Question	Answer choices
1. What is the full name of your organization?	Fill in response
2. What type of organization do you work for?	Governmental
	Non-governmental
3. How long have you been in your current position (in months)?	[numeric response only]
4. Which classification best describes your current position?	 Direct service provider Manager Technical adviser Other:
5. Has the RRNP helped you to establish new relationships or improve existing relationships with organizations? For example, has the RRNP created opportunities (e.g. HIV testing events, held regional meetings) where your organization established new partnerships with organizations or collaborated in new ways with existing partners?	 Yes, the RRNP has helped my organization to establish new relationships with new organizations. Yes, the RRNP helped my organization to improve our relationships with an existing partner organization. No, the RRNP has not helped my organization in this manner.
6. Please list any organizations with which you established NEW relationships (either formal or informal) through your involvement with the RRNP.	Fill in responses
7. Has the RRNP utilized your organization in any of the following ways?	 In-Kind Resources (e.g., meeting space, conference line, speakers for events) Participation in events (HIV testing staff, HIV testing resources, publicity, outreach) Volunteers and Volunteer staff

Question	Answer choices
	 Data Resources including data sets, collection and analysis Info/ Feedback Specific HIV Expertise Expertise Other Than in HIV (specify?)
8. What do you feel is the most important result of your work with the RRNP? (choose all that apply)	 Increased knowledge of the HIV services that are being provided in my region Improved ability to refer people needing HIV testing, treatment and social services to various programs Increased collaboration to provide HIV services Sharing of resources to increase provision of services (for example, collaborative testing events, outreach or housing fairs) Increased sharing of the most up-to-date knowledge about strategies for addressing the HIV epidemic Increased sharing of data to use for program development and grant writing Collaboration to increase funding for HIV services in our region Collaboration around HIV policy work Improved communication between service providers Increased access to services (e.g. HIV testing, condoms, treatment)
9. One of the goals of the Minority AIDS Initiative (MAI) is to reduce HIV-related health disparities among communities of color that are disproportionately affected by the HIV epidemic. In your collaboration with RRNP, how successful do you think the RRNP has been at contributing towards this goal?	 Not Successful Somewhat Successful Successful Very Successful Completely Successful
10. One of the RRNP's activities is to mobilize communities to encourage people to be tested for HIV. In your opinion, what are the strongest aspects of the RRNP's work that contribute to	 Bringing together diverse stakeholders Exchanging info/knowledge Sharing resources

Question	Answer choices
success in promoting HIV testing? (Choose all that apply)	 Informal relationships created Formal relationships created Collective decision-making Having a shared goal Providing technical assistance
11. How frequently does your organization work with the RRNP on issues related to reducing the HIV-related disparities among racial and ethnic minority populations at risk for or living with HIV/AIDS?	 Never/We only interact on issues unrelated to the collaborative Once a year or less About once a quarter About once a month Every week Every day
12. What kinds of activities are part of your work with the RRNP?	 None Cooperative Activities: Involves exchanging information, attending meetings together, and offering resources to partners (Example: Informs other programs of RFA release) Coordinated Activities: Include cooperative activities in addition to intentional efforts to enhance each other's capacity and resources. (Example: Collaborative funding applications, coordinating HIV testing events) Integrated Activities: In addition to cooperative and coordinated activities, these activities use common resources to create joint initiatives that support two or more organizations' goals. (Example: Forming a working group or committee that provides consultation and guidance on a specific area, such as PrEP)
13. How valuable is the RRNP's influence in helping your organization to achieve your goals? *Definition of influence: The organization holds a prominent position in the region by being powerful, having influence, success as a change agent, and showing leadership.	 Not at all A small amount A fair amount A great deal

Question	Answer choices
14. To what extent does the RRNP provide a forum for organizations to come together to have open, frank, and civil discussions (especially when disagreement exists)?	 Not at all A small amount A fair amount A great deal
15. To what extent is the RRNP willing to consider a variety of viewpoints and bring different parties together to have discussion?	 Not at all A small amount A fair amount A great deal
16. Are there any other organizations in your region that you would like to see or believe should be more involved in the RRNP's efforts? Please list the names of these organization(s) in the space provided.	Open ended response
17. Do you have any suggestions for activities, strategies or initiatives with which you would like to see the RRNP assist in your region?	Open ended response
18. Do you have any questions or comments?	Open ended response

Form Approved OMB No. 0990-0379 Exp. Date XX/XX/20XX

Regional Resource Network Program Questionnaire

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0990-0379 The time required to complete this information collection is estimated to average 15 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Health & Human Services, OS/OCIO/PRA, 200 Independence Ave., S.W., Suite 336-E, Washington D.C. 20201, Attention: PRA Reports Clearance Officer