U.S. Forest Service, Alaska Region Partnership Assessment

**The purpose:** You are being asked to complete this survey because you are, or have been, in a partnership with the U.S. Forest Service, Alaska Region. This survey is to garner qualitative feedback from our partners so that we may improve our service delivery and focus attention on areas where communication, training, or changes in operations might need improvement. This will allow us as an agency to enhance the service we give you.

1. What type of agency/organization are you?
   * Federal Government
   * State Government
   * Local or Tribal Government
   * Non-Profit Organization
   * Profit Organization
   * Other:
2. How would you characterize your agency/organization’s purpose?
   * Conservation
   * Preservation
   * Recreation
   * Research
   * Environmental
   * Other:
3. What is your mission as an agency/organization?
4. Rate your overall satisfaction with your partnership(s) with the Alaska Region.
   * Extremely satisfied
   * Satisfied
   * Unsatisfied
   * Extremely Unsatisfied

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **The Alaska Region…** | **Strongly agree** | **Agree** | **Disagree** | **Strongly disagree** |
| a) And your agency/organization’s partnership is mutually beneficial. |  |  |  |  |
| b) Understands your agency/organization’s mission. |  |  |  |  |
| c) Understands the operation of your agency/organization. |  |  |  |  |
| d) Would be a potential partner in the future. |  |  |  |  |

1. Rate each statement:

Please explain further: (Optional)

1. Rate each statement:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **The Alaska Region…** | **Strongly agree** | **Agree** | **Disagree** | **Strongly Disagree** |
| a) Establishes a clear line of communication that is effective and efficient when initiating a partnership. |  |  |  |  |
| b) Maintains consistent communication with you. |  |  |  |  |
| c) Keeps in contact with you as an agency/organization after the partnership has expired. |  |  |  |  |
| d) Works collaboratively with you as an agency/organization when planning projects. |  |  |  |  |

Please explain further: (Optional)

1. Do you partner with any other Federal Land Management Agencies?
   * Yes
     + - 1. How would you rate your partnership with these agencies compared to the Alaska Region?
       - Easier
       - Same as
       - More difficult

Please explain further: (Optional)

* + No

1. From your agency/organization’s perspective, do the benefits of a partnership with the Alaska Region outweigh the challenges?
   * Yes
   * No

Please explain further: (Optional)

1. Any further comments you would like to add considering partnerships and the Alaska Region?
2. Please provide your contact information if you would like Alaska Region partnership staff to contact you for a follow up. (Optional)

Name

Company

Address

City/Town

State/Province

ZIP/Postal Code

Country

Email Address

Phone Number

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