



## INTRODUCTION

**The U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) is conducting a self-evaluation. The goal is to learn how well OFCCP is serving your organization and to identify ways we can provide better service. We are seeking your input because your organization has a working relationship with OFCCP.**

**Your participation in this survey is voluntary and very important to the success of OFCCP self-evaluation. The survey should take approximately twenty minutes to complete. All responses will be presented at a summary level only, and OFCCP will not receive any individual responses. Please do not place any personal identifiers (e.g. your name, organization or address) in your survey responses.**

**OFCCP is committed to becoming a better resource and partner for you and your organization. It is with this in mind that we ask for your assistance. Please answer the questions as best you can for [INSERT ORGANIZATION NAME]. We thank you in advance for your time and thoughts.**

This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not 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 1225-0088 (expires on 08/31/2017). The time required to complete this information collection is estimated to average 20 minutes per response. If you have any comments concerning the accuracy of time estimates or suggestions for improving this form, please contact: Celeste Richie. U.S. Department of Labor 200 Constitution Avenue NW Room S2218 Washington, DC 20210 202-693-5076

## SECTION 1: AWARENESS OF OFCCP<sup>1</sup>

Thank you for agreeing to take this survey. Your participation is greatly appreciated.

### 1.1 When did your organization first learn about OFCCP?

*(Check one)*

- Less than a year ago
- One to two years ago
- More than two years ago (i.e., before [INSERT MONTH/YEAR THAT IS TWO YEARS PRIOR TO SURVEY START DATE])
- I don't know
- We are not familiar with OFCCP →**Terminate**

### 1.2 When did your organization establish a relationship with OFCCP?

*(Check one)*

- Less than a year ago
- One to two years ago
- More than two years ago (i.e., before [INSERT MONTH/YEAR THAT IS TWO YEARS PRIOR TO SURVEY START DATE])
- I don't know
- We haven't yet →**Terminate**

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<sup>1</sup> Survey text shown in CAPS and Blue text will not be visible to the survey respondents. The survey headings, in particular, are included to help OFCCP and TWG members understand the intent behind each section.

As part of this survey, OFFCP is hoping to learn about its stakeholders' familiarity with the services OFCCP staff provide.

1.3 With this in mind, please list the different services that you believe OFCCP provides.

## SECTION 2: RELATIONSHIP WITH OFCCP

**2.1 The next set of questions inquires about the relationships between the staff at your organization and the staff at OFCCP.**

- a. How many people in your organization have a relationship with at least one staff person from OFCCP?
  - Zero
  - 1
  - 2
  - 3
  - 4
  - More than 4
  - I don't know
- b. How many OFCCP staff people do you personally have relationships with?
  - Zero
  - 1
  - 2
  - 3
  - 4
  - More than 4
  - I don't know

**2.2 This set of statements asks about your perceptions of OFCCP. For each item listed, please indicate how much you disagree or agree with each. If there are statements that are not applicable to you, please select the option, "Does Not Apply".**

*(Check one for each statement)*

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	STRONGLY AGREE	DOES NOT APPLY
a. OFCCP keeps its promises.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. OFCCP has the ability to accomplish its goals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I would recommend OFCCP to my colleagues.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I have defended OFCCP in front of other colleagues.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	STRONGLY DISAGREE	DISAGREE	AGREE	STRONGLY AGREE	DOES NOT APPLY
e. I am proud to have a relationship with OFCCP.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. OFCCP is committed to making our collaboration a success.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. The relationship is characterized by mutual respect.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. The relationship is characterized by mutual trust.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. My organization's relationship with OFCCP has helped enhance our existing organizational capabilities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. My organization is committed to building a relationship with OFCCP.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**2.3 The next items are statements about interactions your organization may have had with OFCCP. Please tell us whether each has occurred in the past 12 months.**

*(Check one for each statement)*

	YES	NO	I DON'T KNOW
a. We have conducted outreach activities to help build trust between OFCCP and the people we serve (e.g., held an event to educate workers about their employment rights).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. We have distributed materials about OFCCP services and/or workers' rights to people we serve	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. We have referred OFCCP to other organizations or resources that can help OFCCP to achieve its mission.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. We have offered or provided resources to aid OFCCP in its mission (e.g. developed public-service announcements, provided interpretive services).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. We have helped people we serve file complaints with OFCCP.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. We have informed OFCCP about potential bad acting contractors.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. We have assisted OFCCP in locating affected class members and/or potential witnesses for case investigations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. We have worked with OFCCP to connect people we serve to employment opportunities with federal contractors.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. We have participated in a MEGA project <sup>2</sup> EEO Committee meeting. <sup>3</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. We have conducted workshops to prepare the populations that we serve for MEGA Project job opportunities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<sup>2</sup> [We will insert a hyperlink on the phrase "Mega Project" that will read: *A Mega Project is a construction project which: 1) is directly federally-funded or federally-assisted; 2) has a contract value of \$50 million or more; 3) is expected to have significant economic and/or employment impact on a community; and 4) will last more than one year.* This definition was taken from [http://www.dol.gov/ofccp/arra\\_data/arra\\_faqs.htm](http://www.dol.gov/ofccp/arra_data/arra_faqs.htm).]

<sup>3</sup> EEO Committees involve all the relevant stakeholders, including those from the community, in discussing and supporting EEO compliance by contractors and subcontractors participating in an OFCCP-Selected Mega Construction Project.

**2.4 Thinking forward, please indicate whether your organization will be willing to take such an action in the next 12 months.**

*(Check one for each action)*

	YES	NO	I DON'T KNOW
a. Conduct outreach activities to help build trust between OFCCP and the people we serve (e.g., hold an event to educate workers about their employment rights).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Distribute materials about OFCCP services and/or workers' rights to people we serve.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Refer OFCCP to other organizations or resources that can help OFCCP to achieve its mission.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Offer or provide resources to aid OFCCP in its mission (e.g. develop public-service announcements, provide interpretive services).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Help people we serve file complaints with OFCCP.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Inform OFCCP about potential bad acting contractors.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Assist OFCCP in locating affected class members and/or potential witnesses for case investigations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Work with OFCCP to connect people we serve to employment opportunities with federal contractors.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Participate in a MEGA project EEO Committee meeting. <sup>4</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Conduct workshops to prepare the population that we serve for MEGA Project job opportunities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<sup>4</sup> EEO Committees involve all the relevant stakeholders, including those from the community, in discussing and supporting EEO compliance by contractors and subcontractors participating in an OFCCP-Selected Mega Construction Project.

k. Consult OFCCP on employment-related matters.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Participate in OFCCP's rulemaking process (e.g., commenting on proposed regulations, participating in focus groups).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**2.5 Some organizations work very closely with OFCCP, others work less closely. Below, we describe five types of relationships an organization might have with OFCCP. Please identify which description *best* represents your organization's *current* relationship with OFCCP.**

*(Check one)*

- OFCCP and [FILL ORGANIZATION NAME] have exchanged **brief introductions** about our missions, policies, programs and services in order to potentially identify our common interests and goals.
- OFCCP and [FILL ORGANIZATION NAME] **followed up after initial contact to share information** that promotes and/or supports the other organization's mission, policies, programs and services.
- OFCCP and [FILL ORGANIZATION NAME] actively examine each other organization's goals and objectives in order to align activities in support of solutions related to the concerns of workers. Both entities may provide input into possible solutions, **but OFCCP leads coordinating efforts.**
- OFCCP and [FILL ORGANIZATION NAME] **plan and act together** to identify or analyze issues of joint interest, and develop alternatives and implement the preferred solution. Staff from **OFCCP and our organization share in the planning, tracking, and carrying out/managing overall outcomes.**
- OFCCP and [FILL ORGANIZATION NAME] work as **ongoing partners** towards accomplishing mutually agreed upon **long-term goals**. Staff from OFCCP and our organization help identify concerns and implement solutions, and share ownership of the outcomes. **OFCCP and [FILL ORGANIZATION NAME] may be referred to as long-term partners.**
- I do not know

## SECTION 3: COMMUNICATION WITH OFCCP

Now we are going to ask a series of questions about your communications and engagement with OFCCP.

**3.1 Over the last 12 months, how often would you estimate that have you talked with OFCCP staff, either in person, over the phone, or through email?**

*(Check one)*

- Zero
- 1-3
- 4-6
- More than 6
- I don't know

**3.2 Over the last 12 months, how often would you estimate that you received communications, such as brochures, press releases, email updates, from OFCCP?**

*(Check one)*

- Never →SKIP TO 3.4
- Once or twice
- Approximately once a month
- A few times a month
- Almost every week
- I don't know

**3.3 Do you typically read these communications?**

*(Check one)*

- Never
- Sometimes
- Usually
- Always

**3.4 Over the last 12 months, how often have you checked the following electronic media sources for information about OFCCP?**

	NEVER	LESS THAN ONCE PER MONTH	1-3 TIMES PER MONTH	WEEKLY	DAILY
The OFCCP website	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The DOL Facebook page	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The DOL Twitter account	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**3.5 Over the last 12 months, approximately how many OFCCP-sponsored events have you or someone else from your organization attended?**

*(Check one)*

- Zero
- 1-2
- 3-5
- More than 5

**3.6 Over the last 12 months, how many events has your organization jointly hosted with OFCCP staff?**

*(Check one)*

- Zero
- 1-2
- 3-5
- More than 5
- I don't know

**3.7 Do you have a specific contact person(s) at OFCCP?**

*(Check one)*

- Yes
- No → **SKIP TO 3.8c**
- I don't know → **SKIP TO 3.8c**

**3.8 Next, we'd like your assessments on the items listed below. For each, please indicate how much you disagree or agree with each statement.**

*(Check one for each question)*

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE
a. I am confident I would receive a prompt response if I reached out to my contact at OFCCP.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I am confident I would receive the information that I need if I reached out to my contact at OFCCP.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. OFCCP provides clear information concerning its services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. It is easy for me to get in touch with someone from OFCCP.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- e. OFCCP does a good job of keeping my organization informed of OFCCP workshops and other events.
- 
- f. OFCCP does a good job of communicating with my organization when new laws are passed and new policies are issued that affect the people or workers we serve.
- 
- g. OFCCP does a good job of communicating updates that are relevant to my organization.
- 

Next, OFCCP wants to learn about the best ways to communicate with organizations such as yours.

**3.9 We have listed several different reasons that OFCCP might want to communicate with you. For each reason, please indicate your most preferred mode of communication from OFCCP. Please select only one mode of communication.**

**PREFERRED MODE OF COMMUNICATION**

*(Please check one for each item)*

PURPOSE OF COMMUNICATION	PREFERRED MODE OF COMMUNICATION						
	IN-PERSON MEETING	PHONE CALL	EMAIL	LETTER	FLYERS	PRESS RELEASES	SOCIAL MEDIA
a. To respond to complaints filed by your organization.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. To invite your organization to participate in OFCCP-sponsored events (either as an attendee or as a panel member/presenter).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. To ask your organization for assistance in locating class members impacted by discrimination.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. To ask your organization to assist federal contractors with their outreach and recruitment efforts.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. To share updates on regulations or decisions impacting workers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. To ask your organization for information on worker conditions and employment concerns.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. To follow up to see if there were any referrals or hires made as a result of attending an OFCCP event or assisting a federal contractor with their outreach and recruitment efforts.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**3.1** Listed below are reasons that organizations contact OFCCP. If you were to contact OFFCP for the reasons listed, please indicate which mode or modes of communication you would likely use.

**PREFERRED MODE OF COMMUNICATION**  
(Please check one for each question)

PURPOSE OF COMMUNICATION	IN- PERSON MEETING	PHONE CALL	EMAIL	LETTER	SOCIAL MEDIA
a. To invite OFCCP to participate in one of your events.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. To inform OFCCP about a new program or service your organization will be offering to the community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. To obtain OFCCP materials e.g., brochures or posters to distribute to the people your organization serves.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. To learn more about OFCCP's laws and services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

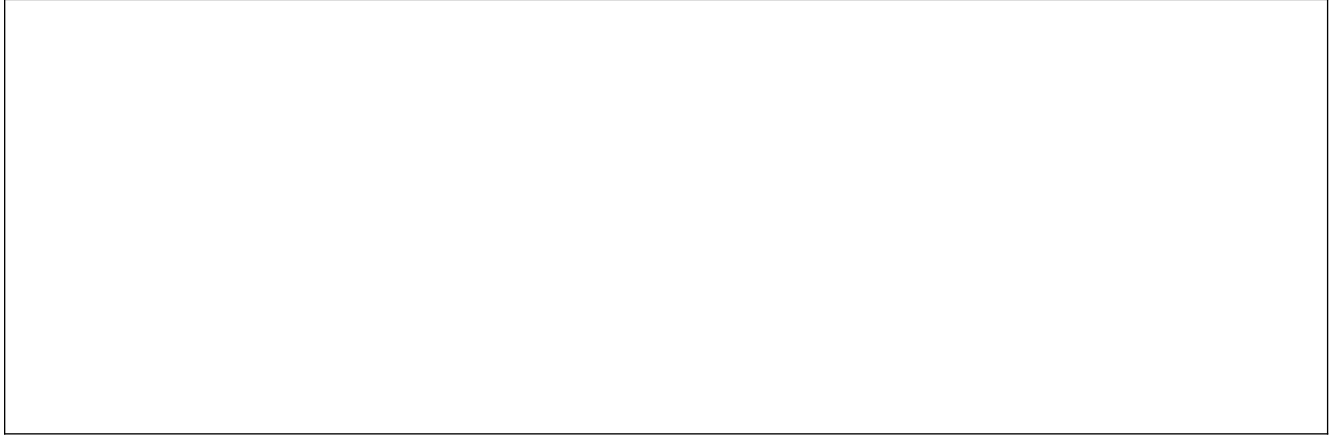
## SECTION 4: STAKEHOLDERS' SATISFACTION WITH OFCCP

The next several questions will ask you what you like about your OFCCP office and its staff, what you do not like, what have the staff done well for you and what they can do better.

4.1 In your own words, what does your OFCCP office and its staff do well?

4.2 What is the one product, service, or activity your organization would most like to see OFCCP develop or improve in the coming year?

**4.3** From your organization's perspective, what is the most valuable product, service, activity or information provided by OFCCP?



## SECTION 5: BACKGROUND INFORMATION

The following questions gather more information about your organization and the role you play there. These data will help us better understand how stakeholder relationships with OFCCP may vary at different types of organizations and for different types of organizational representatives. All responses will be kept private to the extent permitted by law and will be presented at a summary level.

### 5.1 How would you describe the primary population(s) that your organization serves?

*(Check all that apply)*

- Women
- Veterans
- People with disabilities
- Racial, ethnic and religious minorities (e.g., white, Hispanic, Native Americans, Asian-American and Pacific Islander)
- Lesbian, Gay, Bisexual, Transgender (LGBT) communities
- Formerly incarcerated
- Construction/Non-traditional Occupations
- Other: \_\_\_\_\_

### 5.2 Please indicate which of the following best describes your organization.

*(Check one)*

- A national organization
- A regional organization that spans multiple states
- A state organization
- A regional organization that spans multiple counties or cities
- A local (city-based) organization

### 5.3 Approximately, how many full-time employees work for your organization?

*(Check one)*

- None
- 1-3
- 4-6
- 7-10
- 10-25
- More than 25

**5.4 What year was your organization founded?**

*(If you don't know exactly, please give us your best guess.)*

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**5.5 What is your title?**

**5.6 How long have you been employed in your present position at your current place of employment?**

\_\_\_\_\_ Years      \_\_\_\_\_ Months

***WE THANK YOU FOR COMPLETING THIS SURVEY!***

Thank you for agreeing to take part in this survey. Your responses will be invaluable as OFCCP improves its outreach program.

As noted earlier, your responses will remain private to the extent permitted by law and the data from this survey will only be presented in aggregated form (e.g., “Overall, stakeholders perceive OFCCP....”).

If you have any comments about your relationship with OFCCP, the services provided by OFCCP, or about this questionnaire, that you did not have the opportunity to put forth during the survey, please feel free to provide such comments in the box below.

**Comments**