

MAXIMIZING ASSETS OF DIVERSE COMMUNITIES TO ENHANCE PROGRAMS

Attachments

Attachment 4.1: Individual Assets Inventory

Attachment 4.2: Guiding Principles for Assessing Community Assets

Attachment 4.3: Community Assets Mobilization Map

Identifying Personal and Organizational Assets for My Community

Part 1

Individual Assets Inventory

Indicate if each of the following skills, types of knowledge, activities and responsibilities is something you can do. Then indicate if this is something you enjoy doing or would enjoy teaching someone else to do.

Skill, Type of Knowledge, Activity, Responsibility	Please place a check by those things you:		
	Can do	Enjoy doing	Would enjoy teaching
Building a Web site			
Using the Internet to find information			
Writing news stories			
Doing radio/television presentations			
Desktop publishing			
Bookkeeping			
Word processing			
Using computer programs to manage or analyze data			
Preparing computer graphics			
Contacting and talking to people on the phone			
Preparing and managing budgets			
Managing other people			
Putting ideas into a written document			
Painting walls or the exterior of houses			
Brick laying or masonry work			
Installing drywall			
Installing floor coverings			
Preparing meals for large numbers of people			
Operating commercial food preparation equipment			
Baking			
Driving a van			
Driving a bus			
Caring for infants (0-1 years of age)			
Caring for toddlers (1-3 years of age)			
Caring for preschool children (3-5 years of age)			
Caring for children 5-11 years of age			
Taking children on field trips			
Caring for the elderly			

Skill, Type of Knowledge, Activity, Responsibility	Can do	Enjoy doing	Would enjoy teaching
Caring for the mentally ill			
Caring for the sick			
Caring for physically or developmentally challenged individuals			
Playing a musical instrument (which one?)			
Singing			
Acting/theatre			
Craft work (e.g. ceramics, pottery, crochet)			
Sewing, dressmaking			
Tutoring students			
Fundraising			
Public speaking			
Speaking Spanish			
Teaching/tutoring English as a second language			
Adult literacy			
Nutrition and food safety			
Health related issues			

Have you ever...?	<i>Check if Yes</i>
Served as an officer of a civic or service organization?	
Worked in support or opposition to a local issue?	
Held an elected office?	
Coached or assisted in coaching a sports team?	
Organized or managed a fundraiser?	
Facilitated a group discussion?	
Conducted personal interviews?	
Moderated a meeting?	
Started an organization?	

Please provide the following information so that we can create an entry for you in our community assets database.

Name: _____

Mailing address: _____

Phone number: _____

E-mail address: _____

**Part 2:
Organizational Assets Inventory**

What type of organization do you represent? *(Check all that apply)*

- | | |
|--------------------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> Arts | <input type="checkbox"/> Service club |
| <input type="checkbox"/> Business/Economic Development | <input type="checkbox"/> Social causes |
| <input type="checkbox"/> Religious/Church/Spiritual | <input type="checkbox"/> Veterans groups |
| <input type="checkbox"/> Civic Events | <input type="checkbox"/> Youth groups |
| <input type="checkbox"/> Hobby/Collector groups | <input type="checkbox"/> Senior groups |
| <input type="checkbox"/> Ethics associations | <input type="checkbox"/> Study/book/library groups |
| <input type="checkbox"/> Emergency services | <input type="checkbox"/> Gardening groups |
| <input type="checkbox"/> Self-help/Mutual support | <input type="checkbox"/> Political organization |
| <input type="checkbox"/> Health group | <input type="checkbox"/> Media group |
| <input type="checkbox"/> Physical fitness group | <input type="checkbox"/> Environmental group |
| <input type="checkbox"/> Local or county government | <input type="checkbox"/> Maternal/child health group |
| <input type="checkbox"/> Men's group | <input type="checkbox"/> General disabilities |
| <input type="checkbox"/> Women's group | <input type="checkbox"/> Learning disabilities |
| <input type="checkbox"/> Sports/recreation | <input type="checkbox"/> Other (please explain) |
| <input type="checkbox"/> Education/school | |

What is the target audience of your organization? *(Check all that apply)*

- | | |
|------------------------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Young children | <input type="checkbox"/> Youth/teens |
| <input type="checkbox"/> Seniors | <input type="checkbox"/> Women |
| <input type="checkbox"/> Men | <input type="checkbox"/> Families |
| <input type="checkbox"/> Physically/mentally challenged | <input type="checkbox"/> Religious groups |
| <input type="checkbox"/> Ethnic groups (please list) _____ | <input type="checkbox"/> Your own membership |
| _____ | <input type="checkbox"/> Professionals |
| <input type="checkbox"/> Business people | |
| <input type="checkbox"/> Other (please explain) | |

Does your organization or group do any of the following? *(Check as many as apply)*

- | | |
|-------------------------------------------------------------|-------------------------------------------------------------|
| <input type="checkbox"/> Deliver healthcare/social services | <input type="checkbox"/> Help with referrals |
| <input type="checkbox"/> Provide education/training | <input type="checkbox"/> Sponsor groups or individuals |
| <input type="checkbox"/> Provide arts and cultural events | <input type="checkbox"/> Provide recreational opportunities |
| <input type="checkbox"/> Offer programs for target groups | <input type="checkbox"/> Give technical support |
| (List groups) _____ | <input type="checkbox"/> Other (please explain) |
| _____ | |
| <input type="checkbox"/> Give financial support | |

What best describes your organization? (Check all that apply)

- | | |
|-----------------------------------------------------------------|------------------------------------------------------------------|
| <input type="checkbox"/> Government funded organization | <input type="checkbox"/> Private business |
| <input type="checkbox"/> Schools | <input type="checkbox"/> Private non-profit service organization |
| <input type="checkbox"/> Primary | <input type="checkbox"/> For profit organization |
| <input type="checkbox"/> Secondary | <input type="checkbox"/> Library |
| <input type="checkbox"/> Post secondary | <input type="checkbox"/> Private non-profit membership |
| <input type="checkbox"/> Non-formal adult education association | |

If your group were asked, which of the following would you consider supporting?

	Would be very interested	Would consider	Outside the scope of our mission
Helping mothers			
Helping kids			
Helping teens			
Supporting schools			
Supporting libraries			
Supporting emergency services			
Promoting community spirit			
Promoting local business			
Helping the disabled			
Helping seniors			
Helping the poor/homeless			
Supporting the arts			
Supporting recreational activities			
Supporting addiction prevention programs			
Supporting anti-violence programs			
Supporting environmental activities			
Supporting development of parks			
Health Referrals			
English language tutoring			
Spanish language tutoring			

How likely is it that your organization or group would be willing to provide or share the following organizational resources with other community organizations or groups?
(Reasonable fees or restrictions may be assessed.)

	<i>Very likely</i>	<i>Somewhat likely</i>	<i>Not at all likely</i>
A room or place for a meeting			
Membership list			
Member or employee volunteer time			
Technical expertise of your organization			
Access to equipment			
Access to vehicles or similar equipment			
Donations of materials			
Space in your newsletter			
Help with referrals			
Education/training			
Share cost of delivering services			
Sponsor arts/cultural events			
Sponsor or provide recreational activities			
Share cost of producing/distributing information			

Please provide the following information so that we can create an entry for your organization or group in our community Organizational Assets Database.

Name of organization:

Main office address:

Main office phone number:

E-mail address:

Please provide a brief summary of your organization or the mission statement of your organization:

Guiding Principles for Assessing Community Assets

- **Participatory Process**
- **Balanced Perspectives**
- **Start With Questions**
- **Snapshot First**
- **Trends Second**
- **Comparisons Third**
- **Ask More Questions**
- **Balanced Data Gathering**
- **Start Simple**
- **Make it Meaningful**

Attachment 4.3

I have this as a separate file and cannot get it moved. I just need it moved by a graphics person.