Capacity Mapping

During capacity mapping, surveys can help you gather data about the various groups, organizations, and relationships that exist in your community.

Name:
Occupation:
Address:
Telephone Number:
Name of Organization:
Description:

RESOURCES:

1. How many people are part of your organization?
   - Staff _____
   - Volunteers _____
   - Members or contributors _____
   - Board members _____
   - Clients _____

2. How often do your members gather? Do you gather outside of regular meetings?

3. What kind of funding does your organization have? Where else do you get support?

4. Where does your organization meet? What other spaces does your organization have access to?

5. What kind of equipment does your organization have access to? Check all that apply.
   - Office?
   - Computer?
   - Audio-visual or video?
Computers?  ☐ Other?  ________________________________________________________________

6. What kind of written media materials/newsletters does your organization have?
________________________________________________________________________

7. How does your organization keep its members up to date on activities and staff changes?
________________________________________________________________________

8. Which of your organization's resources would you be willing to make accessible to other community members?
________________________________________________________________________

9. What kinds of services does your organization provide to the community? How do you make these services known to the public? What kinds of projects are your organization involved in now? What has your organization accomplished thus far?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

10. How many of your staff members live in the community served by your organization?
________________________________________________________________________

11. Where do you purchase your supplies and equipment, go for repair services, etc.?
________________________________________________________________________

12. What are your organization's most valuable resources and strongest assets?
________________________________________________________________________

13. What other organizations do you work with, personally? What other organizations does your group sponsor events with? Share information with? Share resources or equipment with?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

14. Who else does work or provides similar services to the community as those provided by your organization?
________________________________________________________________________

15. Does your group belong to any other associations? What kinds of special events does your organization take part in?
________________________________________________________________________
16. What kind of associations or relationship does your organization have with local businesses and banks?
________________________________________________________________________

17. What other groups or sub-populations does your organization support or advocate for?
________________________________________________________________________

18. What kind of new projects would your organization be interested in taking on, directly related to your mission? Indirectly or outside of your mission?
________________________________________________________________________
________________________________________________________________________

19. What other projects or movements are you involved in that serve youth, the elderly, people with disabilities, the fine arts community, people receiving public assistance, immigrant or Black, Indigenous, and People of Color populations?
________________________________________________________________________
________________________________________________________________________

20. How feasible is it for your organization to get involved in more projects and/or more community development efforts?
________________________________________________________________________

21. What kind of changes would you like to see in the community in the next five years? How would you effect these changes?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

22. How will you identify individual assets and capacity?
________________________________________________________________________
________________________________________________________________________