(E) USAID **USAID Faith-Based and Community Organization Survey** OMB 0412-XXXX Expiration Date: XX/XX/2011 Page 1 of 4 This survey is intended to better inform the U.S. Agency for International Development (USAID) and its Center for Faith-Based and Community Initiatives about the work of your organization and enable us to better engage with your organization through up-to-date organizational records. Responding to this survey is voluntary. Your response or nonresponse will not impact your future relationship with the Agency. The survey should take no more than 15 minutes to complete and requests information that should be readily available to you. **First Name Last Name Organization Name** Please provide your job title or role in the organization. Paid Staff Board Member Volunteer Supporter Other **Email Address Telephone Number** Are you a current or former employee of USAID? O No Yes Public reporting burden for this collection of information is estimated to average 15 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. The 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: U.S. Agency for International Development Center for Faith-Based and Community Initiatives (CFBCI) Washington, D.C. 20523-6800. And Office of Management and Budget Paperwork Reduction Project (0412-XXXX) Washington, D.C. 20503.

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USAID Faith-Based a **Community Organization** Survey

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Expiration Date: XX/XX/2011

Page 2 of 4

Have you previously met with the USAID Center for Faith-**Based and Community Initiatives or other USAID staff?**

Yes

No

Not sure

Address of Organization



Telephone Number of Organization

Organization Website

USAID Faith-Based a Community Organization Survey

OMB 0412-XXXX

Expiration Date: XX/XX/2011

Page 3 of 4

The following questions relate to the focus and size of your organization.

Please provide a 2-3 sentence description of your organization.



Has your organization received funds from USAID in the past 5 years?

Yes, a direct grant.

Yes, a sub-grant through another organization.

No.

What is your organization's estimated annual budget?

Select

How many paid employees does your organization have?

Select

Previous Page

Next Page

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USAID Faith-Based a **Community Organization** Survey

OMB 0412-XXXX

Expiration Date: XX/XX/2011

Page 4 of 4

Below is a list of USAID's Regional Bureaus. Please select the ones that best describe where your organization works.

Africa

Asia

Europe and Eurasia

Latin American and the Caribbean

Middle East

Please list the countries in which your organization is implementing programs.



The following is a list of USAID's Technical Bureaus. Please select the ones that best describe the focus of your work.

Democracy, Conflict, and Humanitarian Assistance

Economic Growth, Agriculture, and Trade

Global Health

The following questions list program objectives and program areas used by the Director of Foreign Assistance to categorize USAID managed assistance.

Peace and Security: To the best of your ability, check off the program areas below that apply to the work of your organization.

Counter-Terrorism

Combating Weapons of Mass Destruction

Stabilization Operations/Security Sector

Transnational Crime

Conflict Mitigation and Reconciliation

Governing Justly & Democratically: To the best of your ability, check off the program areas below that apply to the work of your organization.

Rule of Law and Human Rights

Good Governance

Political Competition and Consensus Building

Civil Society

Investing in People: To the best of your ability, check off the program areas below that apply to the work of your organization.

Health

Education

Social and Economic Services and Protection

Economic Growth: To the best of your ability, check off the program areas below that apply to the work of your organization.

Macroeconomic Foundation for Growth

Trade and Investment

Financial Sector Capacity

Infrastructure

Agriculture Macroeconomic Foundation for Growth **Economic Opportunity** Environment

Humanitarian Assistance: To the best of your ability, check off the program areas below that apply to the work of your organization.

Protection, Assistance, and Solutions Disaster Readiness Migration Management

Thank you very	y much for	participating	in this survey	1!
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Previous Page Finish

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