AmeriCorpsCommunityEngagementSurvey

**AmeriCorpsGranteeSurvey**

CNCS is conducting a study to better understand how AmeriCorps grantees and sub­grantees are engaged in their communities.

YouarereceivingthissurveyaseitheraNationalgranteeoraStatesub­granteewhoreceivesfundstooperateanAmeriCorpsprogram.Yourindividualresponses willnotbesharedwithAmeriCorpsprogramofficersormanagement.TheywillbeusedexclusivelybyAFYA, Inc.(our consultant for this project),and the CNCS Office of Research & Evaluation. All results will be shared only in the aggregate such that you or your organization will not be identifiable, and your responses will have no impact on your future funding from CNCS\*.

Keydefinitionsforthissurvey:

l**Community**:ThelocalgeographicareatargetedbyyourAmeriCorpsprogramsandactivities.

1**Partner**: An organization in the community where your members serve, that collaborates in some way with your service location or members. In this survey, partnersarenottheactualservicelocationsormembers;rathertheyareanoutsideorganizationthatcollaboratestosomeextentwiththeAmeriCorps programorAmeriCorpsmembers.Thiscollaborationcouldbecoordinatingactivitiesorservicesoranyothersupport.Partnerorganizationscouldbenon­ profit, religious, public, or a private business.

As part of this study, we are contacting grantees like yourself, as well as a statistically representative sample of grantee service locations. The sites were chosen at random. At the end of this survey, we will ask you for contact information for one or more of your sites w here members are serving. We will send a different versionofthissurveytoeachsite.Wewillsendthesitesanintroductorylettertothisstudy,a nd you will also be invited to inform your sites that they have been invited to participate.

**UsetheNEXTbuttonattheendofeachpagetoadvancetothenextpageofthesurvey. UsePREVtogobacktothepreviouspageofquestions.**

\*PRIVACY ACT NOTICE: The Privacy Act of 1974 (5 U.S.C § 552a) requires that the following notice be provided to you: The information requested in the AmeriCorps Community Engagement Survey Form is collected pursuant to 42 U.S.C 12592 and 12615 of the National and Community Service Act of 1990 as amended, and 42 U.S.C. 4953 of the Domestic Volunteer Service Act of 1973 as amended, and 42 U.S.C. 12639. Purposes and Uses - The information requested is collected for the purposes of assessing the degree to which grantees engage the communities they serve, as part of a longer term research agenda to evaluate AmeriCorps’ impact on the communities it serves. CNCS also will collect information from grantee partners, which are integral in engaging and serving client communities. Routine Uses - Routine uses may include disclosure of the information to federal, state, or local agencies pursuant to lawfully authorized requests. The information may also be provided to appropriate federal agencies and Department contractors that have a need to know the information for the purpose of assisting the Department’s efforts to respond to a suspected or confirmed breach of the security or confidentiality or information maintained in this system of records, and the information disclosed is relevant and unnecessary for the assistance. The information will not otherwise be disclosed to entities outside of the Corporation for National and Community Service without prior written permission. Effects of Nondisclosure - The information requested is not mandatory.

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**1.WhenyoufirstappliedforyourAmeriCorpsgrant,howimportantwereeachofthefollowinggoals?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Notimportant | Somewhatimportant | Important | Very Important | Extremelyimportant |
| Increaseorganizationalcapacity(planning, research,fundraising) | nmlkj | nmlkj | nmlkj | nmlkj | nmlkj |
| Increase capacity toprovidedirectservice | mlj | mlj | mlj | mlj | mlj |
| Increaseinvolvementofcommunity residentsinyourprogram | nmlkj | nmlkj | nmlkj | nmlkj | nmlkj |
| Enhancevolunteerrecruitment,management andtraining | mlj | mlj | mlj | mlj | mlj |
| Developorstrengthen partnershipswith other organizationsinthecommunity | nmlkj | nmlkj | nmlkj | nmlkj | nmlkj |
| Identifyandraiseawarenessofcommunityissuesorconcerns  Other(pleaseexplain) | mlj | mlj | mlj | mlj | mlj |

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**2.How many service locations do you have where AmeriCorps members are serving? Service location refers to individual site, not a geographic area.**

mlj

1servicelocation

mlj

Morethan1servicelocation

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**3.As the different service locations where your members are placed implement your AmeriCorps program model, how uniform are they in the ways they engagecommunitymembers?**

mlj

Each siteengagescommunity membersinitsownway

mlj

Sitesmoreorlessfollow thesamegeneralapproach, butusetheirownspecificapproaches

mlj

Allsitesengagecommunitymembersinthesameway

mlj

Don’tknow

**4.As the different service locations where your members are placed implement your AmeriCorps program model, how uniform are they in the ways they engageotherorganizationsaspartners?**

mlj

Each siteengagespartners initsownway

mlj

Sitesmoreorlessfollow thesamegeneralapproach, butusetheirownspecificapproaches

mlj

Allsitesengagepartnersinthesameway

mlj

Don’tknow

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**5.Doyoucommunicatedirectives,procedures,orpreferredpracticestoyoursitesforengagingcommunitymembers,**

**eitherasvolunteersorinterestedstakeholders?**

mlj

Yes

mljNo

Ifyes,briefly describethese approaches

5

6

**6.Doyoucommunicatedirectives,procedures,orpreferredpracticestoyoursitesforengagingotherorganizationsas**

**partners?**

mlj

Yes

mljNo

Ifyes,briefly describethese approaches

5

6

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**7.ThinkingaboutyourAmeriCorpsprogramoperationsandservices,howimportantarethefollowingtoyoursuccess?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Notimportant | Somewhatimportant | Important | Veryimportant | Extremelyimportant |
| Involvementofcommunity membersasvolunteers | nmlkj | nmlkj | nmlkj | nmlkj | nmlkj |
| Involvementofcommunity membersasinterested stakeholders | mlj | mlj | mlj | mlj | mlj |
| Collaborationwith communitypartnerorganizations | nmlkj | nmlkj | nmlkj | nmlkj | nmlkj |

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**YourOrganization**

**8.Pleaseselectyourorganizationfromthefollowinglist.ThisistheorganizationtowhichyourAmeriCorpsgrantis**

**funded.**

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**[Organization NAME from question 8 included here]**

**9.Thefollowingservicelocationwasrandomlyselectedtoparticipateinthissurvey.Pleaseprovidecontactdetailsforthe followingoperatingsites:**

**Note:Ifyouaretheprimarycontact,pleaseenteryourowncontactinformationtoparticipateintheservicelocationsurvey atalaterdate.**

**Operating Site Name**

**Address**

**Name:**

**Email Address:**

**Phone Number**