

How-to fill out the survey

For questions where multiple responses are listed, as in the example below, please mark a response for each line as shown here:

Do the Board's responsibilities include...	Yes	No
Goal/Strategy development.....	<input checked="" type="checkbox"/> 01	<input type="checkbox"/> 02
Community/Stakeholder outreach.....	<input type="checkbox"/> 01	<input checked="" type="checkbox"/> 02
Budget development.....	<input type="checkbox"/> 01	<input checked="" type="checkbox"/> 02
Financial review.....	<input checked="" type="checkbox"/> 01	<input type="checkbox"/> 02
Performance review: program/program outcomes.....	<input type="checkbox"/> 01	<input checked="" type="checkbox"/> 02
Performance review: executive director.....	<input checked="" type="checkbox"/> 01	<input type="checkbox"/> 02
Recruitment of new board members.....	<input type="checkbox"/> 01	<input checked="" type="checkbox"/> 02
Provision of formal orientation to new board members.....	<input type="checkbox"/> 01	<input checked="" type="checkbox"/> 02
Other (please describe).....	<input type="checkbox"/> 01	<input type="checkbox"/> 02
.....		

Where "Select one" is indicated, please select **ONLY ONE** response from the list of response options. For example:

Is the area your organization serves best described as...	Select one
A small town (population less than 10,000).....	<input type="checkbox"/> 01
A large town (population between 10,000 and 50,000).....	<input checked="" type="checkbox"/> 02
A city (large, densely populated area that may include several administrative districts).....	<input type="checkbox"/> 03
An entire state.....	<input type="checkbox"/> 04
Multiple geographically distinct areas.....	<input type="checkbox"/> 05

Some questions ask you to fill in a number, as in the number of individuals your organization serves, the number of staff members that comprise your organization, or the number of training sessions attended. If the answer is zero, please enter "0" so that we know you answered the question rather than overlooked it. If the answer is greater than zero, please enter the number. Alternatively, if the question does not apply to your organization, please select "NA". For example:

Excluding the executive director, in the past 12 months, how many...	Any training related to management and administration	Any training related to fundraising	Any training related to service and/or technical assistance delivery	NA, no such staff
Paid staff participated in...	# 1	# 3	# 0	<input type="checkbox"/> 98
Unpaid staff participated in...	# 1	# 1	# 0	<input type="checkbox"/> 98
Volunteer staff participated in...	#	#	#	<input checked="" type="checkbox"/> 98

The responses to some questions are conditional on your response to other questions, as illustrated in the example below. Using this example as a model:

If you select “yes” to “By its own Board of Directors” in question 16, then you should not answer 16a, but you should answer questions 16b, 16c, and 16d.

*All questions of this type include a prompt that begins with an “If” statement.
All questions of this type are also denoted with a main item number followed by a lowercase letter.
E.g., questions 16a, 16b, 16c, 16d, etc. all follow from the main item, question 18.*

16.	Is your organization governed...	Yes	No
	By its parent or umbrella organization’s Board of Directors.....	<input type="checkbox"/> ⁰²	<input checked="" type="checkbox"/> ⁰²
	By an Advisory Panel.....	<input type="checkbox"/> ⁰²	<input checked="" type="checkbox"/> ⁰²
	By its own Board of Directors.....	<input checked="" type="checkbox"/> ⁰¹	<input type="checkbox"/> ⁰²

*If **no** to “By its own Board of Directors” in #16:*

16a.

With respect to developing a Board, your organization... Select one

Is concerned it should work on this area but lacks the time or resources to do so..... ☐ ⁰¹.....

Has developed plans to work on this area but lacks the time or resources to implement them..... ☐ ⁰²

Has implemented steps to address this area..... ☐ ⁰³

Is not giving this area active consideration because it is satisfied with its current status..... ☐ ⁰⁴

Has not given this area active consideration to date..... ☐ ⁰⁵

Skip to #17.

*If **yes** to “By its own Board of Directors” in #16:*

16b. At present, how many individuals are on your organization’s Board?.....# **9**.....

^L survey items to be asked uniquely of lead organizations

^P survey items to be asked uniquely of partner organizations

⁰⁶ survey items to be asked on the 2006 grantee module

	Number	An unlimited number of seats	Not specified
16c. How many total Board seats do your organization's bylaws specify?	# 11	[] ⁰²	[] ⁰²

16d. Do the Board's responsibilities include...

	Yes	No
Goal/Strategy development.....	[X] ⁰¹	[] ⁰²
Community/Stakeholder outreach.....	[X] ⁰¹	[] ⁰²
Budget development.....	[] ⁰¹	[X] ⁰²
Financial review.....	[X] ⁰¹	[] ⁰²
Performance review: program/program outcomes.....	[X] ⁰¹	[] ⁰²
Performance review: executive director.....	[X] ⁰¹	[] ⁰²
Recruitment of new board members.....	[X] ⁰¹	[] ⁰²
Provision of formal orientation to new board members.....	[] ⁰¹	[X] ⁰²
Other (please describe).....	[] ⁰¹	[] ⁰²

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