



CITYSERVEX PILOT SITE APPLICATION

Thank you for the opportunity to present CityServeX. To have a better understanding of your organization and community, kindly fill in the questionnaire below.

CityServeX is delighted to consider a partnership with

_____ (list entity name) of

_____ (list County and State) for

the purpose of establishing a Pilot Program for Resource Coordination. The location from which this Program operates will be referred to as the Pilot Site.

In further consideration of this opportunity for both our organizations, please complete the following questionnaire to the best of your ability.

Tell us about your organization:

1. Mission:

Vision:



Organizational values:

2. Do you have any goals or a strategic plan? If so, please attach the strategic plan or write a summary below.

3. What is your governance structure? How does your organization make decisions?

4. Do you have a CEO or ED that reports to a board of directors? If so, please list their names and who reports to whom.

ED or CEO: _____

Reports to: _____



5. How many full-time and part-time staff do you have?

6. How old is your organization, and how is it funded?

7. Who has the authority to make financial decisions?

Tell us about how you serve your community:

8. What is your geographic service area? List zip codes, county names, and cities. Be specific.



9. What do you call the people you serve? (Clients, Participants, Neighbors, etc.)
10. Do you have a qualifying process for the people you serve? If yes, please describe.
11. Explain your “client” referral system. (Meaning, how will people find out about CityServeX to receive services?):

Tell us about your volunteer program:

12. Do you recruit and train multiple volunteers consistently? If so, how many and what is your process to recruit, equip, and sustain volunteers?



13. Do you have a Volunteer Recruiter or Coordinator, or similar role on your team? (Yes or No)

If yes, are they a volunteer, a paid part-time, or full-time staff member?

If no, what is your process to recruit volunteers, and how successful has it been?

Resource Coordination with CityServeX:

14. Why are you interested in CityServeX's Resource Coordinator program?

If not answered above, how do you think it fits into your organization's goals and needs?



15. Have you tried anything like Resource Coordination before? If yes, please explain.

16. Is there any form of Resource Coordination in your community that you are aware of? (Yes or No). If yes, what is the name and website of the organization?

Software or CRM systems in your organization:

17. What software programs do you use to manage volunteer and “client” data?



18. What is your operational intake process to serve those in need?

Established relationships within your city or community:

19. Explain what relationship you have (if any) with businesses, faith communities, government agencies, and non-profits in your area.

20. Are you leading or active in networks or coalition groups? If so, do they have representation from the four sectors of business, faith, government, and nonprofits?



21. Are you willing to work with a collaboration of leadership and not just one lane/sector (if possible)?

☐ Yes

☐ No

☐ Unsure

Tell us about your community:

22. Explain how well you know your city/community:

23. Have you done a community assessment of any kind?

If so, please attach the report/findings to this questionnaire.



24. Who are the heroes of your community in the lanes of business, faith, government, and non-profits?

25. In your opinion, what are the top five needs of your community?

26. What dreams do you have for your community?



Hosting CityServeX:

27. CityServeX requires a hosting agency to exist in. Which organization do you see CityServeX as a part of?

☐ Business (name)

☐ Faith community (name)

☐ Government agency (name)

☐ Non-profit (name)

28. What physical space will CityServeX operate from?



Financial and resource commitments:

29. Resource Coordination needs leadership, which we call a Care Champion (job description will be provided). Are you willing and prepared to compensate for a part-time or full-time leadership position for this purpose?

☐ Yes

☐ No

☐ Yes, but we need help with funding.

30. Do you already have someone in mind for the Care Champion role?

☐ Yes

☐ No

☐ If yes, who? _____

31. If you were to bring CityServeX to your city, how would you sustain Resource Coordination?



32. Are you able to sustain Resource Coordination for a minimum of a year?

☐ Yes

☐ No

☐ If no, tell us more:

33. Do you believe you could recruit 9 or more Resource Coordinators to cover weekly shifts?

☐ Yes

☐ No, how many then?_____

☐ Unsure

34. Do you believe it feasible to serve at least 10 people a week?

☐ Yes

☐ No, how many then?_____

☐ Unsure



35. If we agree to a partnership, do you have the ability to make this new CityServeX initiative one of your top three priorities within the next 60 days?

☐ Yes, we are ready. Let's do this!

☐ No. If not, what timeframe do you need? _____

☐ Unsure, would need more information.

The preceding answers have been provided by:

Name and Title

Date

For internal use:

The CityServeX Executive Team has met and reviewed these answers and has decided to extend an invitation to become a CityServeX national Pilot / Affiliate.

CityServeX President

Date

