

# Compassion Capital Fund: Communities Empowering Youth

## Follow-Up Survey

The Administration for Children and Families, Office of Community Services (OCS) has contracted with Abt Associates and its partner Branch Associates to conduct an evaluation of the Compassion Capital Fund Communities Empowering Youth (CEY) program. As part of this study, a series of surveys will be used to document levels of **organizational capacity** and **partnership development** over the CEY grant period. The questions are designed to gather information about your organization and recent activities (e.g. over the past 12 months, has the organization conducted performance reviews). Organizations that have become part of a CEY partnership since June 2008 have some additional questions related to partnership activities and interactions to date and a special “retrospective” section that asks about organizational characteristics at the time before joining the partnership.

Please answer questions as honestly as possible. Sample questions and instructions on how to fill out the survey are provided on the following pages.

Completing this survey is part of the CEY grant requirements. Information obtained through this survey will be used to report about grantees as a group. That is, information about specific organizations and partnerships will not be reported. Federal CEY grant administrators will not view your organization’s survey responses. Other members of your partnership, including your designated lead organization, will not view your survey responses. Responses will be accessed only by staff at the research firm that is conducting the evaluation of the CEY program for OCS. All answers will be kept confidential to the best of the research contractor’s ability, as allowed by law.

As mentioned above, this survey involves collecting follow-up information at the mid-point or near the end-point of your CEY project. Grantees awarded through the 2007 grant announcement will receive an additional survey to obtain updated information in the future. Your cooperation in completing this survey and returning it by the date requested is critical to the success of the study.

### **The Paperwork Reduction Act of 1995**

**Notice:** The Paperwork Reduction Act of 1995 requires the agency to inform all potential persons who respond to this collection of information that such persons are not required to respond unless it displays a currently valid OMB control number. (See 5 C.F.R. 1420.5(b)(2)(i)). The time required to complete this collection of information is estimated to average 28 minutes per response, including the time to review instructions and complete the information collection.

Responses to this data collection will be used only for statistical purposes. The reports prepared for this study will summarize findings across organizations and will not associate responses with a specific organization or individual. All information that identifies you or your organization to anyone outside the study team will be protected to the best of the research contractor’s ability, except as required by law.

# Contact Information

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(Prompt) Please review your contact information that you completed during the baseline survey. If your contact information has changed, please make all necessary changes.

- If all the information is correct, click the “Next” button on the screen below.
- If you need to make changes, delete the information and type in the correct information. Once corrected, click the “Next” button on the screen below.

**1. (q01) Name of your organization**

AF  Autopopulate from tracking.

**2. q02) Name of your CEY-funded partnership program**

**2a. (q01a) Name of Executive Director of your Organization**

AF  Autopopulate from tracking.

**3. Address of your Organization (q03a) Street**

Autopopulate from tracking.

AF **(q03b) Apt/Suite #**

Autopopulate from tracking.

**(q03c) City**

Autopopulate from tracking.

**(q03d) State**

Autopopulate from tracking.

**(q03e) Zip**

Autopopulate from tracking.

**4. (q04) Name of individual responsible for completing this survey**

AF  Autopopulate from tracking.

**5. (q05) Job title of individual responsible for completing this survey**

AF  Autopopulate from tracking.

**6. (q06) Date of completion**

AF

**7. Phone (q07a) Main number**

Autopopulate from tracking.

AF **(q07b) Extension**

Autopopulate from tracking.

**8. (q08) Fax**

AF  Autopopulate from tracking.

**9. (q09) Email address**

AF  Autopopulate from tracking.

<sup>L</sup> survey items to be asked uniquely of lead organizations

<sup>P</sup> survey items to be asked uniquely of partner organizations

<sup>NP</sup> survey items to be asked uniquely of new partner organizations

<sup>LF</sup> survey items to be asked uniquely of leads with former or new partner organizations

<sup>OF</sup> survey items to be asked only of former partners

<sup>AF</sup> survey items to be asked also of former partners

# Instructions

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Please answer all questions about your organization. "YOUR ORGANIZATION" refers to the primary beneficiary of the assistance provided through the CEY program. If your organization is hosted by a larger organization (e.g., a church, community development organization, United Way), please answer only for the component that is a part of the CEY grant activity. Please do not answer for or about other partners or for contractors (e.g., outside consultants you may have hired to provide training and/or technical assistance on organizational capacity building).

Please mark ONE response per line. Where "Select one" is indicated, please select ONLY ONE response from the list of response options. For some questions, you may select "Other;" in those instances, please write in a description as requested. For questions where you are to write in a number, please enter "0" or "zero" instead of leaving the question blank. Instructions that pertain to specific questions are imbedded within the survey itself. Instructions are always written in ***bold italicized*** font.

Examples provided as part of instructions are meant to be illustrative. They are not all inclusive. That is, if your organization has engaged or currently engages in activities that could reasonably be included as part of the list of examples but were not specifically mentioned, please respond to the relevant questions.

For this paper version, please take note that you will be required to manually skip over or select "NA" to questions that do not apply to your organization. Prompts are included to facilitate this process. If you need additional support in responding to these questions, please consult the "How to fill out this survey" section found on the last pages of this document, or contact Abt Associates at 888-363-7034 or ceysurvey@abtassoc.com.

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## 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:

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**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 and 16b follow from the main item, question 16.**

<b>16. Is your organization governed...</b>	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
<b>By its own Board of Directors.....</b>	<input checked="" type="checkbox"/> 01	<input type="checkbox"/> 02

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

	Number	An unlimited number of seats	Not specified
<b>16a. (q16ba) At present, how many individuals are on your organization’s Board?</b>	<u># 11</u>	<input type="checkbox"/> 02	<input type="checkbox"/> 02

<b>16b. Do the Board’s responsibilities include...</b>	Yes	No
Goal/Strategy development.....	<input checked="" type="checkbox"/> 01	<input type="checkbox"/> 02
Community/Stakeholder outreach.....	<input checked="" type="checkbox"/> 01	<input 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 checked="" type="checkbox"/> 01	<input type="checkbox"/> 02
Performance review: executive director.....	<input checked="" type="checkbox"/> 01	<input type="checkbox"/> 02
Recruitment of new board members.....	<input checked="" type="checkbox"/> 01	<input 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

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## Follow-up Survey: Organizational Profile

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*This section contains general background questions about your organization's history, the types of services it provides, and the geographic area in which it provides these services.*

		Month	Year
<b>10.</b> NP	<b>(q10a/b) When was your organization formed?</b>	_____	
<b>11.</b> NP	<b>(q11) Is your organization best described as...</b>	Select one	
	Faith-based.....	[ ]	01
	Secular.....	[ ]	02
<b>12.</b> NP	<b>(q12) Is the area your organization serves best described as...</b>	Select one	
	A small town (population less than 10,000).....	[ ]	01
	A large town (population between 10,000 and 50,000).....	[ ]	02
	A city (large, densely populated area that may include several administrative districts) ..	[ ]	03
	An entire state.....	[ ]	04
	Multiple geographically distinct areas.....	[ ]	05
<b>13.</b> NP	<b>At present, is your organization...</b>	Yes	No
	<b>(q13a) A Weed &amp; Seed agency.....</b>	[ ]	01 [ ] 02
	<b>(q13b) Partnering with any Weed &amp; Seed agencies on the CEY project...</b>	[ ]	01 [ ] 02
<b>14.</b> NP	<b>In the past 12 months, has your organization addressed...</b>	Yes	No
	<b>(q14a) Gang Violence.....</b>	[ ]	01 [ ] 02
	<b>(q14b) Youth Violence.....</b>	[ ]	01 [ ] 02
	<b>(q14c) Child Abuse/Neglect.....</b>	[ ]	01 [ ] 02

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16b. Do the Board's responsibilities include...	Yes	No
(q16da) Goal/Strategy development.....	[ ] <sub>01</sub>	[ ] <sub>02</sub>
(q16db) Community/Stakeholder outreach.....	[ ] <sub>01</sub>	[ ] <sub>02</sub>
(q16dc) Budget development.....	[ ] <sub>01</sub>	[ ] <sub>02</sub>
(q16dd) Financial review.....	[ ] <sub>01</sub>	[ ] <sub>02</sub>
(q16de) Performance review: program/program outcomes.....	[ ] <sub>01</sub>	[ ] <sub>02</sub>
(q16df) Performance review: executive director.....	[ ] <sub>01</sub>	[ ] <sub>02</sub>
(q16dg) Recruitment of new board members.....	[ ] <sub>01</sub>	[ ] <sub>02</sub>
(q16dh) Provision of formal orientation to new board members.....	[ ] <sub>01</sub>	[ ] <sub>02</sub>
(q16di) Other (please describe).....	[ ] <sub>01</sub>	[ ] <sub>02</sub>

**For the upcoming section concerning staffing, please use the following distinction between unpaid staff and volunteers.**

- **Unpaid staff have a regularly defined set of job functions—often administrative in nature—that are performed on a regular basis.**
- **Volunteers are community members that contribute to the organization often through provision of direct service delivery on an occasional or special purpose basis.**

**Please include the executive director in your calculations.**

**If the answer is zero, please enter “0” so that we know you answered the question rather than overlooked it.**

	Full time employees 30+ hrs/wk	Part time employees 1-29 hrs/wk
17. How many paid staff are	# q17a1	# a17a2
AF How many unpaid staff are	#q17b1	# q17b2
How many volunteers are		# q17c2

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<b>18.</b>	<b>What is the total number of hours per week contributed by...</b>	Hrs/wk	NA, no such staff
AF	All paid staff.....	# <b>q17a3</b>	[ ] <sub>98</sub>
	All unpaid staff.....	# <b>q17b3</b>	[ ] <sub>98</sub>
	All volunteers.....	# <b>q17c3</b>	[ ] <sub>98</sub>

<b>19.</b>	<b>Is there a job description for...</b>	Yes, written	Yes, unwritten	No, none	NA, no such staff
AF	<b>(q20a)</b> Paid staff.....	[...] <sub>01</sub>	[...] <sub>02</sub>	[ ] <sub>03</sub>	[ ] <sub>98</sub>
	<b>(q20b)</b> Unpaid staff.....	[...] <sub>01</sub>	[...] <sub>02</sub>	[ ] <sub>03</sub>	[ ] <sub>98</sub>
	<b>(q20c)</b> Volunteers.....	[...] <sub>01</sub>	[...] <sub>02</sub>	[ ] <sub>03</sub>	[ ] <sub>98</sub>

<b>20.</b>	<b>In the past 12 months, has your organization conducted performance reviews of...</b>	Yes, all	Yes, but not all	No, none	NA, no such staff
AF	<b>(q21a)</b> Paid staff.....	[...] <sub>01</sub>	[...] <sub>02</sub>	[ ] <sub>03</sub>	[ ] <sub>98</sub>
	<b>(q21b)</b> Unpaid staff.....	[...] <sub>01</sub>	[...] <sub>02</sub>	[ ] <sub>03</sub>	[ ] <sub>98</sub>
	<b>(q21c)</b> Volunteers.....	[...] <sub>01</sub>	[...] <sub>02</sub>	[ ] <sub>03</sub>	[ ] <sub>98</sub>

<b>21.</b>	<b>Excluding the executive director, in the past 12 months, how many...</b>	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...	# <b>(q22a1)</b>	# <b>(q22a2)</b>	# <b>(q22a3)</b>	<b>(q22aN)</b> 98
	Unpaid staff participated in...	# <b>(q22b1)</b>	# <b>(q22b2)</b>	# <b>(q22b3)</b>	<b>(q22aN)</b> 98
	Volunteer staff participated in...	# <b>(q22c1)</b>	# <b>(q22c2)</b>	# <b>(q22c3)</b>	<b>(q22aN)</b> 98

**22.** **(q25a)** In the past 12 months, how many individuals have served as executive director of your organization? .....#.....  
 AF #

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23. In the past 12 months, did the executive director participate in... Yes      No
- (q23a) Any training related to management and administration.....[...].01.....[...].02.....
- (q23b) Any training related to fundraising.....[...].01.....[...].02.....
- (q23c) Any training related to service and/or technical assistance delivery.....[...].01.....[...].02.....
- 
24. (q24) Is the executive director... Select one
- AF A paid, full time position (30+ hours per week)..... [ ] 01
- A paid, part time position (1-29 hours per week)..... [ ] 02
- An unpaid, full time position (30+ hours per week)..... [ ] 03
- An unpaid, part time position (1-29 hours per week)..... [ ] 04
- NA, we do not currently have an individual in this position..... [ ] 98

## Organizational Development

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*This section contains questions about your organization's mission and strategies, legal status, financial management, funding streams, recordkeeping practices, and use of technology.*

**Reminder:** "YOUR ORGANIZATION" refers to the primary beneficiary of the assistance provided through the CEY program.

25. (q27) Is your organization... Select one
- AF Unincorporated..... [ ] 01
- Unincorporated but hosted by a 501(c)(3) organization..... [ ] 02
- In process of obtaining 501(c)(3) status..... [ ] 03
- A 501(c)(3) organization..... [ ] 04
- Other (please describe)..... [ ] 94

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**26. (q28) In the past 12 months, has your organization formally assessed its organizational needs/strengths?** Select one

AF Yes, as part of the CEY process.....  01

Yes, independent of the CEY process.....  02

Yes, both as part of and independent of the CEY process.....  03

No, it has not.....  04

**27. Does your organization have...**

	Yes, written	Yes, unwritten	No, none
AF <b>(q29a)</b> A mission statement	<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03
<b>(q29b)</b> A strategic plan	<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03
<b>(q29c)</b> A fund-raising/fund-development plan.....	<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03
<b>(q29d)</b> Financial management procedures for ensuring expenditures are properly authorized.....	<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03

**28. (q30) Does your organization have an individual, distinct from the executive director, who is responsible for financial management? (e.g., paying bills, making deposits, keeping financial records).....**

	Yes	No
.....	<input type="checkbox"/> 01	<input type="checkbox"/> 02

*If your answer is zero, please mark "0". Reminder: "YOUR ORGANIZATION" refers to the primary beneficiary of the assistance provided through the CEY program.*

**29. In the last completed fiscal year, what was your organization's total...**  
 (If your organization has been in operation for less than one year, please tell us your totals to date.)

AF **(q32a)** Revenue..... \$ \_\_\_\_\_

**(q32b)** Expenditures..... \$ \_\_\_\_\_

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30. AF	Excluding CEY grant, over the past 12 months, has your organization sought or obtained revenue from...	Yes, sought	Yes, sought and obtained	No, we have not	Select box if this source of revenue was never before sought or accessed
					[ ] 04
	(q34a) Grants/contracts from federal government agencies.....[...].01.....	[ ] 02	[ ] 03	[ ] 04	[ ] 04
	(q34b) Grants/contracts from state or local government agencies.....[...].01.....	[ ] 02	[ ] 03	[ ] 04	[ ] 04
	(q34c) Institutional funding sources (e.g., corporations, foundations).....[...].01.....	[ ] 02	[ ] 03	[ ] 04	[ ] 04
	(q34d) Individual donors and/or events.....[...].01.....	[ ] 02	[ ] 03	[ ] 04	[ ] 04
	(q34e) Fees for service.....[...].01.....	[ ] 02	[ ] 03	[ ] 04	[ ] 04
	(q34f) Allocation from another organization (e.g., parent/host organization).....[...].01.....	[ ] 02	[ ] 03	[ ] 04	[ ] 04
	(q34g) Other (please describe).....[...].01.....	[ ] 02	[ ] 03	[ ] 04	[ ] 04

31. (q36) Does your organization regularly use computer software to keep financial records?

Yes      No

[ ] 01      [ ] 02

32. (q38) Do you have an adequate number of computers to meet your organization's needs?

Yes      No

[ ] 01      [ ] 02

33. (q39) Is the software on these computers adequate to meet your organization's needs?

Yes      No

[ ] 01      [ ] 02

34. (q40) Does your organization have access to the Internet?

Yes      No

[ ] 01      [ ] 02

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If yes to #34:

34a. Does your organization use the Internet...	Yes	No
(q40aa) To support an organizational website.....	[ ] <sub>01</sub>	[ ] <sub>02</sub>
(q40ab) For program email.....	[ ] <sub>01</sub>	[ ] <sub>02</sub>
(q40ac) For research purposes (e.g., funding opportunities, best practices) .....	[ ] <sub>01</sub>	[ ] <sub>02</sub>
(q40ad) For community outreach purposes (e.g., distributing electronic newsletter).....	[ ] <sub>01</sub>	[ ] <sub>02</sub>
(q40ae) Other (please describe).....	[ ] <sub>01</sub>	[ ] <sub>02</sub>

## Program Development

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*This section contains questions about your organization's service delivery structure and the number of program participants your organization serves. Reminder: "YOUR ORGANIZATION" refers to the primary beneficiary of the assistance provided through the CEY program.*

*Questions #35 – 36 deal with the provision of direct client services. If your organization does not provide direct client services, you may skip these questions and proceed to question #37. If your answer is zero, please mark "0".*

35. (q42) In an average month of service delivery, what is the total number of program participants your organization serves?..... # \_\_\_\_\_  
 AF (Please count each individual as 1 or, if you serve families as a whole, count each family unit as 1.)

36. In the past 12 months, has your organization...	Yes	No	NA, do not yet have program participants
(q45a) Obtained feedback from program participants about their satisfaction with the services provided to them?.....[...] <sub>01</sub> .....	[ ] <sub>02</sub>		[ ] <sub>98</sub>
(q45b) Conducted formal measurements of program participant outcomes?.....[...] <sub>01</sub> .....	[ ] <sub>02</sub>		[ ] <sub>98</sub>

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**Questions #37 – 38 deal with the provision of capacity building support. If your organization does not provide capacity building support to other organizations, you may skip these questions and proceed to question #39. If your answer is zero, please mark “0”.**

**37. (q46) In an average month of service delivery, what is the total number of organizations for whom capacity building services are provided?** # \_\_\_\_\_

	Yes	No	NA, have not yet provided capacity building support
<b>38. In the past 12 months, has your organization...</b>			
<b>(q49a)</b> Obtained feedback from program participants about their satisfaction with the services provided to them?.....[...] <sub>01</sub> ..... [ ] <sub>02</sub>			[ ] <sub>98</sub>
<b>(q49b)</b> Conducted formal measurements of program participant outcomes?.....[...] <sub>01</sub> ..... [ ] <sub>02</sub>			[ ] <sub>98</sub>

## Community Engagement

*This section contains questions about your organization’s community engagement as through partnership arrangements with other organizations, actions taken to improve your understanding of the community you serve, and the marketing of services. Reminder: “YOUR ORGANIZATION” refers to the primary beneficiary of the assistance provided through the CEY program.*

	Yes	No
<b>39. (q51) Other than your CEY partnership, is your organization engaged in partnership arrangements with other organizations in the community/service area?</b>	[ ] <sub>01</sub>	[ ] <sub>02</sub>

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**If yes to #39:**

<b>39a. Do you have partnership arrangements with organizations in the following sectors...</b>		<u>Yes</u>	<u>No</u>
AF	<b>(q51Aa)</b> Government.....	[ ] <sub>01</sub>	[ ] <sub>02</sub>
	<b>(q51Ab)</b> Business/Private.....	[ ] <sub>01</sub>	[ ] <sub>02</sub>
	<b>(q51Ac)</b> Educational institutions.....	[ ] <sub>01</sub>	[ ] <sub>02</sub>
	<b>(q51Ad)</b> Faith-based non-profit.....	[ ] <sub>01</sub>	[ ] <sub>02</sub>
	<b>(q51Ae)</b> Secular non-profit.....	[ ] <sub>01</sub>	[ ] <sub>02</sub>
<b>40. In the past 12 months, has your organization...</b>		<u>Yes</u>	<u>No</u>
AF	<b>(q52a)</b> Rethought the way in which it gains knowledge about the community it serves	[ ] <sub>01</sub>	[ ] <sub>02</sub>
	<b>(q52b)</b> Implemented new or improved methods for gaining knowledge about the community it serves.....	[ ] <sub>01</sub>	[ ] <sub>02</sub>
	<b>(q52c)</b> Rethought the way in which it markets its services or expands awareness about its mission to individuals, families, funders, or potential partners.....	[ ] <sub>01</sub>	[ ] <sub>02</sub>
	<b>(q52d)</b> Implemented new or improved methods for marketing its services or expanding awareness about its mission to individuals, families, funders, or potential partners.....	[ ] <sub>01</sub>	[ ] <sub>02</sub>

<sup>L</sup> survey items to be asked uniquely of lead organizations  
<sup>P</sup> survey items to be asked uniquely of partner organizations  
<sup>NP</sup> survey items to be asked uniquely of new partner organizations  
<sup>LF</sup> survey items to be asked uniquely of leads with former or new partner organizations  
<sup>OF</sup> survey items to be asked only of former partners  
<sup>AF</sup> survey items to be asked also of former partners

## CEY Partnership

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*This section contains background questions about your past relationships with other CEY project partners, your CEY partnership's plans, structures, and processes, and your organization's goals and expectations of what you hope to gain by participating in your CEY partnership. Reminder: "YOUR ORGANIZATION" refers to the primary beneficiary of the assistance provided through the CEY program.*

**Q41.** *For Leads with FORMER partners.* In the past 12 months, your organization changed the CEY partnership by dropping a partner organization (or multiple partner organizations). In thinking about these partner organization(s), to what extent do you agree with the following statements below:

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
<b>(q84a)</b> Our organization's mission and goals did not align with the partner organization.	[ ]01	[ ]02	[ ]03	[ ]04	[ ]05
<b>(q84b)</b> The partner organization did not commit enough time to participate in CEY activities.	[ ]01	[ ]02	[ ]03	[ ]04	[ ]05
<b>(q84c)</b> The partner organization did not make efforts to communicate with us as the lead organization.	[ ]01	[ ]02	[ ]03	[ ]04	[ ]05
<b>(q84d)</b> We had a strained relationship with the partner organization.	[ ]01	[ ]02	[ ]03	[ ]04	[ ]05
<b>(q84e)</b> The CEY partnership dynamic has improved since discontinuing partnership with the organization.	[ ]01	[ ]02	[ ]03	[ ]04	[ ]05

<sup>L</sup> survey items to be asked uniquely of lead organizations

<sup>P</sup> survey items to be asked uniquely of partner organizations

<sup>NP</sup> survey items to be asked uniquely of new partner organizations

<sup>LF</sup> survey items to be asked uniquely of leads with former or new partner organizations

<sup>OF</sup> survey items to be asked only of former partners

<sup>AF</sup> survey items to be asked also of former partners



**41a.** On a scale of 1-5, please describe your opinion as to how strongly you agree or disagree with the following statements about your CEY partnerships.

OF

Strongly agree					Strongly disagree	Don't know
1	2	3	4	5		

(q41aaFP\_2) Our organization's mission and goals did not align with the CEY partnership. ....  01  02  03  04  05  96

(q41abFP\_2) The CEY partnership activities were too time consuming.  01  02  03  04  05  96

(q41acFP\_2) The lead organization did not make efforts to facilitate communication within the CEY partnership.  01  02  03  04  05  96

(q41adFP\_2) We had a strained relationship with the lead organization  01  02  03  04  05  96

**Q42.** For Leads with NEW partners. In the past 12 months, your organization added a CEY partner organization to the partnership (or multiple partner organizations). In thinking about these partner organization(s), to what extent do you agree with the following statements below:

LF

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
(q42a_2) We sought the new partner because we had resources to serve more organizations.	<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 04	<input type="checkbox"/> 05
(q42b_2) We sought the new partner because their skills and knowledge filled a gap in the CEY partnership.	<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 04	<input type="checkbox"/> 05
(q42c_2) The new partner initiated contact and sought to join the CEY partnership.	<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 04	<input type="checkbox"/> 05

**43.<sup>L</sup>** How many total partner organizations belong to your CEY partnership?

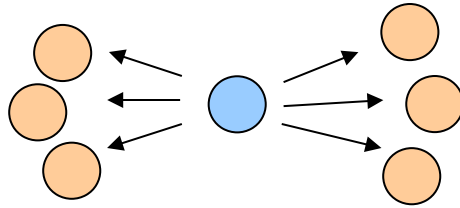
# \_\_\_\_\_ Don't know \_\_\_\_\_  
 #q63a [ q63b] <sub>96</sub>

<sup>L</sup> survey items to be asked uniquely of lead organizations  
<sup>P</sup> survey items to be asked uniquely of partner organizations  
<sup>NP</sup> survey items to be asked uniquely of new partner organizations  
<sup>LF</sup> survey items to be asked uniquely of leads with former or new partner organizations  
<sup>OF</sup> survey items to be asked only of former partners  
<sup>AF</sup> survey items to be asked also of former partners

44.<sup>L</sup> (q56) Which structure best describes your CEY partnership?  
 (Please exclude contractors—organizations you have hired to provide training and/or technical assistance on organizational capacity building—from this description.)

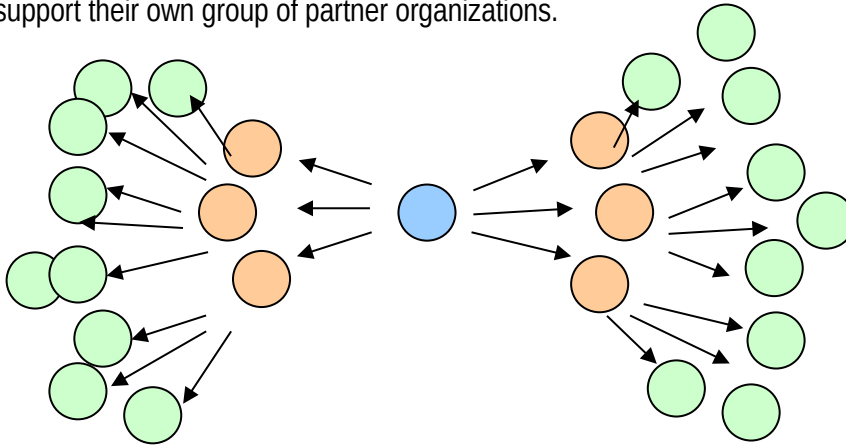
Select one

My organization is the lead and has organized a set of partners to achieve CEY capacity building goals.



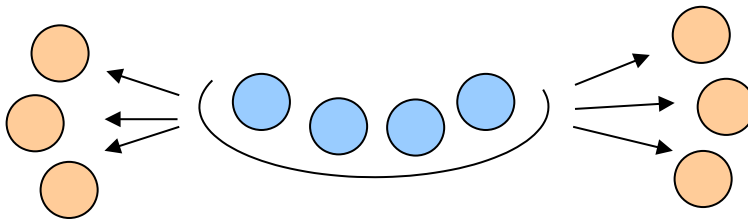
[ ] 01

My organization is the lead and has organized a set of partners who each support their own group of partner organizations.



[ ] 02

A coalition or committee of organizations shares lead organization responsibilities with my organization as the CEY designated lead. The coalition or committee shares the responsibilities for organizing and supporting other partner organizations.



[ ] 03

Other (please describe)

[ ] 98

<sup>L</sup> survey items to be asked uniquely of lead organizations  
<sup>P</sup> survey items to be asked uniquely of partner organizations  
<sup>NP</sup> survey items to be asked uniquely of new partner organizations  
<sup>LF</sup> survey items to be asked uniquely of leads with former or new partner organizations  
<sup>OF</sup> survey items to be asked only of former partners  
<sup>AF</sup> survey items to be asked also of former partners

		A great extent	To some extent	A small extent	Not at all	Don't know
45. L	(q45_2) Thinking about the changes that your organization may have undergone since the receipt of the CEY grant, to what extent did the CEY funding and activities make a positive difference in your organizational capacity? .....	[ ]01	[ ]02	[ ]03	[ ]04	[ ]96
46. P	(q46_2) Thinking about the changes that your organization may have undergone since you joined your CEY partnership, to what extent did CEY supported activities make a positive difference in your organizational capacity? .....	[ ]01	[ ]02	[ ]03	[ ]04	[ ]96
47.	(q47_2) Thinking about the changes that the CEY partnership may have undergone since you joined it, to what extent did CEY grant funding and activities make a positive difference in your partnership's overall capacity to serve your community?.....	[ ]01	[ ]02	[ ]03	[ ]04	[ ]96
48.	<b>On a scale of 1-5, please describe your opinion as to how strongly you agree or disagree with the following statements.</b>	Strongly agree 1	2	3	4	Strongly disagree 5 Don't know
	(q48a_2) The number and types of meetings, technical assistance, and trainings my organization participated in was sufficient to meet the objectives and expectations we had when we started/joined the partnership.....	[ ]01	[ ]02	[ ]03	[ ]04	[ ]05 [ ]96
	(q48b_2) Participating in the CEY partnership led to better communication and working relationships among participating organizations than before.....	[ ]01	[ ]02	[ ]03	[ ]04	[ ]05 [ ]96
	(q48c_2) The CEY grant supported capacity building activities increased my agency's ability to meet the needs of youth in the community.....	[ ]01	[ ]02	[ ]03	[ ]04	[ ]05 [ ]96
	(q48d_2) The partnership model required by the CEY grant is a good approach to increase organizational capacity among participating organizations.....	[ ]01	[ ]02	[ ]03	[ ]04	[ ]05 [ ]96

L survey items to be asked uniquely of lead organizations  
 P survey items to be asked uniquely of partner organizations  
 NP survey items to be asked uniquely of new partner organizations  
 LF survey items to be asked uniquely of leads with former or new partner organizations  
 OF survey items to be asked only of former partners  
 AF survey items to be asked also of former partners

49. (q49\_2) We are interested in better understanding your experience with the CEY program. Please provide a brief explanation for some of the responses you chose in response to questions above. Also provide any additional feedback, such as any barriers or problems, successes, best practices or other experiences with your CEY partnership. (Up to 250 words)

		Yes, written	Yes, unwritten	No, none	Don't know
50.	<b>(q67) Does your CEY partnership have a mission statement?</b>	[ ] <sub>01</sub>	[ ] <sub>02</sub>	[ ] <sub>03</sub>	[ ] <sub>96</sub>
		Yes, written	Yes, unwritten	No, none	Don't know
51.	<b>Does your partnership have a plan that outlines...</b>				
	<b>(q68a) Tasks to be achieved</b>	[ ] <sub>01</sub>	[ ] <sub>02</sub>	[ ] <sub>03</sub>	[ ] <sub>96</sub>
	<b>(q68b) Timeline by which these tasks are to be achieved</b>	[ ] <sub>01</sub>	[ ] <sub>02</sub>	[ ] <sub>03</sub>	[ ] <sub>96</sub>
	<b>(q68c) Individuals/Organizations responsible for completing each task</b>	[ ] <sub>01</sub>	[ ] <sub>02</sub>	[ ] <sub>03</sub>	[ ] <sub>96</sub>
		Yes, written	Yes, unwritten	No, none	Don't know
52.	<b>(q69) Does your CEY partnership have a sustainability plan?</b>	[ ] <sub>01</sub>	[ ] <sub>02</sub>	[ ] <sub>03</sub>	[ ] <sub>96</sub>

<sup>L</sup> survey items to be asked uniquely of lead organizations  
<sup>P</sup> survey items to be asked uniquely of partner organizations  
<sup>NP</sup> survey items to be asked uniquely of new partner organizations  
<sup>LF</sup> survey items to be asked uniquely of leads with former or new partner organizations  
<sup>OF</sup> survey items to be asked only of former partners  
<sup>AF</sup> survey items to be asked also of former partners

**53. On a scale of 1-5, please describe your opinion as to how strongly you agree or disagree with the following statements about your CEY partnerships.**

Strongly agree 1	2	3	4	Strongly disagree 5	Don't know
---------------------	---	---	---	------------------------	------------

	<b>(q72a)</b> Your organization fully understands the goals of your CEY partnership.	<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 04	<input type="checkbox"/> 05	<input type="checkbox"/> 96
P	<b>(q72b)</b> Your organization was involved in setting the goals of your CEY partnership.	<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 04	<input type="checkbox"/> 05	<input type="checkbox"/> 96
	<b>(q72c)</b> Your CEY partnership's goals are well aligned with the goals of your organization.	<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 04	<input type="checkbox"/> 05	<input type="checkbox"/> 96
	<b>(q72e)</b> [Lead]'s mission and/or work is well aligned with your organization's mission.	<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 04	<input type="checkbox"/> 05	<input type="checkbox"/> 96
P	<b>(q72f)</b> [Lead] operates with the best interest of your organization in mind.	<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 04	<input type="checkbox"/> 05	<input type="checkbox"/> 96
P	<b>(q72g)</b> [Lead] is collegial. It respects your organization.	<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 04	<input type="checkbox"/> 05	<input type="checkbox"/> 96
P	<b>(q72h)</b> [Lead] is even-handed and ensures that project efforts are not skewed to a single party's interests.	<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 04	<input type="checkbox"/> 05	<input type="checkbox"/> 96
P	<b>(q72i)</b> [Lead] is competent. It is able to provide the capacity building assistance your organization wants or expects.	<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 04	<input type="checkbox"/> 05	<input type="checkbox"/> 96
P	<b>(q72j)</b> [Lead] is dependable. It follows through on commitments in a timely and efficient manner.	<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 04	<input type="checkbox"/> 05	<input type="checkbox"/> 96

<sup>L</sup> survey items to be asked uniquely of lead organizations  
<sup>P</sup> survey items to be asked uniquely of partner organizations  
<sup>NP</sup> survey items to be asked uniquely of new partner organizations  
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<sup>AF</sup> survey items to be asked also of former partners

- |  | Highly<br>likely<br>1 | 2   | 3   | 4   | Highly<br>unlikely<br>5 | Don't<br>know |
|--|-----------------------|-----|-----|-----|-------------------------|---------------|
| 54. (q73) On a scale of 1-5 please describe your opinion as to how likely or unlikely it is that your CEY partnership will continue past the 3-year grant cycle..... | [ ]                   | [ ] | [ ] | [ ] | [ ]                     | [ ]           |

## New Members of the CEY Partnership

*This section is to be completed by NEW partners only. Your organization became a part of a CEY grant after we collected an initial round of information from organizations involved in CEY grants. We need similar information from you. This section contains questions about the status of your organization just BEFORE your organization began participating in any CEY grant activities. In answering these questions, please think back to the way things were before you joined the CEY partnership.*

- |   | High<br>priority<br>1 | 2   | 3   | 4   | Low<br>priority<br>5 |
|---|-----------------------|-----|-----|-----|----------------------|
| 55. NP Organizations engage in partnerships for a variety of reasons. On a scale of 1-5, please rank the following as high priority reasons or lower priority reasons for your organization in joining the CEY partnership: |                       |     |     |     |                      |
| (q66a) Improving your organizational capacity through receipt of training, technical assistance, or financial support.....  | [ ]                   | [ ] | [ ] | [ ] | [ ]                  |
| (q66b) Assessing community needs.....   | [ ]                   | [ ] | [ ] | [ ] | [ ]                  |
| (q66c) Engaging in peer learning (e.g., sharing organizational or programmatic best practices/curricula).....   | [ ]                   | [ ] | [ ] | [ ] | [ ]                  |
| (q66d) Streamlining service provision in your community (e.g., receiving/making service recipient referrals, coordinating services, or operating joint programming).....  | [ ]                   | [ ] | [ ] | [ ] | [ ]                  |
| (q66e) Accessing new funding sources (e.g., forming funding alliance).....  | [ ]                   | [ ] | [ ] | [ ] | [ ]                  |
| (q66f) Enhancing image/visibility (e.g., marketing your organization, your partner organizations, or your collaborative CEY effort).....  | [ ]                   | [ ] | [ ] | [ ] | [ ]                  |
| (q66g) Influencing policy, institutional change (e.g., educating community members, or engaging in advocacy activities).....  | [ ]                   | [ ] | [ ] | [ ] | [ ]                  |

<sup>L</sup> survey items to be asked uniquely of lead organizations

<sup>P</sup> survey items to be asked uniquely of partner organizations

<sup>NP</sup> survey items to be asked uniquely of new partner organizations

<sup>LF</sup> survey items to be asked uniquely of leads with former or new partner organizations

<sup>OF</sup> survey items to be asked only of former partners

<sup>AF</sup> survey items to be asked also of former partners

**55. NP Organizations engage in partnerships for a variety of reasons. On a scale of 1-5, please rank the following as high priority reasons or lower priority reasons for your organization in joining the CEY partnership:**

High priority					Low priority
1	2	3	4	5	

**(q66h) Other (please describe).....**  01  02  03  04  05

**Reminder: The next set of questions asks about your organization just BEFORE joining the CEY partnership.**

**56. NP Was your organization governed...**

Yes	No
-----	----

**(q74a)** By its parent or umbrella organization's Board of Directors.....  01  02

**(q74b)** By an Advisory Panel.....  01  02

**(q74c)** By its own Board of Directors.....  01  02

**57. NP (q75) Was the executive director...**

Select one

A paid, full time position (30+ hours per week) .....  01

A paid, part time position (1-29 hours per week) .....  02

An unpaid, full time position (30+ hours per week) .....  03

An unpaid, part time position (1-29 hours per week) .....  04

NA, did not have an individual in this position in September 2006.....  98

**58. NP (q76) Did your organization have an individual, distinct from the executive director, who was responsible for financial management? (e.g., paying bills, making deposits, keeping financial records).....**

Yes	No
-----	----

01  02

<sup>L</sup> survey items to be asked uniquely of lead organizations  
<sup>P</sup> survey items to be asked uniquely of partner organizations  
<sup>NP</sup> survey items to be asked uniquely of new partner organizations  
<sup>LF</sup> survey items to be asked uniquely of leads with former or new partner organizations  
<sup>OF</sup> survey items to be asked only of former partners  
<sup>AF</sup> survey items to be asked also of former partners

		Full time employees 30+ hrs/wk	Part time employees 1-29 hrs/wk		
		# (q77a)	# (q77b)		
<b>59.</b>	<b>How many paid staff were</b>				
NP					
<b>60.</b>	<b>(q78) Was there a job description for paid staff?.....</b>	Yes, written	Yes, unwritten	No, none	NA, no such staff when joined the CEY partnership
NP		[ ] <sub>01</sub>	[ ] <sub>02</sub>	[ ] <sub>03</sub>	[ ] <sub>98</sub>
<b>61.</b>	<b>(q79) Was your organization...</b>	Select one			
NP	Unincorporated.....	[ ] <sub>01</sub>			
	Unincorporated but hosted by a 501(c)(3) organization.....	[ ] <sub>02</sub>			
	In process of obtaining 501(c)(3) status.....	[ ] <sub>03</sub>			
	A 501(c)(3) organization.....	[ ] <sub>04</sub>			
	Other (please describe).....	[ ] <sub>94</sub>			
<b>62.</b>	<b>Did your organization have...</b>	Yes, written	Yes, unwritten	No, none	
NP	<b>(q80a)</b> A mission statement	[ ] <sub>01</sub>	[ ] <sub>02</sub>	[ ] <sub>03</sub>	
	<b>(q80b)</b> A strategic plan	[ ] <sub>01</sub>	[ ] <sub>02</sub>	[ ] <sub>03</sub>	
	<b>(q80c)</b> A fund raising/fund-development plan.....	[ ] <sub>01</sub>	[ ] <sub>02</sub>	[ ] <sub>03</sub>	
	<b>(q80d)</b> Financial management procedures for ensuring expenditures are properly authorized.....	[ ] <sub>01</sub>	[ ] <sub>02</sub>	[ ] <sub>03</sub>	
<b>63.</b>	<b>In the fiscal year prior to joining the CEY partnership, what was your organization's total...</b>		Don't know	NA, did not yet exist	
NP	Revenue.....	\$.....	[ ] <sub>96</sub>	[ ] <sub>98</sub>	
	Expenditures.....	\$.....	[ ] <sub>96</sub>	[ ] <sub>98</sub>	

<sup>L</sup> survey items to be asked uniquely of lead organizations  
<sup>P</sup> survey items to be asked uniquely of partner organizations  
<sup>NP</sup> survey items to be asked uniquely of new partner organizations  
<sup>LF</sup> survey items to be asked uniquely of leads with former or new partner organizations  
<sup>OF</sup> survey items to be asked only of former partners  
<sup>AF</sup> survey items to be asked also of former partners



## CEY Activities

We are interested in understanding the types of activities undertaken in getting CEY projects started and the proportional amount of time they require.

Please use the following definitions for the questions in this section that ask about training or TA:

**Training** – group-based adult education and skill-building activities (e.g., workshops).

**Technical Assistance (TA)** – consultation that is specifically customized or tailored to the needs of an individual faith-based or community organization.

If your answer is zero, please enter “0”.

64.	Of all of the time spent on CEY activities in the past 12 months, please provide an approximation of the proportion of time your organization has spent participating/being involved in the following major activities...		
	(q82a) Community Needs Assessment.....	_____	%
	(q82b) Organizational Assessment.....	_____	%
	(q82c) CEY-Provided Training.....	_____	%
	(q82d) CEY-Provided Technical Assistance.....	_____	%
	(q82e) Planning/Communication with the CEY lead and/or partners.....	_____	%
	(q82f) Other major activities (please describe) .....	_____	%
	TOTAL	100	%

65. <sup>L</sup> Topics Covered in the Past 12 Months	In past 12 months how many <b>TRAINING</b> sessions has your organization provided to/for CEY partners on...?	In past 12 months, how many <b>TA</b> sessions has your organization provided to/for CEY partners on...?
Board Development.....	#.(Q83T1).....	# (Q83TA1)
Staff and Volunteer Development/Management.....	#.(Q83T2).....	# (Q83TA2)
Becoming a 501(c)(3).....	#.(Q83T3).....	# (Q83TA3)
Mission Development & Strategic Planning.....	#.(Q83T4).....	# (Q83TA4)
Financial Management.....	#.(Q83T5).....	# (Q83TA5)

<sup>L</sup> survey items to be asked uniquely of lead organizations  
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<sup>NP</sup> survey items to be asked uniquely of new partner organizations  
<sup>LF</sup> survey items to be asked uniquely of leads with former or new partner organizations  
<sup>OF</sup> survey items to be asked only of former partners  
<sup>AF</sup> survey items to be asked also of former partners

65. <sup>L</sup> Topics Covered in the Past 12 Months	In past 12 months how many <u>TRAINING</u> sessions has your organization provided to/for CEY partners on...?	In past 12 months, how many <u>TA</u> sessions has your organization provided to/for CEY partners on...?
Resource Development (e.g., fundraising, grant writing) .....	# (Q83T6).....	# (Q83TA6)
Use of Technology.....	# (Q83T7).....	# (Q83TA7)
Program Design (e.g., implementing best practices).....	# (Q83T8).....	# (Q83TA8)
Evaluation and Outcome Measurement.....	# (Q83T9).....	# (Q83TA9)
Marketing Program Services.....	# (Q83T10).....	# (Q83TA10)
Networking, Collaboration, and Partnerships	# (Q83T11)	# (Q83TA11)
Other (please describe).....	# (Q83T12).....	# (Q83TA12)
.....		(Q83othertext)

**If total in #65 TRAINING column ≥ 1:  
 If your answer is zero, please enter "0".**

65a. <sup>L</sup> Approximately how many total hours of training to/for CEY partners have been provided in the past 12 months? .....	# (q83a) hours
65b. <sup>L</sup> How many partner organizations have received training in the past 12 months?.....	# (q83b) partners

**If total in #61 TA column ≥ 1:**

65c. <sup>L</sup> Approximately how many total hours of TA have been provided to CEY partners in the past 12 months?.....	# (q83c) hours
---	----------------

<sup>L</sup> survey items to be asked uniquely of lead organizations  
<sup>P</sup> survey items to be asked uniquely of partner organizations  
<sup>NP</sup> survey items to be asked uniquely of new partner organizations  
<sup>LF</sup> survey items to be asked uniquely of leads with former or new partner organizations  
<sup>OF</sup> survey items to be asked only of former partners  
<sup>AF</sup> survey items to be asked also of former partners

65d.<sup>L</sup> How many partner organizations have received TA in the past 12 months?..... # (q83d) partners

*Thank you for your time and candor in completing this survey.*

<sup>L</sup> survey items to be asked uniquely of lead organizations  
<sup>P</sup> survey items to be asked uniquely of partner organizations  
<sup>NP</sup> survey items to be asked uniquely of new partner organizations  
<sup>LF</sup> survey items to be asked uniquely of leads with former or new partner organizations  
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