



CITY AND COUNTY OF SAN FRANCISCO
OFFICE OF THE CONTROLLER

Ed Harrington
Controller
Monique Zmuda
Deputy Controller

January 20, 2004

Dear [NAME]
[TITLE]
[ORGANIZATION NAME]

The Board of Supervisors is concerned about the effects of City budget cuts on health and human services and has asked my office to survey both nonprofit providers and City agencies. We are surveying all nonprofit organizations that provide health and human services under contract to the City's departments of Aging and Adult Services, Children, Youth and Their Families, Human Services, and/or Public Health.

We are sending this survey to providers that, during the budget process for 2003-04:

- Had their budgets cut by the City;
- Were faced with a proposed City budget cut that did not occur;
- Were not subject to an actual or proposed City budget cut, or;
- Received a budget increase from the City.

Depending on which of these happened to your organization, only some items on the questionnaire will apply to you. If City records show that you had an actual City budget cut in fiscal year 2003-04 or would have been subject to a proposed City budget cut in the original budget discussions in early 2003 for 2003-04, *we have enclosed a sheet summarizing the actual and proposed cuts*. If no additional sheet is enclosed with the questionnaire, City records indicate that your organization was not faced with an actual or proposed City budget cut.

As you know, the coming fiscal year will again present many challenges. My office will give the information you provide in this survey to the Board of Supervisors and Mayor for them to consider during the deliberations on the fiscal year 2004-05 budget. Your responses will help them better understand the impacts of any potential cuts that may be contemplated for next year and beyond.

Pages 1 and 2 of the questionnaire (yellow) concern your organization in San Francisco. Please complete these pages only ONCE. Pages 3 through 5 (white) should be completed for *each of your organization's services* that receives funding from the City, regardless of whether it was cut. If you operate more than one service, photocopy pages 3 through 5 before you begin.

Please return the questionnaire by January 30, 2004. You may use the enclosed postage-paid envelope (and additional envelopes if necessary) or fax it to us at 415-554-7664. The questionnaire is also available on the Controller's Web site at <http://www.sfgov.org/hhsproviders>.

If you have any questions about how to complete the questionnaire, consult the detailed instructions on the Web site, or contact John Haskell at 415-554-7659 or Kai Mander at 415-554-7512. Thank you for participating in this survey.

Sincerely,

Ed Harrington
Controller