

ATTACHMENT F

Form Approved

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COALITION LEADER INTERVIEW

Public Reporting burden of this collection of information is estimated at 30 minutes per response, including the time for reviewing instructions, searching existing data sources, 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. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road NE, MS D-74, Atlanta, GA 30333; Attn: PRA (0920-XXXX).

COALITION LEADER INTERVIEW

About the coalition:

The questions in this first section will help us learn a little more about your coalition.

1. What is the mission of your coalition? Has it changed over the past 6-months? If so, how?
2. Approximately how many people currently make up your coalition?
3. Approximately how many organizations, agencies, or community groups are currently represented at the coalition?
4. What partners are involved in the coalition?

(Note to interviewer: Please read all rows out loud in the table below) I am going to read a list of possible coalition members. Please state whether these people are active members, non-active members, or not members of your coalition

	Not a member	Member, but not active	Active member
Mayor			
County/City Commissioner or Executive			
Law enforcement/police			
Faith communities			
Media			
Educations/schools			
Housing services			
Business community			
Youth serving organizations			
Victim services agencies			
Culturally specific organizations			
Neighborhood service organizations			
Health Department			
Health care providers			
Funders			
Other _____			

5. How do coalition members communicate (Note to interviewer: Please read all response options out loud; Check all that apply)
 - In person (one-on-one)
 - In person (coalition meetings)
 - E-mail
 - Telephone
 - Listservs

- Online Workspace @ Safeyouth.org
 - Other _____
6. How often do meetings occur for the full membership? (Note to interviewer: Please read all response options out loud; Check only one response)
 - more than monthly
 - monthly
 - every other month
 - quarterly
 - semi-annually
 - annually
 - other
 7. Do you have a dedicated budget for conducting coalition activities? If so, what is the amount of the budget? What is the funding source?
 8. Do you have dedicated staff assigned to support coalition activities? If so, how many? At what level of effort? (Note to interviewer: *Level of effort = Number of hours per week*)
 9. How would you complete the following sentence? The majority of active agencies and organizations in the coalition (Note to interviewer: Please read all response options individually; Check all that apply):
 - Are committed to and supportive of the coalition's activities
 - Commit personnel to the coalition
 - Commit financial resources to the coalition
 - Are knowledgeable about the coalition
 - Are experienced in collaboration related to youth violence prevention
 - Clearly understand their roles and responsibilities
 - Share the workload
 - Regularly participate in meetings

Coalition activities

10. Tell us a little about the activities your coalition has engaged in over the past 6 months.

Probes:	Organizing the process?
	Identifying partners?
	Training members?
	Identifying funding/ resources?
	Conducting assessments?
	Determining mission and vision?
	Developing a strategic plan?
	Implementing a strategic plan (if applicable)?
11. What activities do you have planned for the next 6 months?

- Probes:
- Organizing the process?
 - Identifying partners?
 - Training members?
 - Identifying funding/ resources?
 - Conducting assessments?
 - Determining mission and vision?
 - Developing a strategic plan?
 - Implementing a strategic plan (if applicable)?

SafeYouth.org

(If needed, the interviewer will ask participants to access the website for reference)

12. Have you been to the safeyouth.org website? If so, what is your overall opinion of the website?
13. What information have you searched for on the website? Were you able to find the resources you needed? What information/resources could be added to the website to help you prevent youth violence in your community?
14. Did you take any of the trainings available on the website? What did you like about the trainings? What didn't you like about the trainings? Any recommendations you would make for the trainings?
15. Has your coalition created a space on the safeyouth.org website?

Probes:

 - To what extent are you utilizing the website to form your coalition? Organize your coalition? Develop your strategic plan? Support and document other activities?
 - If not using the website, why? How can we make the website a better tool for your coalition?
 - Did you find the online workspace useful for sharing information with members of your coalition? Why or why not?
 - Did you find the find the online workspace useful for sharing information with members of other coalitions? Why or why not?
16. Finally, how has this project impacted your community's ability to address youth violence?

Thank you for your time. We appreciate your input!

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