

OMB Control Number: 0970-XXXX  
Expiration Date: XX/XX/XXXX

QUESTIONNAIRE TITLE

Questionnaire for OCS -- CED Grantees in the US

Introductory Explanation

Dear OCS-CED Grantee:

This year, the Office of Community Services (OCS) is collecting key information about the Community Economic Development (CED) projects in the United States. The questionnaire (attached) will collect information concerning outcomes and management. Should you have any questions concerning this questionnaire or the work of AED, you may contact Dr. Rose Ann Renteria at renteria@aed or by calling (202) 884-8000.

The Paperwork Reduction Act (PRA) of 1995 - Burden Statement

Public reporting burden for this collection of information is estimated to average 1.5 hours including the time for reviewing instructions, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. OCS grantees should not use more than 3 hours in total to complete the questionnaire.

What if no data is collected to complete the questionnaire?

As needed, simply "click" on the box marked "data not available". As stated in the burden statement (above), OCS grantees must not use more than 3 hours total to complete their section of the questionnaire.

What if my organization has both CED and JOLI projects to report on?

There are separate questionnaires for each Program area. Please complete a CED questionnaire for the CED grant and a JOLI questionnaire for the JOLI grant.

BEGIN CED QUESTIONNAIRE

i. Date questionnaire is being completed	Month (pull down)	Day (pull down)	Year (pull down)
ii. Name of person completing the questionnaire	First Name		Last Name
iii. Job Title			
iv. Telephone Number			
v. Email			

PROJECT DESCRIPTION

Instructions

Please review the following information about your project. If the information is correct, click "yes." If the information is incorrect, click "no" and provide correct information in the space provided.

Click 1 only

1. Organization Name	<input type="text"/>	<input type="radio"/> Yes	<input type="radio"/> No	<input type="text" value="if no, please input correct info:"/>
2. CED Grantee Project Number	<input type="text"/>	<input type="radio"/> Yes	<input type="radio"/> No	<input type="text" value="if no, please input correct info:"/>
3. Approved CED Award Amount	<input type="text"/>	<input type="radio"/> Yes	<input type="radio"/> No	<input type="text" value="if no, please input correct info:"/>
4. Project Start Date	<input type="text"/>	<input type="radio"/> Yes	<input type="radio"/> No	<input type="text" value="if no, please input correct info:"/>
5. Project End Date	<input type="text"/>	<input type="radio"/> Yes	<input type="radio"/> No	<input type="text" value="if no, please input correct info:"/>
6. Did your project start as planned on the above date?	<input type="radio"/> Yes	Go to 7		
	<input type="radio"/> No	Go to 6a		
6a If not, what was the actual start date?	Month (pull down)	Year (pull down)		
7. Are your project activities on schedule as stated in your work plan?	<input type="radio"/> Yes	Go to 7a		
	<input type="radio"/> No	Go to 8		
7a Please indicate the main reasons for the delay in your schedule	<input type="text" value="text box"/>			
8. Were CED funds from this grant used for construction?	<input type="radio"/> Yes			
	<input type="radio"/> No			
9. Did your organization purchase property with CED grant funds?	<input type="radio"/> Yes	go to 8a		
	<input type="radio"/> No	go to 9		
8a Was a notice of Federal interest filed?	<input type="radio"/> Yes	if yes, indicate county & date of filing:		
	<input type="radio"/> No			
10. Did your organization purchase equity in a business with CED grant funds?	<input type="radio"/> Yes			
	<input type="radio"/> No			
11. Did your organization create a revolving loan fund with CED grant funds?	<input type="radio"/> Yes			

County	Filing date

11. Did your organization create a revolving loan fund with CED grant funds?  No

12. What is the geographic location of your CED project? **Click 1 only**  Rural  Urban

13. Please indicate if any of the following development designations apply to the geographic area in which this CED project takes place: **Click all that apply**  Empowerment zone  Enterprise zone  Enterprise community  Renewal community  Other:

14. During project implementation, which organizations have you coordinated with for participant referrals? **Click all that apply**  Local TANF office(s)  Local employment agency(cies)  Local child support enforcement agency(cies)  State TANF office(s)  State employment agency(cies)  State child support enforcement agency(cies)  Other:

15. How many board members does your organization have?

For the following questions, please note that some board members may be classified in more than one category:

15a How many of your board members would you classify as **civic leaders**?   
15b How many of your board members would you classify as **business leaders**?   
15c How many of your board members would you classify as **local resident of the CED project area**?

**PROJECT OUTCOMES**

**Instructions**

Please provide information below. This information will be used to summarize key CED project outcomes.

AED understands that some of the data requested below may not be currently collected or available. However, last year, we found that some CED grantees could provide this type of information. With that in mind, please provide the data requested if you can.

As needed, please "click" on "data not collected" to complete the questionnaire.

**NEW BUSINESS CREATION & RETENTION**

16. Has your CED project created new businesses?  Yes Go to 16a  No

16a How many new businesses have been created?

16b Of the new businesses created, how many have stayed in operation for 12 months or longer?

16c Please provide a description of your project. **Click all that apply**  Day care  Retail  Entrepreneurship  Other -- Please provide a description of your project:

**NEW JOB CREATION**

17. Has your CED project created full time jobs for low income individuals? \* **Click 1 only**  Yes Our project has created full time jobs Go to 18  No Our project has not created full time jobs **if no, please explain:**

\* Low-income beneficiaries of such projects include those who are living in poverty, as determined by the US Department of Health and Human Services (HHS) Guidelines on Poverty (found at <http://aspe.hhs.gov/poverty/index.shtm1>).

**Data not available**

18. How many full time jobs have been created to date during the CED grant period in question?

18a What type of full time jobs have been created? **Click all that apply**  Day care  Retail  Entrepreneurship  Other:

18b How many of the full time jobs created offer health care benefits?

18c How many of the full time jobs created offer retirement benefits?

18d How many of the full time jobs created provide paid sick leave?

18e How many of the full time jobs created offer profit sharing benefits?

19. How many part time jobs\*\* have been created to date for low income individuals?

\*\* Part time jobs must have wages comparable to full time jobs

**JOB RETENTION**

20. How many of the full time jobs created by the CED project have been retained in the community for at least six months? # Retained 6 months:   **Data not available**

21. How many of the full time jobs created by the CED project have been retained in the community for 12 months or more? # Retained 12+ months:   **Data not available**

22. Have new businesses in your community been established as a result of your CED project?  Yes Go to 22a  No  Don't Know

22a How many existing jobs were retained in the community as a result of the CED funded project?   **Data not available**

**EMPLOYMENT & RETENTION OF INDIVIDUALS**

23. For full time jobs created during the grant period, how many have been filled by low income individuals?   **Data not available**

23a What is the average hourly starting wage for this population?

23b How many of these individuals retained their jobs for at least six months? # Retained 6 months:

23c How many of these individuals retained their jobs for at least 12 months? # Retained 12+ months:

24. For full time jobs created during the grant period, how many have been filled by TANF recipients?

24a What is the average hourly starting wage for this population?

24b How many of these individuals retained their jobs for at least six months? # Retained 6 months:

24c How many of these individuals retained their jobs for at least 12 months? # Retained 12+ months:

**INDIVIDUALS TRAINED**

25. Did you provide job related training using CED funds? **Click 1 only**  Yes Go to 25a  No Our CED has not trained individuals

25a How many low income individuals employed as a result of the CED project received training for specific job related activities?   **Data not available**

25b How many of those trained could be classified as low income individuals at the start of training?

25c How many of those trained received TANF at the start of training?

**DOLLARS LEVERAGED**

26. Has your CED grant leveraged additional project dollars? **Click 1 only**  Yes Go to 26a  No Please explain why:

26a How many total dollars did your project leverage over the grant period?   **Data not available**

26b What amount did your project leverage in the form of loans over the grant period?

26c What amount did your project leverage in the form of government funds over the grant period?

26d What amount did your project leverage in the form of *private sector* funds over the grant period?

26e Have there been positive outcomes as a result of the monies leveraged in your community? If yes, please explain these outcomes.

**PROJECT MANAGEMENT**

**Instructions**

Please provide information below on your project's overall capacity. This information will be used to summarize project management successes and challenges. The questions below use the McKinsey Capacity Self Assessment Grid; AED has revised questions and questionnaire responses as needed.

The questions below allow grantees to self-assess their overall management. With that in mind, please circle the questionnaire response that best describes your CED project management.

GOALS/ PERFORMANCE TARGETS	1	2	3	4
27. How would you rank your organization's strategy to define project goals/performance targets?	Performance targets are non-existent or few; targets are vague, or confusing, or either too easy or impossible to achieve; not clearly linked to strategy, and may change from year to year; targets largely unknown or ignored by staff	Realistic targets exist in some key areas, and are mostly aligned with aspirations and strategy; may lack aggressiveness, or be short-term, lack milestones, or mostly focused on "inputs" (things to do right), or often renegotiated; staff may or may not know and adopt targets	Quantified, aggressive targets in most areas; linked to aspirations and strategy; mainly focused on "outputs/outcomes" (results of doing things right) with some "inputs"; typically multiyear targets, though may lack milestones; targets are known and adopted by most staff who usually use them to broadly guide work	Limited set of quantified, genuinely demanding performance targets in all areas; targets are tightly linked to aspirations and strategy, output/outcome-focused (i.e., results of doing things right as opposed to inputs, things to do right), have annual milestones, and are long-term nature, staff consistently adopts targets and works diligently to achieve them

PERFORMANCE MANAGEMENT		1	2	3	4
28. How would you rank your organization's performance management?	Very limited measurement and tracking of performance; all or most evaluation based on anecdotal evidence; organization collects some data or project activities and outputs (e.g., number of individuals served) but has no social impact measurement (measurement of social outcomes, e.g., job unemployment rate lowered)	Performance partially measured and progress partially tracked; organization regularly collects solid data on project activities and outputs (e.g., number of individuals served) but lacks data-driven externally validated social impact measurement	Performance measured and progress tracked in multiple ways, several times a year, considering social, financial, and organizational impact of project and activities; multiplicity of performance indicators; social impact measured; but long-term or third-party nature of evaluation is missing	Well-developed comprehensive integrated system (e.g., balanced scorecard) used for measuring organization's performance and progress on continual basis, including social, financial, and organizational impact of project and activities; small number of clear, measurable, and meaningful key performance indicators; social impact measured based on longitudinal studies, and performed or supervised by third-party experts	

SYSTEMS AND INFRA-STRUCTURE		1	2	3	4
29. How would you rank your organization's strategic planning systems?	Planning happens on an ad hoc basis only and is not supported by systematically collected data	Planning done regularly and uses some systematically collected data	Regular planning complemented by ad hoc planning when needed; some data collected and used systematically to support planning effort and improve it	Regular planning complemented by ad hoc planning when needed; clear, formal systems for data collection in all relevant areas; data collection in all relevant areas; data used systematically to support planning effort and improve it	

		1	2	3	4
30. How would you rank your organization's financial operations management?	Gifts and grants deposited and acknowledged, bills paid, supporting documentation collected/retained	Financial activities transparent, clearly and consistently recorded and documented, include appropriate checks and balances, and tracked to approve budget	Formal internal controls governing all financial operations; fully tracked, supported and reported, annually audited fund flows well managed; attention is paid to cash flow management	Robust systems and controls in place governing all financial operations and their integration with organizational objectives/strategic goals, decision making, and budgeting; cash flow actively managed	

**CLOSING -- FINAL DATA VERIFICATION**

For data quality, all data must be verified by the grantee project manager and/or principal investigator to ensure that all information is accurate and complete.

Who has verified that the data submitted in this CED questionnaire is accurate and verified by the CED program? Click all that apply

Program Manager Text box: type in name of person  
 Principal investigator Text box: type in name of person  
 Other: Text box: type in name and title of person

Thank you.

