

# Appendix 4: OUP Pre-Interview Web Survey

## INTRODUCTION

### *Content*

Thank you for participating in the Office of University Partnerships' national evaluation. The evaluation is focused on grants that were awarded between 2005 and 2008 under the [GRANTEE'S GRANT PROGRAM (FULL GRANT PROGRAM NAME, i.e., TRIBAL COLLEGES AND UNIVERSITIES PROGRAM)], as well as other similar grant programs. Its purpose is to help HUD understand the types of activities undertaken with OUP grants; to document the changes that occur in communities and on campuses as a result of OUP funding; and to understand the challenges that grantees face in implementing the grants. Results of the evaluation will be used by HUD to assess the types of projects funded by OUP's University Programs and examine the impact of those projects on the population and communities they serve.

We anticipate that the survey will take you about 20 minutes to complete and ask that you complete the survey within the next week. We will not be able to schedule and conduct the telephone interview until we have your responses to this quick web survey. Also, by completing this survey in advance we will be able to tailor the follow-up interview and reduce the time for the overall interview process.

The survey has five sections:

- Confirmation of the grants you received
- Documentation of the activities you completed with OUP funds
- Listing of your activity partners
- Summary of any additional funding you received beyond OUP to implement your work
- Documentation of challenges faced during implementation.

It is possible that you may need to gather input from others at your institution to answer the questions; we invite you to do so. If you need to exit the survey for any reason, you can save the response you have entered by clicking the "save and exit" button at the bottom of the screen. When you are ready to continue the survey, simply click the survey link originally sent and it will bring you back to the point in the survey where you left it.

Once you have completed the survey, [NAME OF ASSIGNED ABT TEAM MEMBER] will contact you to schedule the follow-up telephone interview and to provide further information about the content of that interview. [SHE/HE] will customize the questions [SHE/HE] asks, based on the activities you report on this web survey.

Please remember that your participation in this evaluation is completely confidential and voluntary. Whether or not you choose to participate will not affect any of OUP's future funding decisions. Your specific answers to questions we ask in this survey as well as those posed during the interview will be combined with the answers we receive from other grantees so that no grantee can be identified.

If you have any questions while completing this survey, please contact [NAME OF ASSIGNED ABT TEAM MEMBER] at [EMAIL] or [PHONE]. If you have questions about the larger evaluation, please contact the Abt Associates Evaluation Director, Amy Minzner by email ([amy\\_minzner@abtassoc.com](mailto:amy_minzner@abtassoc.com)) or by telephone at 617-349-2314; alternately you may contact Ndeye

Jackson, the Government Technical Monitor at HUD'S Office of Policy Development and Research by telephone at 202-402-5737 or email ([Ndeye.J.Jackson@hud.gov](mailto:Ndeye.J.Jackson@hud.gov)).

# OVERVIEW OF GRANTS AND ACTIVITIES

**Question 1.1** Our records from HUD show that you received [X] number of OUP grants under the [GRANT TYPE] program between 2005 and 2008. Is this correct?<sup>1</sup>

- YES (GO TO QUESTION 1.2)
- NO → Enter the correct number of grants: \_\_\_\_\_

**Question 1.2** The table below shows the years you received grants from OUP, the type of grant you received, and the start and end date for those grants. If any of the information in the table below is not accurate, please correct it before moving to the next question.

Grant Year	Grant Type	Grant Start Date	Grant End Date
<i>pre-fill</i>	<i>pre-fill</i>	<i>pre-fill</i>	<i>pre-fill</i>

**Question 1.3** What school, department, or office within the university administers the grant(s)?

Grant Year	School/Department/Office
<i>pre-fill</i>	

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<sup>1</sup> Throughout the instrument, brackets [ ] have been used to indicate where specific information will be inserted. For example, in this question “[X]” will be replaced by the number of grants the OUP database indicates that a grantee received during the study period.

# GRANT ACTIVITIES UNDERTAKEN BY GRANTEE

We would like to learn about the activities that the [GRANT YEAR] grant funded. Before we ask about all of your activities, though, please answer two specific questions:

**Question 2.1** Did you use your grant to create or expand a multipurpose center?

*(A FEW EXAMPLES OF MULTIPURPOSE CENTERS INCLUDE: (1) A COMMUNITY CENTER THAT HOUSES A COMPUTER LAB, CLASSROOM SPACE, AND A DAYCARE, OR (2) A BUSINESS DEVELOPMENT CENTER THAT INCLUDES INCUBATOR OFFICES AND A TECHNOLOGY CENTER.)*

- YES
- NO

**Question 2.2** Did you create or expand a college or university facility?

- YES
- NO

**Question 2.3** Please complete the table below. Indicate activities that were funded by the [GRANT YEAR] OUP grant and whether the activity was a continuation or expansion of a previous program or activity implemented by your institution, or whether the activity was a new activity undertaken with the [GRANT YEAR] grant (use as many lines as necessary). If “Other” is selected, please describe the activity in the “Notes” column. A complete list of the items on the *Activities drop-down menu* is presented in the chart at the bottom of the screen for your reference.

*(IF YOU ARE UNABLE TO ANSWER A QUESTION FOR ANY OF THE ACTIVITIES, LEAVE THE FIELD BLANK.)*

Activity	(If part of a larger facility) Type of Facility	Completion Status	Creation or Expansion?	Total Cost (OUP and non-OUP funds)	Amount of OUP Funds Used for this Activity	Notes
<i>drop-down</i>	<i>drop-down</i>	<i>drop-down</i>	<i>drop-down</i>			

Drop down menu choices noted below for HUD/OMB reference:

Facility Types:

- 1) College/University Facility
- 2) Multipurpose Center
- 3) Other

**Completion Status:**

- 1) Completed within the initial grant period.
- 2) Completed during a grant extension.
- 3) Activity has not been completed and is still ongoing.
- 4) Activity has not been completed and has been placed on hold.
- 5) Activity has not been completed and has been abandoned.

**Potential Activities**

<p><b>Affordable Housing:</b></p> <ul style="list-style-type: none"><li>• Construction of new affordable housing</li><li>• Rehabilitation/renovation of affordable housing</li></ul> <p><b>Public Facilities – Creation or Expansion of:</b></p> <ul style="list-style-type: none"><li>• Recreation center</li><li>• Daycare facility</li><li>• Technology center</li><li>• Park/playground</li><li>• Student/faculty housing</li><li>• Classrooms</li><li>• Faculty/administrative offices</li><li>• Student center</li><li>• Library</li><li>• Health/wellness center</li><li>• Museum/archives</li><li>• Infrastructure (e.g., water, sewer, sidewalks)</li><li>• Other</li></ul>	<p><b>Blight Eradication/Clearance:</b></p> <ul style="list-style-type: none"><li>• Demolition</li><li>• Litter abatement</li><li>• Grass-cutting</li><li>• Neighborhood beautification</li><li>• Painting</li><li>• Other</li></ul> <p><b>Economic Development:</b></p> <ul style="list-style-type: none"><li>• Construction, renovation, or expansion of commercial building</li><li>• Creation/expansion of small business incubator</li><li>• Delivery of small business development assistance</li><li>• Creation of Community Development Corporation (CDC)</li></ul> <p><b>Planning and Capacity Building:</b></p> <ul style="list-style-type: none"><li>• Develop comprehensive plan</li><li>• Develop capital improvement</li><li>• Develop functional plan (e.g., pre-construction planning, feasibility study, community ownership plan)</li><li>• Provision of training and other technical assistance</li></ul>	<p><b>Social Programs - Creation or Expansion of:</b></p> <ul style="list-style-type: none"><li>• GED program</li><li>• Adult literacy program</li><li>• ESL program</li><li>• Job training/vocational program</li><li>• Self-improvement program (e.g., leadership training, financial literacy, life skills)</li><li>• Day care program</li><li>• Health/wellness program</li><li>• Substance abuse program</li><li>• Recreational program</li><li>• Crime prevention program</li><li>• Public safety program</li><li>• Services for homeless person</li><li>• Energy conservation counseling and testing</li><li>• Educational program for preschool, elementary, and secondary school age children (e.g., college readiness, homework assistance, multi-lingual curriculum)</li><li>• Educational program for post-secondary students (e.g., bridge to college classes, tutoring)</li></ul>
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# PARTNERS

For reference, below is a list of the activities you indicated for the [GRANT YEAR] grant.

[LIST OF ACTIVITIES]

Let's now turn to the partners that worked together to implement the activities for the [GRANT YEAR] grant.

**Question 3.1** Please list each partner that worked together to implement the activities for the [GRANT YEAR] grant. For organization type, if multiple types could apply, please select the primary type that describes the organization.

Partner Name	Organization Type	Pre-existing partner prior to the [GRANT YEAR] grant (Y/N)	Additional Comments
	<i>drop-down</i>	<i>drop-down</i>	

We had no partners for the [GRANT YEAR] grant. (IF CHECKED, SKIP TO 4.1)

Drop down menu choices noted below for HUD/OMB reference:  
 The Organization Type drop-down choices are:  
 1) Community Development Corporations (CDC), 2) Community Action Program (CAP) agencies, 3) Social service providers, 4) Neighborhood organizations, 5) Government agencies, 6) Employers, 7) Other private sector, 8) Academic institutions (including school districts)

**Question 3.2** For each partner indicated in Question 3.1, select the activities in which they were involved.

NOTE: ACTIVITY NAMES WILL BE PRE-POPULATED BASED ON GRANTEE'S RESPONSES TO QUESTION 2.3.

Partner	[ACTIVITY 1]	[ACTIVITY 2]	[ACTIVITY 3]	[ACTIVITY X]
<i>Pre-filled</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# SOURCES OF FUNDING

Below is a list of the activities you indicated for the [GRANT YEAR] grant.

[LIST OF ACTIVITIES]

We would like to know which funding sources you used for these activities, in addition to the OUP grant. Additional funders might include foundations, other federal agencies (e.g., Department of Labor), and banks, to name a few.

Because many communities have funders that support more than one of the OUP grant activities, Question 4.1 asks you to list funders that financially supported any of the activities you listed in question 2.3 and then to indicate which activities the funder supported. Question 4.2 will ask you to indicate how much financial support each funder provided to each activity.

**Question 4.1** Please list each funder that supported an activity in the [GRANT YEAR] grant and check the activity or activities which were supported.

NOTE: ACTIVITY NAMES WILL BE PRE-POPULATED BASED ON GRANTEE'S RESPONSES TO QUESTION 2.3.

Funding Source or Funder Name	[ACTIVITY 1]	[ACTIVITY 2]	[ACTIVITY 3]	[ACTIVITY X]
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

We did not use funds from any other source besides OUP for the [GRANT YEAR] grant. *(IF CHECKED, SKIP TO END, REPEATING QUESTIONS 2.1-3.2 FOR ANY REMAINING GRANTS)*

**Question 4.2** For each of the funders you listed under Question 4.1, please enter the amount of financial support the funder contributed to each specific activity. You will enter this information in the row next to the funder's name.

If a funder did not fund a particular activity, enter a zero. If you are unsure of any answers, leave the field blank and write a note in the textbox below.

Funder	Amount of funding provided for [ACTIVITY 1]	Amount of funding provided for [ACTIVITY 2]	Amount of funding provided for [ACTIVITY 3]	Amount of funding provided for [ACTIVITY X]
<i>Pre-filled</i>				

Textbox:

# CHALLENGES

5.1 The following table lists a number of challenges that your institution potentially could have faced in implementing grant activities. Please indicate whether you would consider these items to be a major challenge, minor challenge, or not a challenge in implementing the activity by checking the appropriate box. If there were other challenges, please note them in the “Other” field.

Challenge	Major	Minor	Not a challenge	Comments
Staff changes (either at the university or a key partner)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Costs were greater than anticipated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Community or neighborhood opposition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Permitting delays	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Funding from other sources fell through	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Recruiting competent partners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Recruiting appropriate participants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Finding appropriate space to accommodate the activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Recruiting student workers/participants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Successfully negotiating acceptable roles/resources contributed by partners.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other: _____ _____ _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

<b>REPEAT QUESTIONS 2.1 TO 5.1 FOR EACH GRANT</b>	Note for HUD/OMB reference: This question will loop for each activity indicated in Question 2.3
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## CONCLUSION

Thank you for completing the pre-interview survey.

We look forward to learning more about the activities your institution implemented with its OUP funds during our upcoming telephone interview. [NAME OF ASSIGNED ABT TEAM MEMBER] will send you an email to confirm the time and date for our follow-up telephone interview.

If you have any questions, please call or email [NAME OF ASSIGNED ABT TEAM MEMBER] at [EMAIL] or [PHONE].

