checkbox"/> Land claims   |
| <input type="checkbox"/> Disability rights   | <input type="checkbox"/> LGBT equity issues                                    |
| <input type="checkbox"/> Domestic violence   | <input type="checkbox"/> Racial equity issues                                  |
| <input type="checkbox"/> Economic security (i.e., assets building, wealth creation)          | <input type="checkbox"/> Reproductive health                                   |
| <input type="checkbox"/> Education (i.e., early childhood education, K-12, higher education) | <input type="checkbox"/> Sexual assault  |
| <input type="checkbox"/> Environment   | <input type="checkbox"/> Substance abuse/prevention                            |
| <input type="checkbox"/> Family issues (i.e., child care, parent support)                    | <input type="checkbox"/> Taxes/tax policy                                      |
| <input type="checkbox"/> Food (i.e., hunger, food access, urban agriculture)                 | <input type="checkbox"/> Violence prevention/intervention                      |
| <input type="checkbox"/> Gender equity issues  | <input type="checkbox"/> Workers’ rights (i.e., living wage, wage theft)       |
| <input type="checkbox"/> Health (i.e., preventative health, health interventions)            | <input type="checkbox"/> Workforce development (i.e., job training, placement) |
|  | <input type="checkbox"/> Youth development                                     |
|  | <input type="checkbox"/> Other:  |
- 

**5) Which of the following best describes your organization’s geographic scope of work? (select one)**

- Tribal communities
- City-wide
- County-wide
- Multi-county
- Statewide
- Multi-state



**6) Which of the following counties does your organization primarily work in?**  
(select all that apply)

- |                                     |                                     |                                     |                                       |
|-------------------------------------|-------------------------------------|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> Bernalillo | <input type="checkbox"/> Grant      | <input type="checkbox"/> Mora       | <input type="checkbox"/> Sierra       |
| <input type="checkbox"/> Catron     | <input type="checkbox"/> Guadalupe  | <input type="checkbox"/> Otero      | <input type="checkbox"/> Socorro      |
| <input type="checkbox"/> Chaves     | <input type="checkbox"/> Harding    | <input type="checkbox"/> Quay       | <input type="checkbox"/> Taos         |
| <input type="checkbox"/> Cibola     | <input type="checkbox"/> Hidalgo    | <input type="checkbox"/> Rio Arriba | <input type="checkbox"/> Torrance     |
| <input type="checkbox"/> Colfax     | <input type="checkbox"/> Lea        | <input type="checkbox"/> Roosevelt  | <input type="checkbox"/> Union        |
| <input type="checkbox"/> Curry      | <input type="checkbox"/> Lincoln    | <input type="checkbox"/> Sandoval   | <input type="checkbox"/> Valencia     |
| <input type="checkbox"/> De Baca    | <input type="checkbox"/> Los Alamos | <input type="checkbox"/> San Juan   | <input type="checkbox"/> All counties |
| <input type="checkbox"/> Dona Ana   | <input type="checkbox"/> Luna       | <input type="checkbox"/> San Miguel |                                       |
| <input type="checkbox"/> Eddy       | <input type="checkbox"/> McKinley   | <input type="checkbox"/> Santa Fe   |                                       |

**7) What is your organization's estimated annual budget?** (select one)

- \$0-\$50,000
- \$50,001-\$100,000
- \$100,001-\$250,000
- \$250,001-\$500,000
- \$500,001-\$1,000,000
- \$1,000,001-\$5,000,000
- Over \$5 million



**8) Which of the following racial groups does your organization primarily work with? (select all that apply)**

- African-Americans
- American Indians/Native Americans
- Hispanic/Latinos
- Asian Americans and Pacific Islanders
- Whites

**Logic: The follow-up question below only appears if an organization indicates that they serve American Indians/Native Americans.**

***If your organization serves American Indians/Native Americans, please specify the communities that you work with: (select all that apply)***

- |   |   |
|---|---|
| <input type="checkbox"/> Acoma Pueblo   | <input type="checkbox"/> Sandia Pueblo        |
| <input type="checkbox"/> Apache tribes (Jicarilla Apache Nation and the Mescalero Apache tribe) | <input type="checkbox"/> San Felipe Pueblo    |
| <input type="checkbox"/> Cochiti Pueblo   | <input type="checkbox"/> San Ildefonso Pueblo |
| <input type="checkbox"/> Isleta Pueblo  | <input type="checkbox"/> Santa Ana Pueblo     |
| <input type="checkbox"/> Jemez Pueblo   | <input type="checkbox"/> Santa Clara Pueblo   |
| <input type="checkbox"/> Laguna Pueblo  | <input type="checkbox"/> Santo Domingo Pueblo |
| <input type="checkbox"/> Nambe Pueblo   | <input type="checkbox"/> Taos Pueblo          |
| <input type="checkbox"/> Navajo Nation  | <input type="checkbox"/> Tesuque Pueblo       |
| <input type="checkbox"/> Ohkay Owingeh Pueblo   | <input type="checkbox"/> Zia Pueblo           |
| <input type="checkbox"/> Picuris Pueblo   | <input type="checkbox"/> Zuni Pueblo          |
| <input type="checkbox"/> Pojoaque Pueblo  | <input type="checkbox"/> Other: _____         |

**9) Which of the following age groups does your organization primarily work with? (select all that apply)**

- Infants
- Children (5-12 years)
- Youth (12-21 years)
- Families
- Adults
- Seniors



**10) What is the income level of the groups that your organization primarily works with? (select all that apply)**

- At or below the poverty line
- Low-income (100%-200% of the poverty line)
- Middle income

**11) In the past year, did your organization experience decreases in funding? (select one)\***

- Yes
- No

**Logic: The follow-up question below only appears if an organization indicates that they did experience decreases in funding in the past year.**

***If you selected “Yes,” please specify which type of funding decreased: (select all that apply)***

- Federal
- State
- Municipal
- Foundation
- Individual support
- Other

**12) In the past year, did your organization experience increases in funding? (select one)\***

- Yes
- No

**Logic: The follow-up question below only appears if an organization indicates that they did experience increases in funding in the past year.**

***If you selected “Yes,” please specify which type of funding increased: (select all that apply)***

- Federal
- State
- Municipal
- Foundation
- Individual support
- Other



**13) How have decreases and/or increases in funding affected your organization's work? Please be specific in describing changes to programming, services, or other aspects of your organization's work.**

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**14) What are the top challenges that your organization is currently facing? (select up to three)\***

- Funding
- Staff turnover (i.e., program staff, line staff)
- Transitions in senior leadership (i.e., executive director, president)
- Limited management capacity
- Limited opportunities for staff training and development
- Limited resources for staff training and development
- Increased demand for services
- Limited opportunities to engage in long-term and/or strategic planning
- Political opposition
- Legal and/or policy changes impacting your community
- Siloes and/or competition among organizations
- Limited opportunities to collaborate with other organizations
- Other: \_\_\_\_\_

**15) What types of supports would most help your organization to be more effective and impactful?**

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## Your Organization – *Direct Services Organizations Only*

**How often does your organization work with community organizing groups?**  
(select one)\*

- Regularly
- Occasionally
- Rarely
- Never

**How often does your organization work with advocacy organizations?** (select one)\*

- Regularly
- Occasionally
- Rarely
- Never

**In the past year, have staff at your organization had to turn people away for services?** (select one)\*

- Yes
- No

**In the past year, has your organization seen increases in the number of people on your waiting list(s)?** (select one)\*

- Yes
- No
- Not applicable

**Please add any additional comments you would like to share about changes to your organization's caseload and/or your organization's capacity to meet your community's needs.**

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## Your Organization – Community Organizing Groups Only

**How often does your organization work with direct services organizations? (select one)\***

- Regularly
- Occasionally
- Rarely
- Never

**How often does your organization work with advocacy organizations? (select one)\***

- Regularly
- Occasionally
- Rarely
- Never

**What types of community outreach does your organization most often engage in? (select up to three)**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Door-to-door canvassing | <input type="checkbox"/> Community workshops  | <input type="checkbox"/> Letters and mailings                 |
| <input type="checkbox"/> Phone banking           | <input type="checkbox"/> Information sessions   | <input type="checkbox"/> Presentations at local organizations |
| <input type="checkbox"/> Voter registration      | <input type="checkbox"/> Coordination with local schools, public agencies, and other local groups | <input type="checkbox"/> Leadership development               |
| <input type="checkbox"/> Community forums        | <input type="checkbox"/> Online outreach  | <input type="checkbox"/> Popular education                    |

**What types of public action tactics does your organization most often engage in? (select up to three)**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Petitions and letter-writing campaigns | <input type="checkbox"/> Testimonies at legislative sessions and hearings      | <input type="checkbox"/> Public demonstrations (i.e., rallies, protests, marches) |
| <input type="checkbox"/> Public statements                      | <input type="checkbox"/> Public accountability sessions                        | <input type="checkbox"/> Symbolic public acts                                     |
| <input type="checkbox"/> Social media campaigns                 | <input type="checkbox"/> Media campaigns (i.e., television, radio, newspapers) | <input type="checkbox"/> Walk-outs/strikes/boycotts                               |
| <input type="checkbox"/> Voting campaigns                       |  | <input type="checkbox"/> Civil disobedience                                       |

**We are interested in better understanding the collective power and reach of the community organizing sector in New Mexico. So that we may learn more about this, please share how many people are part of your current membership base. Estimates are fine.**

\_\_\_\_\_



## Your Organization – *Advocacy Organizations Only*

**How often does your organization work with direct services organizations?** *(select one)\**

- Regularly
- Occasionally
- Rarely
- Never

**How often does your organization work with community organizing groups?** *(select one)\**

- Regularly
- Occasionally
- Rarely
- Never

**What types of advocacy work does your organization primarily focus on?** *(select all that apply)*

- Administrative advocacy (i.e., revising guidelines, rules and regulations of administrative and governmental agencies)
- Legislative advocacy (i.e., working with elected officials to vote for or against specific bills)
- Media advocacy (i.e., increasing public awareness and influencing public debate about particular issues)
- Other: \_\_\_\_\_

**What types of support would most help your organization in terms of your ability to advocate successfully?** *(select all that apply)*

- More research on policy issues
- More support on effective ways of engaging policymakers
- More support on messaging and polling
- More opportunities to collaborate with other advocacy organizations
- More opportunities to collaborate with community-based organizations



## Your Organization's Advocacy Efforts

**16) In the past year, has your organization engaged in advocacy activities? We are defining advocacy broadly to include both direct engagement with policymakers and supporting constituents to have more voice and power over the decisions that affect their lives. (select one)\***

Yes

No

**Logic: The follow-up question below only appears if an organization indicates that they have not engaged in advocacy activities in the past year. Then, they are automatically directed to Question #20.**

***If you selected "No," why has your organization not engaged in advocacy activities? (select all that apply)***

Our board members are not interested

Our clients are not interested

Our organizational leadership is not interested

This work is not within our mission

We are afraid of losing funding/resources

We don't have the necessary skills and expertise

We lack adequate funding/resources

It is not permitted under 501(c)status requirements

Other: \_\_\_\_\_



**Logic: The follow-up questions below (Questions #17-#19) only appear if an organization indicates that they have engaged in advocacy activities in the past year.**

**17) Which of the following types of advocacy training activities does your organization provide most often? Please select all activities that your organization provides and then rank these activities in order of how frequently they are provided. (select and rank)**

- \_\_\_\_\_ Training and/or education on how to engage in advocacy
- \_\_\_\_\_ Training and/or education on policy issues affecting organizational funding
- \_\_\_\_\_ Training and/or education on policy issues affecting clients, not related to organizational funding
- \_\_\_\_\_ Civic engagement/voter education
- \_\_\_\_\_ Training and/or education on policies, laws, attitudes, and other systemic factors that contribute to the issues or problems facing clients

**18) Which of the following individuals does your organization most often engage in advocacy training? Please select all individuals that your organization engages in advocacy training and then rank these individuals in terms of how frequently you engage them in training. (select and rank)**

- \_\_\_\_\_ Clients/participants/members
- \_\_\_\_\_ Staff
- \_\_\_\_\_ Board members
- \_\_\_\_\_ Volunteers

**19) In the field below, please add any additional comments you would like to share about your organization’s advocacy efforts.**

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## Your Coalitions and Partners

**20) We are interested in learning about the ways in which you work with coalitions/alliances in New Mexico to support and advance the well-being of your communities. In the past year, has your organization participated in a coalition/alliance? (select one)\***

Yes

No

**Logic: The follow-up questions below (Questions #21-#25) only appear if an organization indicates that they have participated in a coalition/alliance in the past year. If an organization indicates that they have not participated in a coalition/alliance in the past year, they are automatically directed to Question #26.**

**21) What are primary issue areas that your organization has focused on through your coalition/alliance activities? (select up to three)\***

- |  |  |
|--|--|
| <input type="checkbox"/> Aging (i.e., elder services, adult care)                            | <input type="checkbox"/> Historical preservation                               |
| <input type="checkbox"/> Behavioral/mental health  | <input type="checkbox"/> HIV/AIDS  |
| <input type="checkbox"/> Criminal justice issues (i.e., criminalization, reentry)            | <input type="checkbox"/> Housing (i.e., affordable housing, homelessness)      |
| <input type="checkbox"/> Culture/language preservation                                       | <input type="checkbox"/> Immigration   |
| <input type="checkbox"/> Development and land use  | <input type="checkbox"/> Land claims   |
| <input type="checkbox"/> Disability rights   | <input type="checkbox"/> LGBT equity issues                                    |
| <input type="checkbox"/> Domestic violence   | <input type="checkbox"/> Racial equity issues                                  |
| <input type="checkbox"/> Economic security (i.e., assets building, wealth creation)          | <input type="checkbox"/> Reproductive health                                   |
| <input type="checkbox"/> Education (i.e., early childhood education, K-12, higher education) | <input type="checkbox"/> Sexual assault  |
| <input type="checkbox"/> Environment   | <input type="checkbox"/> Substance abuse/prevention                            |
| <input type="checkbox"/> Family issues (i.e., child care, parent support)                    | <input type="checkbox"/> Taxes/tax policy                                      |
| <input type="checkbox"/> Food (i.e., hunger, food access, urban agriculture)                 | <input type="checkbox"/> Violence prevention/intervention                      |
| <input type="checkbox"/> Gender equity issues  | <input type="checkbox"/> Workers' rights (i.e., living wage, wage theft)       |
| <input type="checkbox"/> Health (i.e., preventative health, health interventions)            | <input type="checkbox"/> Workforce development (i.e., job training, placement) |
|  | <input type="checkbox"/> Youth development                                     |
|  | <input type="checkbox"/> Other:  |



**22) What is your organization’s primary purpose for participating in coalition/alliance activities? (select all that apply)\***

- General sharing of information (i.e., best practices)
- Coordination of services (i.e., wraparound services)
- Change existing policy, or advocate for new policy that would benefit your community
- Prevent changes to existing policy or block new policies that would harm your community
- Maintain funding
- Obtain new/additional funding
- Other: \_\_\_\_\_

**23) How many coalitions/alliances does your organization currently participate in? Estimates are fine.\***

\_\_\_\_\_

**24) Of the total number of coalitions/alliances that your organization is currently part of (listed in question above), please describe your general level of participation by listing the number of coalitions/alliances in which you have “very high” involvement, “high” involvement, “moderate” involvement, and “low” involvement.**

Very High: \_\_\_\_\_ High: \_\_\_\_\_ Moderate: \_\_\_\_\_ Low: \_\_\_\_\_

**25) Please describe the geographic scope of your coalitions/alliances by listing the number of coalitions/alliances that are national, regional, state-level, county-level, and local level.**

National: \_\_\_\_\_ Regional: \_\_\_\_\_ State level: \_\_\_\_\_ County level: \_\_\_\_\_ Local level: \_\_\_\_\_



**26) We are interested in learning about the ways in which you work with other organizations in New Mexico to support and advance the well-being of your communities. How many organizational partners does your organization currently have? Estimates are fine.**

\_\_\_\_\_

**27) In the space below, please list five organizational partners that your organization has worked most closely with over the past year. For each organizational partner, please identify whether the organization is focused on direct services, community organizing, advocacy, or other type of work.**

	<b>Organization Name</b>	<b>Organization Type</b> <i>("Direct Services," "Community Organizing," "Advocacy," or "Other")</i>
1		
2		
3		
4		
5		

**Would you be willing to have a short confidential conversation with BMP about your organization and your responses to this survey?**

Yes

No

***If you selected "Yes," please provide your contact information:***

Name: \_\_\_\_\_

Email address: \_\_\_\_\_





## **Thank You!**

**Thank you for participating in the 2014 New Mexico Nonprofit Survey.**

**To help us reach as many New Mexico nonprofits as possible, please share this survey link with your partner organizations:**

**<http://www.surveygizmo.com/s3/1864874/2014-New-Mexico-Nonprofit-Survey>**