Central Carolina Community Foundation is committed to understanding the current landscape for nonprofits across our region. We know that organizations are navigating shifts in resources, community needs, and operational capacity. Your insights will help us share data-informed stories with donors and partners, as requested and appropriate, about the realities of our local nonprofit sector and where support is most urgently needed.

This survey is *not* anonymous, as we may share your organization's stories and examples (with appropriate context) to elevate awareness and inspire giving. Please designate one person to complete this survey on behalf of your organization.

Your participation in this survey is voluntary and will not impact your ability to receive funds from Central Carolina Community Foundation now or in the future.

The survey should take about **10 minutes** to complete and will **close on November 4, 2025, at 11:59 PM**.

Thank you for your time and for the impact you make in our community!

**About Your Organization**

* 1. Organization name

* 2. In which county or counties does your organization have a physical office or location? (select all that apply)

- [ ] Calhoun
- [ ] Clarendon
- [ ] Fairfield
- [ ] Kershaw
- [ ] Lee
- [ ] Lexington
- [ ] Other South Carolina county (please list)
- [ ] Newberry
- [ ] Orangeburg
- [ ] Richland
- [ ] Saluda
- [ ] Sumter

* 3. Organization's primary service category (select one)

- ◯ Animal Welfare
- ◯ Arts & Culture
- ◯ Community Improvement
- ◯ Economic Development
- ◯ Education & Scholarships
- ◯ Faith-Based
- ◯ Health & Wellbeing
- ◯ Human Services
- ◯ Youth Development

* 4. Organization's mission statement

**About Your Current Experience**

* 5. Which of the following needs are most pressing in the communities you serve right now? (Select up to three)

- [ ] Access to healthcare
- [ ] Affordable housing and homelessness prevention
- [ ] Capacity support for nonprofits (staffing, burnout, resources)
- [ ] Childcare and early education
- [ ] Community safety and violence prevention
- [ ] Digital access and technology
- [ ] Financial stability and emergency assistance
- [ ] Food insecurity and nutrition access
- [ ] Mental health and emotional wellbeing
- [ ] Support for older adults
- [ ] Transportation and mobility
- [ ] Workforce development and job readiness
- [ ] Youth development and mentoring
- [ ] Other (please specify)

* 6. Compared to last fiscal year, how has your organization’s income changed? (select one)

- ◯ increased
- ◯ stayed about the same
- ◯ decreased

* 7. Compared to fiscal last year, how has the demand for your organization's services changed generally? (select one)

- ◯ increased significantly
- ◯ increased somewhat
- ◯ stayed about the same
- ◯ decreased somewhat
- ◯ decreased significantly

* 8. Compared to last fiscal year, how has your organization's capacity to provide services changed generally? (select one)

- ◯ significantly increased capacity – serving many more people or offering new programs
- ◯ somewhat increased capacity – modest increase in services or reach
- ◯ stayed about the same
- ◯ somewhat decreased capacity – modest decrease in services or reach
- ◯ significantly decreased capacity – major cuts to programs, staff, or service levels

**About Your Current Experience *continued***

9. By approximately what percentage has your income {{ Q6 }}? (select one)

0% 100%

* 10. Describe what has changed in your income sources. Be specific and concise. *For example: federal grant cut, reduced donor giving, loss of government contracts, new funding partnerships, etc.*

**About Your Current Experience *continued***

* 11. You reported that compared to last fiscal year, your organization's:

- income has {{ Q6 }}
- demand for services has {{ Q7 }}
- ability to provide services has {{ Q8 }}

Please share some examples using data that illustrate these current and emerging needs of your organization. Be specific and concise.

*For example: “Our food pantry has doubled in visitors this month” or “Our funding was cut by $200,000, so now we can only house 25 families, as opposed to the 40 we were historically able to” or "We had to reduce staff hours by a third, so we are unable to monitor pollution levels in the local river as frequently as we used to*"

**About Your Organization *continued***

* 12. Organization's previous fiscal year total annual income ($)

* 13. Organization’s mailing address

**Street address**

**Street address line 2**

**City**

**State**

**Zip code**

* 14. Organization’s EIN # (e.g., XX-XXXXXXX without the dash)

**About You**

* 15. Your name

**First name**

**Last name**

* 16. Your role at {{ Q1 }}

* 17. Your phone number

**Country code**

**Phone number** +1

* 18. Your email address

19. Please use this space to share any additional comments you may have.

By submitting this survey, you acknowledge that:

- Central Carolina Community Foundation may use this information to inform grantmaking, donor education, and community engagement efforts.
- Your organization’s responses may be shared with Central Carolina Community Foundation donors or community partners, as requested, who are interested in understanding nonprofit needs in our region.
- Central Carolina Community Foundation will present your individual responses respectfully and with appropriate context to reflect your organization’s perspective accurately.
- Your participation in this survey is voluntary and will not impact your ability to receive funds from Central Carolina Community Foundation now or in the future.