**Green Jobs and**

**Healthcare Implementation Study**

**Partner Survey**



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**Green Jobs and Healthcare Implementation Study**

**Questionnaire for Green Jobs and Healthcare Partner Survey**

**Intro Screen 1**: Welcome to the Green Jobs and Healthcare Partner Survey. Click continue to proceed.

***Note****: This is the first screen that the participant will see after clicking on the link in the email invitation.*

**Intro Screen 2**: Your organization is the recipient of a [*PRE-FILL BASED ON RESPONDENT ID NUMBER: Healthcare and High Growth/State Energy Sector Partnership/Energy Training Partnership/Pathways Out of Poverty*] grant through the Employment and Training Administration of the U.S. Department of Labor (DOL/ETA).

The purpose of the study is to understand how grant programs such as the one you are partnering with are being implemented. We hope to identify best practices and lessons learned that may be helpful to future grant administrators.

The survey will ask questions about this grant program’s goals, design, operations, outcomes, and partnerships. There are no right and wrong answers, and your opinions and experiences are extremely important. The information that you and others provide will be used to improve other DOL/ETA grant programs in the future.

Your responses are private and will not be shared with DOL/ETA, staff within your organization, or any other agency except as required by law.

Please use the navigation buttons at the bottom of each page to move between pages within the survey. Using the web browser navigation buttons will direct you out of the survey.

If you have Questions at this time, choose “Yes” below to be directed to the Frequently Asked Questions and Answers.

* Yes
* No, begin survey

Click continue to begin the survey.

*Note: OMB statement must appear at the bottom of the intro screen:*

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| The OMB Control Number for this information collection is 1205-0487 and the expiration date is 03/31/2015Public reporting burden for this collection of information is estimated to average XX minutes per response, the estimated time required to complete the survey. 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 the U.S. Department of Labor, Office of Policy Development and Research, Room N-5641, Washington, D.C. 20210. |

**Frequently Asked Questions and Answers**

**“What is the purpose of the study?”**

The purpose of the study is to understand how grant programs such as the one you are partnering with are being implemented. We hope to identify best practices and lessons learned that may be helpful to future grant administrators.

**“What information do you intend to collect?**

The survey will ask questions about this grant program's goals, design, operations, outcomes, and partnerships.

***“How did you get my name?”***

We are contacting individuals who administer American Reinvestment and Recovery Act (ARRA)-funded Green Jobs and Healthcare grant programs, as well as organizations they partner with. Your name was provided to us by the grantee organization with which you are partnering.

***“What happens if I don’t participate?”***

Your participation is voluntary and will not affect your organization’s eligibility to receive future grant funding. However, your experiences and opinions are very important to the successful implementation of future grant programs.

***“What if I don’t have the time?”***

The survey is brief and should only take 20 minutes of your time. You can complete the survey at a time that is convenient for you. The information that you provide is critical to the success of the study.

***“What if I’m not interested?”***

We are interested in your opinions and experiences. The information you provide will help future grantees successfully implement similar grant programs. There are no right or wrong answers. Any information you provide will be held private.

***“Are my answers confidential?”***

Any information you provide will be held in the strictest privacy and will be used only for the purposes of the study. Your answers will be combined with those of others and your name will never be used in reporting the results of the study. All personally identifiable data will be kept private except as required by law. Your answers to questions will not affect your organization’s eligibility to receive future grant funding.

***“How long will this take?”***

The length of the survey is different for different people, but it usually takes about 20 minutes total.

**Green Jobs and Healthcare Partner Survey**

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| **1. Background Information** |
| **#** | **Research Question Related to** | **Survey Question** | **Potential Answers** |
| 1 | 3.b - Partner Roles and Responsibilities | What is the name of the grant program you have been supporting? | *(Will be a pull-down menu.)* |
| 2 | 3.b - Partner Roles and Responsibilities | What is the name of your organization? | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 3 | 3.b - Partner Roles and Responsibilities | What is your position at your organization? | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 4 | 3.b - Partner Roles and Responsibilities | Which of the following best describes your organization? | * One-Stop Career Center
* Workforce Investment Board
* Government agency
* Faith-based organization
* Community-based organization
* Private training provider
* Local employer
* Employer group
* Community College
* University
* Union
* Other (Specify)
 |

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| **#** | **Research Question Related to** | **Survey Question** | **Potential Answers** |
| 5 | 3.b - Partner Roles and Responsibilities | Please select the industry or industries with which the training offered by this grant program is most closely aligned. (*Select all that apply.*) | * Nursing
* Allied Health
* Long-term Care
* Health Information Technology
* Other High Growth and Emerging Industries (e.g., information technology, advanced manufacturing, wireless and broadband deployment, transportation and warehousing, biotechnology)
* Energy-efficient building, construction, and retrofit industries
* Renewable electric power industry
* Energy efficient and advanced drive train vehicle industry
* Biofuels industry
* Deconstruction and materials use industries
* Energy efficiency assessment industry serving residential, commercial, or industrial sectors
* Manufacturers that produce sustainable products using environmentally sustainable processes and materials
* Other (Please specify)
 |
| 6 | 3.b - Partner Roles and Responsibilities  | What is the **primary** responsibility or responsibilities of your organization as related to the grant?(*Select all that apply*.) | * Administer the grant program
* Develop training curriculum
* Deliver training/education services to participants
* Provide supportive services to participants
* Assist in participant recruitment
* Provide job placement assistance
* Provide advice/guidance to the grantee
* Other (Please specify)
 |
| 7a7b | 3.a – Partner Relationships and Selection | Does your organization have a clearly defined role in the grant?Did your organization sign a Memorandum of Understanding (MOU) for the grant program? | * Yes
* No
* Yes
* No
 |

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| **#** | **Research Question Related to** | **Survey Question** | **Potential Answers** |
| 8 | 3.a – Partner Relationships and Selection | Did your partnership with the grantee exist prior to establishing the grant program?**If “Yes”, Skip to Q10** | * Yes
* No
 |
| 9 | 3.a – Partner Relationships and Selection | If Q8 = No:How did your organization become involved with the grant program? | * My organization was invited to join the grant by the grantee
* My organization heard about the grant and contacted the grantee about participating
* My organization had an existing relationship with another partner on the grant
* Other (Please specify)
 |
| 10 | 3.b - Partner Roles and Responsibilities  | How involved has your organization been in ***program design***? | * Very involved
* Somewhat involved
* Not involved at all
 |
| 11 | 3.b - Partner Roles and Responsibilities | How involved has your organization been in ***developing the curriculum***? | * Very involved
* Somewhat involved
* Not involved at all
 |
| 12 | 3.b - Partner Roles and Responsibilities | How involved has your organization been in ***recruiting participants***? | * Very involved
* Somewhat involved
* Not involved at all
 |
| 13 | 3.b - Partner Roles and Responsibilities | How involved has your organization been in ***training delivery***? | * Very involved
* Somewhat involved
* Not involved at all
 |
| 14 | 3.b - Partner Roles and Responsibilities | How involved has your organization been in ***job placement***? | * Very involved
* Somewhat involved
* Not involved at all
 |
| 15 | 3.b - Partner Roles and Responsibilities | How involved has your organization been in ***managing the grant program***? | * Very involved
* Somewhat involved
* Not involved at all
 |
| 16 | 3.b - Partner Roles and Responsibilities | How involved has your organization been in ***providing advice and guidance to the grantee on grant implementation?*** | * Very involved
* Somewhat involved
* Not involved at all
 |
| 17 | 4.a - Leveraged Resources | What kinds of leveraged resources, if any, did your organization bring to the grant? | * Provided instructors/trainers
* Provided the training curriculum
* Provided training equipment/ materials
* Provided training facilities/space
* Provided supportive services
* Provided funding
* Other (please specify)
* None of the above
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| **2. Partner Role In Curriculum Development** |
| **#** | **Research Question Related to** | **Survey Question** | **Potential Answers** |
| 18 | 2.e – Training Design & Delivery | Did you organization participate in curriculum design?**If “No”, Skip to Q20** | * Yes
* No
 |
| 19 | 2.e – Training Design & Delivery | What was your organization’s role in curriculum design? | * My organization provided an existing curriculum
* My organization created a new curriculum for this grant
* My organization worked with the other partner organizations to create a new curriculum for this grant
* My organization provided feedback during the curriculum design process
* Other (Please specify)
 |

| **3. Partner Role in Participant Recruitment and Intake** |
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| **#** | **Research Question Related to** | **Survey Question** | **Potential Answers** |
| 20 | 2.c – Participant Recruitment and Targeting | Was your organization involved in the recruitment of participants and/or enrollment procedures?**If “No”, Skip to Q26** | * Yes
* No
 |
| 21 | 2.c – Participant Recruitment and Targeting | What methods have been used to recruit participants? *(Select all that apply)* | * Referrals from the One-Stop Career Center/Workforce Investment Board
* Union Referrals
* Employer Referrals
* Mailings
* Emails
* Newsletters
* Career fairs
* Local news, radio, newspapers
* Social media
* Other (Please specify)
* Don’t know
 |
| 22 | 2.b – Assessment and Case Management Services | Does the grant program conduct a formal or written assessment as part of the participant selection process?  | * Yes
* No
* Don’t know
 |
| 23 | 2.a – Program Components | Does the grant program proactively target participants that have not worked in the occupations being trained for in the past (e.g., training women for non-traditional occupations)? | * Yes
* No
* Don’t know
 |
| 24 | 2.a – Program Components | Please identify which types of individuals or groups are being targeted by the training:*(Select all that apply).* | * Dislocated workers
* Unemployed individuals
* Incumbent workers
* Low income individuals
* Persons with disabilities
* Women
* Minorities
* Auto workers
* Ex-offenders
* High school dropouts
* Veterans/active duty/military spouses
* Other (Please specify)
* Don’t know
 |
| 25 | 2.c – Participant Recruitment and Targeting | Please indicate any challenges to participant recruitment experienced by the training program. *(Select all that apply).* | * Low response to outreach efforts
* Not reaching the target population
* Participants’ need for supportive services
* Participants’ need for immediate employment
* Difficulty finding supplemental income or financial support
* Other (Please specify)
* None of the above
* Don’t know
 |

| **4. Partner Role in Training/Education** |
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| **#** | **Research Question Related to** | **Survey Question** | **Potential Answers** |
| 26 | 2.e – Training Design & Delivery | Has your organization provided feedback and/or input on the training program structure? | * Yes
* No
 |
| 27 | 2.e – Training Design & Delivery | Has your organization provided education and/or training services in this grant program?**If Q26 and Q27 = “No”, Skip to Q35** | * Yes
* No
 |
| 28 | 2.e – Training Design & Delivery | What types of training does the program offer? (*Select all that apply*.) | * On-the-job training
* Classroom-based training
* Hands-on skills training (e.g., installing solar panels in a solar installation training program)
* Apprenticeship training
* Basic work skills training (e.g., getting to work on time, wearing appropriate attire, conflict resolution)
* Adult basic education/ESL
* Internships
* Mentorships
* Transitional jobs
* Other (Please specify)
 |
| 29 | 2.e – Training Design & Delivery | Is this training program a new program or an extension of a previously existing program? | * New program
* Extension of an existing program
* Both a new program and an expansion of an existing program
* Other (Please Specify)
 |
| 30 | 2.e – Training Design & Delivery | Does the training program accommodate different participant schedules? (e.g., offered in the evenings, on weekends, or on different days of the week?) | * Yes
* No
* Don’t know
 |
| 31 | 2.e – Training Design & Delivery | Is the training offered at facilities that are accessible by public transportation? | * Yes
* No
* Don’t know
 |
| 32 | 2.e – Training Design & Delivery | What training modalities are used to deliver the training?*(Select all that apply).* | * Classroom
* On-line
* Other (Please specify)
 |
| 33 | 2.e – Training Design & Delivery | Does the training program include multiple entry/exit points to accommodate participants of different skill levels? | * Yes
* No
 |
| 34 | 5.b. Career Pathways and Certificates | What types of credentials are earned by participants in this grant program? | * Work readiness certification
* Industry recognized/ specific certification
* Associates Degree
* BA/BS Degree
* MA/MS Degree
* Other (Please Specify)
 |
| **5. Partner Role in Supportive Services** |
| **#** | **Research Question Related to** | **Survey Question** | **Potential Answers** |
| 35 | 2.a – Program Components&2.d – Support Services | Did your organization provide input on the types of supportive services provided to participants? | * Yes
* No
 |
| 36 | 2.a – Program Components&2.d – Support Services | Did your organization provide supportive services to program participants?**If Q35 and Q36 = “No”, Skip to Q41** | * Yes
* No
 |
| 37 | 2.a – Program Components&2.d – Support Services | What types of supportive services does the program offer? (*Select all that apply.*) | * Child care
* Transportation
* Housing
* Clothing
* Financial counseling (e.g., household budgeting, establishing a checking account, credit repair)
* Emergency assistance
* Other (Please specify)
* None
 |
| 38 | 2.a – Program Components&2.d – Support Services | When are the supportive services offered?(*Select all that apply*.) | * After the participants enrolled in the training program, but before training begins
* While participants are receiving the training
* After participants have completed the training program
 |
| 39 | 4d – Funding Administration | Did your organization receive funding to provide support services? | * Yes
* No
 |
| 40 | 5a- Outcomes Achieved | Indicate whether you agree or disagree with the following statement:Providing support services helped participants stay enrolled in the program.  | * Strongly agree
* Agree
* Neither agree or disagree
* Disagree
* Strongly disagree
 |

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| **6. Partner Role in Job Placement and Hiring** |
| **#** | **Research Question Related to** | **Survey Question** | **Potential Answers** |
| 41 | 5a- Program Outcomes | Does your organization provide job placement services?**If “No”, Skip to Q43** | * Yes
* No
 |
| 42 | 5a- Program Outcomes | What types of services are you providing to participants to facilitate job placement?(*Select all that apply*.) | * Job search assistance
* Resume building
* Interview preparation
* Soft skills/workplace readiness
* Career counseling
* Developing hiring agreements with local employers
* Job placement
* Other (Please specify)
 |
| 43 | 5a- Program Outcomes | To what extent do you think that the credentials earned by program participants through this grant have helped them in being placed in a job? | * To a very great extent
* To some extent
* To a limited extent
* Not at all
 |
| 44 | 5a- Program Outcomes | Has your organization established a hiring agreement with the grantee or hired any of the program participants?**If “No,” Skip to Q49** | * Yes
* No
 |
| 45 | 5a- Program Outcomes | How many individuals from the training program has your organization hired?**If “0”, Skip to Q49** | * More than 15
* 10 – 15
* 5 – 9
* 1 – 4
* 0 (Have not hired any program participants)
 |
| 46 | 5a- Program Outcomes | If Q45 > 0:Do the participants graduating from the training program have the knowledge, skills, and abilities necessary to perform the jobs for which they have been hired? | * Yes
* No
* Somewhat
 |
| 47 | 5a- Program Outcomes | Compared to other individuals you have hired for similar positions who did not participate in the grant’s training program, how would you rate the knowledge, skills, and abilities (KSAs) of grant program participants? | * Higher levels of KSAs
* About the same level of KSAs
* Lower levels of KSAs
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| **#** | **Research Question Related to** | **Survey Question** | **Potential Answers** |
| 48 | 5a- Program Outcomes | What issues, if any, have you experienced with individuals you have hired from the training program?(*Select all that apply*.)  | * Low retention
* Poor attendance
* Poor performance
* Other (Please specify)
* Have not experienced any issues
 |

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| **8. Grant Sustainability** |
| **#** | **Research Question Related to** | **Survey Question** | **Potential Answers** |
| 49 | 4.c - Sustainability | Is there a formal sustainability plan for the training program once the grant has expired?**If “No” or “Don’t know”, Skip to Q51** | * Yes
* No
* Don’t know
 |
| 50 | 4.c - Sustainability | When was the sustainability plan developed?**Skip to Q52** | * During the planning period immediately following grant award
* Later in the first year of the grant
* During the second year of the grant
* Don’t know
 |
| 51 | 4.c - Sustainability | Have there been any informal discussions about sustaining the program once the grant has expired?**If “No” or “Don’t know”, Skip to Q55** | * Yes
* No
* Don’t know
 |
| 52 | 3.b - Partner Roles and Responsibilities | How involved has your organization been in ***developing a sustainability plan*** for keeping the training program operating after the grant funding period?**If “Not Involved”, Skip to Q55** | * Very involved
* Somewhat involved
* Not involved at all
 |
| 53 | 4.c - Sustainability | What components of the program will be sustained?*(Select all that apply).* | * Job training
* Job placement
* Supportive services
* Participant recruitment
* None of them
* Other (Please specify)
* Don’t know
 |
| 54 | 4.c - Sustainability | Once the current grant funding has been exhausted, what funding source(s) will sustain the program? | * Additional Federal funding
* State or local government funding
* Employer funding
* Union funding
* Foundation funding (Please specify)
* Other (Please specify)
* Do not know
 |
| 55 | 4.c - Sustainability | After the grant has expired, to what extent will your organization be involved in the continuation of this training program?**If “Not Involved”, Skip to Q57** | * Very involved
* Somewhat involved
* Not involved at all
 |

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| **#** | **Research Question Related to** | **Survey Question** | **Potential Answers** |
| 56 | 4.c – Sustainability&4.a - Leveraged Resources | After the grant has expired, what kinds of leveraged resources will your organization bring to the training program? | * Provide funding
* Provide instructors/trainers
* Provide the training curriculum
* Provide training equipment/ materials
* Provide training facilities/space
* Provide supportive services
* Provide job placement services
* Other (please specify)
* None of the above
 |

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| **9. Program Replicability and Lessons Learned** |
| **#** | **Research Question Related to** | **Survey Question** | **Potential Answers** |
| 57 | 1.b – Grant Timeframe | Is the original timeframe for this grant program (as stated in the grant application) sufficient for implementing the program to its full potential?**If “Yes” or “Don’t Know”,** **Skip to Q59** | * Yes
* No
* Don’t know
 |
| 58 | 1.b – Grant Timeframe | How much additional time would be needed? | * 0-6 months
* 7 – 12 months
* 13 – 24 months
* More than 24 months
 |
| 59 | 5.a – Outcomes Achieved | Have the local economic conditions created challenges in achieving program goals? | * Yes
* No
 |
| 60 | 6.b – Lessons Learned | In which of the following areas has the program faced implementation challenges? (*Select all that apply*).**If “None of the Above”, do not answer Q61 or Q62.** | * Grant administration
* Participant recruitment
* Participant retention in training
* Job placement
* Strategic partnerships
* Other (Please specify)
* None of the above
 |
| 61 | 6.b – Lessons Learned | Have changes been made to the service delivery model to address these challenges?**If “No”, do not answer Q62.** | * Yes
* No
* Don’t know
 |
| 62 | 6.b – Lessons Learned | Please describe the changes made.(*Open-ended*) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |