

**Attachment B: Feasibility Study Survey**

**Feasibility of Tribal Administration of Federal Nutrition Assistance Programs**

**Survey on ITO Interest in and Capacity to Administer Federal Nutrition Assistance Programs**

1.

# SURVEY ON ITO INTEREST IN AND CAPACITY TO ADMINISTER FEDERAL NUTRITION ASSISTANCE PROGRAMS

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The OMB Control Number for this information collection is 0584-XXXX and the expiration date is XX/XX/XXXX.

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**PROGRAMMER: THE ABOVE OMB STATEMENT NEEDS TO BE A FOOTER THROUGHOUT THE SURVEY**

## INTRODUCTION

IMPAQ International (Prime Contractor) is working with Bowman Performance Consulting (BPC), a Native American subcontractor from Wisconsin, and WRMA to find out if Tribes are interested in administering their own Food and Nutrition Service (FNS) programs and if it is feasible to do so through the Tribal Government. United States Department of Agriculture (USDA) funded this study in response to Congress as part of the USDA's recent reauthorization of the Farm Bill. Information from our study will be provided to Congress in August 2015.

## OVERVIEW OF THE SURVEY

This Survey will inform one of the key activities requested by Congress.

In particular, this Survey will be shared with all Federally-recognized Tribal Governments to assess their interest in administering all or part of four nutrition assistance programs:

1. Supplemental Nutrition Assistance Program (SNAP) – {Local EBT card name here}
2. School Breakfast Program (SBP) – *School breakfast*
3. National School Lunch Program (NSLP) – *School lunch*
4. Summer Food Service Program (SFSP) – *Summer meals program*

Another important aspect of this Survey is assessing whether Tribes have the capability to meet each of these program's administrative requirements.

## RESPONDENT PREPARATION

First, thank you for taking time to complete this survey. All of the information you provide will be reported as aggregate or grouped data and will only be used for the purposes of this study.

Since the survey covers various topic areas, we expect that Tribal Government leadership, program administrators, and program frontline staff may assist in completing portions of the survey. The primary recipient of the survey should feel free to circulate the survey to any staff that can help provide accurate answers. This may include:

- Tribal Government Leadership
- Food Distribution Program on Indian Reservation staff

- Tribal Administrators
- Information Technology staff
- Human Resource directors
- Program Development staff
- School administrators
- Social services
- Tribal Accounting
- Economic Development agencies

The different types and roles of survey respondents are described below to assist your Tribal Government team in working together to complete this survey

The survey is designed to be completed by respondents who have the:

- Authority to make decisions for the Tribal Government regarding the implementation and operation of new programs – *Tribal leadership and/or Tribal Government*
- Experience of day-to-day management of complex assistance or Federal programs on the Tribes reservations among program managers, State staff or consultants hired or working on behalf of the Tribe to administer certain aspect of programs such as Nutritionists or Registered Dieticians, and other frontline program staff as well as Tribal staff.
- Responsibility for managing the Information Technology (IT) infrastructure for major Tribal programs, especially those that need to integrate or report to State and Federal information systems, including IT program managers, IT staff, consultants, and contractors.
- Responsibility for managing the finances and/or program integrity activities serving the Tribe. These include leadership staff in accounting, finance/budget and program quality assurance.

**WE ANTICIPATE THAT THE SURVEY WILL TAKE AN AVERAGE OF 30 MINUTES TO COMPLETE.**

IMPAQ and our study partners are available to answer any questions respondents may have as they complete the survey. Please contact the study team using the following contact information.

**CONTACT INFORMATION**

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## INDIAN TRIBAL ORGANIZATION CHARACTERISTICS

We'd like to start with some questions about your Tribe's organization. This first section asks about your Tribal population, Tribal Government structure and any Tribal affiliations your Tribe may have.

**Q1. Thinking about your Tribal Community, could you give us an estimate of the number of members living on the reservation? Select 1 (your best estimate is fine)**

- |   |         |
|---|---------|
| <input type="checkbox"/> Less than 1,000 people                 | 01 → Q2 |
| <input type="checkbox"/> More than 1,000 but less than 5,000    | 02 → Q2 |
| <input type="checkbox"/> More than 5,000 but less than 10,000   | 03 → Q2 |
| <input type="checkbox"/> More than 10,000 but less than 20,000  | 04 → Q2 |
| <input type="checkbox"/> More than 20,000 but less than 50,000  | 05 → Q2 |
| <input type="checkbox"/> More than 50,000 but less than 100,000 | 06 → Q2 |
| <input type="checkbox"/> 100,000 people or more                 | 07 → Q2 |

**Q2. Thinking about your Tribal Community, could you give us an estimate of the number of members living within the Tribes Federal Service Area? Select 1 (your best estimate is fine)**

- |   |         |
|---|---------|
| <input type="checkbox"/> Less than 1,000 people                 | 01 → Q3 |
| <input type="checkbox"/> More than 1,000 but less than 5,000    | 02 → Q3 |
| <input type="checkbox"/> More than 5,000 but less than 10,000   | 03 → Q3 |
| <input type="checkbox"/> More than 10,000 but less than 20,000  | 04 → Q3 |
| <input type="checkbox"/> More than 20,000 but less than 50,000  | 05 → Q3 |
| <input type="checkbox"/> More than 50,000 but less than 100,000 | 06 → Q3 |
| <input type="checkbox"/> 100,000 people or more                 | 07 → Q3 |

**Q3. Does your Tribal Government belong to an Intertribal organization or Indian organization? Examples include the National Congress of American Indians and Tribal Alliance of Sovereign Indian Nations.**

- |                              |          |
|------------------------------|----------|
| <input type="checkbox"/> Yes | 01 → Q3a |
| <input type="checkbox"/> No  | 02 → Q4  |

**Q3a. Do you administer a Federal nutritional assistance program in conjunction with another Tribal Government, Intertribal organization or Indian organization?**

- |                              |         |
|------------------------------|---------|
| <input type="checkbox"/> Yes | 01 → Q3 |
| <input type="checkbox"/> No  | 02 → Q3 |

**INTEREST IN AND EXPERIENCE WITH ADMINISTERING FEDERAL NUTRITION ASSISTANCE PROGRAMS**

Next, we'd like to ask about your Tribe's interest and experience with Federal nutrition assistance programs.

**Program administration includes having responsibility for receiving and processing applications, determining eligibility, offering customer support, delivering actual services, preparing and submitting reports, oversight, ongoing training, among other similar operational responsibilities.**

**Q4. Do you operate any of the following Federal nutrition assistance programs? Please check all that apply.**

- Supplemental Nutrition Assistance Program (SNAP) - *Food Stamps/Card* 02 → Q4b
- National School Lunch Program or School Breakfast Program - 03 → Q4b
- Summer Food Service Program - Summer Program 04 → Q4b
- The Supplemental Nutrition Program for Women, Infants and Children (WIC) 05 → Q4b
- Child and Adult Care Food Program (CAFCP) 06 → Q4b
- Elderly Nutrition Program 07 → Q4b
- Food Distribution Program on Indian Reservations (FDPIR) 08 → Q4b
- The Emergency Food Assistance Program (TEFAP) 09 → Q4b
- Commodity Supplemental Food Program (CSFP) 10 → Q4b
- Nutrition Service Incentive Program (NSIP) 11 → Q4b
- DoD Fresh Fruit and Vegetable Program 12 → Q4b
- Some other program 13 → Q4a
- We do not operate any Federal nutrition assistance programs 14 → Q5

**Q4a. What is the other program?**

\_\_\_\_\_

→ Q4b

**Q4b. Which Tribal Government agency operates these nutrition assistance programs?**

[LIST RESPONSE OPTIONS SELECTED IN Q4]

FNS Program	Tribal Health Department	Tribal Education Department	Tribal Social Services	Other Agency
	Tribal Health Division	Tribal Education Division	Family Services	
	Tribal Health Clinic	School Agency	Children Services	
			Human Services	
Supplemental Nutrition Assistance Program (SNAP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
National School Lunch Program or School Breakfast Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FNS Program	Tribal Health Department	Tribal Education Department	Tribal Social Services	Other Agency
	Tribal Health Division	Tribal Education Division	Family Services	
	Tribal Health Clinic	School Agency	Children Services	
			Human Services	
Summer Food Service Program - Summer Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Supplemental Nutrition Program for Women, Infants and Children (WIC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child and Adult Care Food Program (CAFCP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Elderly Nutrition Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food Distribution Program on Indian Reservations (FDPIR)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Emergency Food Assistance Program (TEFAP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Commodity Supplemental Food Program (CSFP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nutrition Service Incentive Program (NSIP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DoD Fresh Fruit and Vegetable Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Some other program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q4c. Please tell us which activities you do during the operation of your programs. Please check all that apply.**

- Manage client caseloads 01 → Q5
- Conduct outreach to potential participants 02 → Q5
- Determine participant eligibility 03 → Q5
- Develop, synchronize, and maintain information databases 04 → Q5
- Contract with another organization to deliver services 05 → Q5
- Deliver actual services 06 → Q5
- Produce reports to State or Federal agency 07 → Q5
- Process and submit invoices to Federal/State agency for re-imburement 08 → Q5
- Monitor compliance and/ or prosecute fraud 09 → Q5
- Work with or Employ a Nutritionist or Certified Dietician 10 → Q5

**Q5. Does your Tribe Government have any interest in administering FNS nutrition assistance programs?**

- Yes 01 → Q7
- No 02 → Q6
- It depends 03 → Q5a

**Q5a. What conditions does your Tribal Government’s interest depend on? Please check all that apply.**

- We are interested in administering programs that are Federally funded. 01 → Q7
- We are interested in administering programs that can be matched with Federal funding. 01 → Q7
- OTHER XX → Q5b

**Q5b. What is the other condition?**

[OPEN END] → Q7

**Q6. Why is your Tribe NOT interested in administering any FNS programs? Check all that apply.**

- We lack the administrative structure to support these programs 01 → Q9
- We do not have enough interest among our Tribe members in these programs 02 → Q9
- We have tried to administer in the past and it did not work out 03 → Q9
- We are not able to financially subsidize the program if reimbursements do not cover operating costs 04 → Q9
- There are regulatory or policy barriers 05 → Q6a
- Some other reason 06 → Q6b

**Q6a. What are the regulatory or policy barriers to your Tribe administering an FNS program?**

\_\_\_\_\_

[IF Q6 < 06, GO TO Q9. IF Q6 = 06, GO TO Q6B]

**Q6b. What is the other reason your Tribe is not interested in administering any FNS programs?**

\_\_\_\_\_

→ Q9

**Q7. We are especially interested in your Tribal Government’s interest in the programs listed below. Which of these FNS nutrition assistance programs is your Tribal Government interested in administering? Check all that apply.**

- SNAP 01 → Q7b
- School Lunch or School Breakfast program 02 → Q7b
- Summer Food Service 03 → Q7b
- Some other FNS nutrition assistance program 04 → Q7a



**Q7a. What are the other FNS nutrition assistance programs your Tribal Government is interested in administering?**

- Child and Adult Care Food Program 01 → Q7b
- The Afterschool Snack Program 02 → Q7b
- The Fresh Fruit and Vegetables Program 03 → Q7b
- The Special Milk Program 04 → Q7b
- The Supplemental Nutrition Program for Women, Infants, and Children (WIC) 05 → Q7b
- The Food Distribution Program on Indian Reservations 06 → Q7b
- The Commodity Supplemental Food Program 07 → Q7b
- The Temporary Emergency Food Assistance Program 08 → Q7b
- The Farmers Market Nutrition Program 09 → Q7b
- The Senior Farmers Market Nutrition Program 10 → Q7b

**Q7b. What are some of the benefits you expect your Tribal Government to gain from administering your own FNS nutrition assistance program?**

- We will be able to provide direct service to our members who need assistance 01 → Q8
- The Tribal Government will have flexibility to manage the nutritional quality of the program 02 → Q8
- The Tribal Government can offer culturally appropriate programming and services 03 → Q8
- Other. \_\_\_\_\_ 04 → Q8

**Q8. How has your Tribal Government addressed this interest?**

[LIST PROGRAMS SELECTED IN Q7 AND Q7A]

FNS Program	Discussed internally	Contacted local FNS office	Contacted Regional FNS office	Contacted National FNS Office	Created a strategic plan	Something else
SNAP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School breakfast/lunch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Summer Food Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child and Adult Care Food Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Afterschool Snack Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Fresh Fruit and Vegetables Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FNS Program	Discussed internally	Contacted local FNS office	Contacted Regional FNS office	Contacted National FNS Office	Created a strategic plan	Something else
The Special Milk Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Supplemental Nutrition Program for Women, Infants, and Children (WIC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Food Distribution Program on Indian Reservations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Commodity Supplemental Food Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Temporary Emergency Food Assistance Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Farmers Market Nutrition Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Senior Farmers Market Nutrition Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q9. Within the past five years, has the Tribal Government ever coordinated the development, planning, and implementation of a new program or modification/expansion of an existing program? By new or existing program, we mean any state or Federally funded nutrition or health program, any state or Federally funded family or social services program, or any grant-funded program.**

- Yes
- No

01 → Q10  
02 → Q10

## EXPERIENCE WITH FEDERAL AND STATE PROGRAM OPERATIONS

The next few questions are about your Tribal Government's experience with program administration at the Federal and/or state level. Questions in this section refer to administration of any Federal and/or state level programs.

Program administration includes having responsibility for receiving and processing applications, determining eligibility, offering customer support, delivering actual services, and preparing and submitting reports, oversight, training, among other similar operational responsibilities.

Note: Operating a program refers to managing the day-to-day program activities of a program on behalf of the program administrator, for example a School Food Authority/School District. This section focuses on experience with program administration.

**Q10. Does your Tribal Government administer any of these additional Federal non-nutritional assistance programs listed below for your members?**

- |  |          |
|--|----------|
| <input type="checkbox"/> TANF  | 01 → Q11 |
| <input type="checkbox"/> Section 8 housing   | 02 → Q11 |
| <input type="checkbox"/> Head Start and Early Head Start   | 03 → Q11 |
| <input type="checkbox"/> Indian Child and Family Education   | 04 → Q11 |
| <input type="checkbox"/> Assistance for Indians with Severe Disabilities                                 | 05 → Q11 |
| <input type="checkbox"/> Early Intervention Program for Infants and Toddlers with Disabilities           | 06 → Q11 |
| <input type="checkbox"/> Title IV-E  | 07 → Q11 |
| <input type="checkbox"/> Child Support Programs  | 08 → Q11 |
| <input type="checkbox"/> Other _____   | 09 → Q11 |
| <input type="checkbox"/> We do not administer any additional Federal non-nutritional assistance programs | 09 → Q12 |

**Q11. Please tell us which activities you do during the administration of your programs. Please check all that apply.**

- |   |          |
|---|----------|
| <input type="checkbox"/> Manage client caseloads  | 01 → Q12 |
| <input type="checkbox"/> Conduct outreach to potential participants                             | 02 → Q12 |
| <input type="checkbox"/> Determine participant eligibility                                      | 03 → Q12 |
| <input type="checkbox"/> Develop, synchronize, and maintain information databases               | 04 → Q12 |
| <input type="checkbox"/> Contract with another organization to deliver services                 | 05 → Q12 |
| <input type="checkbox"/> Deliver actual services  | 06 → Q12 |
| <input type="checkbox"/> Produce reports to State or Federal agency                             | 07 → Q12 |
| <input type="checkbox"/> Process and submit invoices to Federal/State agency for re-imbursement | 08 → Q12 |
| <input type="checkbox"/> Monitor compliance and/ or prosecute fraud                             | 09 → Q12 |
| <input type="checkbox"/> Work with or Employ a Nutritionist or Certified Dietician              | 10 → Q12 |

**Q12. Have any of your agencies developed an operations plan to implement a Federal/State program within the past five years?**

- |                              |           |
|------------------------------|-----------|
| <input type="checkbox"/> Yes | 01 → Q13  |
| <input type="checkbox"/> No  | 02 → Q12a |

**Q12a. Why have you NOT developed an operations plan in the past to implement a Federal/State program?**

- None was required 01 → Q14
- The program did not have funding to support this 02 → Q14
- We have not implemented a Federal/State program 03 → Q14
- Other. \_\_\_\_\_ 04 → Q14

**Q13. Did you receive any assistance in developing and implementing the plan? Please include both any assistance from within or outside your Tribal Government.**

- Yes 01 → Q13a
- No 02 → Q14

**Q13a. Who provided this assistance?**

- Federal agency 01 → Q14
- State agency 02 → Q14
- Private consultant 03 → Q14
- An individual or agency within your Tribal government 04 → Q14
- Another external Tribal department/agency 05 → Q13a
- Other 06 → Q14

**Q13a. What internal department/agency provided assistance?** →Q14

Insert name of agency (ies) \_\_\_\_\_

**Q14. In the past, how has your organization funded the setup or expansion of other programs?**

- Funded with Federal funds 01 → Q15
- Funded using only external (non-Federal government) funds 02 → Q15
- Funded with only Tribal funds or resources 03 → Q15
- Funded with a combination of Federal, external and Tribal funds or resources 04 → Q15
- We have NOT funded the setup or expansion of other programs 05 → Q16

**Q15. Does your Tribe operate any program that requires you to pre-fund (money that is reimbursed later) or contribute matched funds?**

- Pre-fund only 01 → Q16
- Contribute matched funds only 02 → Q15a
- Both pre-fund and matched funds 03 → Q15a
- No, we do not operate programs that require pre-funding or matched funds 04 → Q15b

**Q15a. In a typical program, how much funding does your Tribal Government usually contribute to the matched funds?**

- |                                     |          |
|-------------------------------------|----------|
| <input type="checkbox"/> 1% - 10%   | 01 → Q16 |
| <input type="checkbox"/> 11% - 30%  | 02 → Q16 |
| <input type="checkbox"/> 31% - 50%  | 03 → Q16 |
| <input type="checkbox"/> 51% - 70%  | 04 → Q16 |
| <input type="checkbox"/> 71% - 100% | 05 → Q16 |

**Q15b. If a program requires that your Tribal Government pre-fund or contribute matched funds, does the Tribal Government have sufficient finances to accommodate such a requirement?**

- |  |          |
|--|----------|
| <input type="checkbox"/> Yes   | 01 → Q16 |
| <input type="checkbox"/> No  | 02 → Q16 |
| <input type="checkbox"/> Depends on the program requirements or amount of funds required | 03 → Q16 |

**Q16. [LIST IF Q4 < 14, "Did you experience any of the following challenges when your Tribal Government tried to administer its own FNS programs?" OR LIST IF Q4 = 14, "Do you anticipate experiencing any of the following challenges if and when your Tribe tries to administer its own FNS program(s)?"] Check all that apply.**

- |  |          |
|--|----------|
| <input type="checkbox"/> Lack of federal legal authority                 | 01 → Q17 |
| <input type="checkbox"/> Tribal Government Reorganization                | 02 → Q17 |
| <input type="checkbox"/> Financial resources                             | 03 → Q17 |
| <input type="checkbox"/> Insufficient technological infrastructure       | 04 → Q17 |
| <input type="checkbox"/> Insufficient physical infrastructure            | 05 → Q17 |
| <input type="checkbox"/> No qualified applicants                         | 06 → Q17 |
| <input type="checkbox"/> Lack of merit system personnel                  | 07 → Q17 |
| <input type="checkbox"/> Other _____                                     | 08 → Q17 |
| <input type="checkbox"/> We don't anticipate experiencing any challenges | 09 → Q18 |

**Q17. Have you faced any of these same challenges in the past when administering a Federal/State program?**

- |                              |           |
|------------------------------|-----------|
| <input type="checkbox"/> Yes | 01 → Q17a |
| <input type="checkbox"/> No  | 02 → Q18  |

**Q17a. How did you resolve these challenges?**

\_\_\_\_\_ → Q18

## TRIBAL GOVERNMENT EMPLOYEE PERFORMANCE MEASUREMENT AND ASSESSMENT

Now we will ask you some questions about Tribal Government employee performance measurement and assessment. Some Federal programs require a merit-based promotion system.

Employee performance measurement includes having a process in place to define employee goals based on the job's responsibilities. An important part of the process is assessing how employees are doing as they work toward the positions goals.

**Q18. Do you collect data on employee performance?**

- |                              |           |
|------------------------------|-----------|
| <input type="checkbox"/> Yes | 01 → Q19  |
| <input type="checkbox"/> No  | 02 → Q18a |

**Q18a. Why do you NOT collect data on employee performance?**

- |   |          |
|---|----------|
| <input type="checkbox"/> Not necessary                                      | 01 → Q21 |
| <input type="checkbox"/> We are in the process of putting a system in place | 02 → Q21 |
| <input type="checkbox"/> We do not have the capacity to do so               | 03 → Q21 |
| <input type="checkbox"/> Some other reason _____                            | 04 → Q21 |

**Q19. What types of employee performance data do you collect now?**

- |   |          |
|---|----------|
| <input type="checkbox"/> Quality of work (i.e. performance ratings) | 01 → Q20 |
| <input type="checkbox"/> Quantity of work completed                 | 02 → Q20 |
| <input type="checkbox"/> Timeliness                                 | 03 → Q20 |
| <input type="checkbox"/> Cost-effectiveness                         | 04 → Q20 |
| <input type="checkbox"/> Attendance/absenteeism                     | 05 → Q20 |
| <input type="checkbox"/> Other specific measures                    | 05 → Q20 |

**Q20. How often do you assess employee performance after a probationary period and review?  
Check all that apply**

- |   |          |
|---|----------|
| <input type="checkbox"/> Quarterly      | 02 → Q21 |
| <input type="checkbox"/> Twice a year   | 03 → Q21 |
| <input type="checkbox"/> Annually       | 04 → Q21 |
| <input type="checkbox"/> When necessary |          |

**Q21. Do you have an employee incentive program?**

- |                              |          |
|------------------------------|----------|
| <input type="checkbox"/> Yes | 01 → Q22 |
| <input type="checkbox"/> No  | 02 → Q22 |

**Q22. Do you have a merit-based promotion system for your employees? That is, is Tribal Government employee career advancement solely based on relative ability, knowledge, and skills?**

- Yes 01 → Q22a
- No 02 → Q23

**Q22a. Does the merit-based promotion system operate within a Federal, State or Tribal payscale?**

- Yes 01 → Q23
- No 02 → Q23

**Q23. Do you link employee performance (formally or informally) to their pay and/or bonus?**

- Employee performance is linked to salary only 01 → Q24
- Employee performance is linked to bonuses only 02 → Q24
- Employee performance is linked to salary and bonuses 03 → Q24
- No, employee performance is not linked to salary or bonuses 04 → Q24

**IF Q10 < 08, GO TO Q27**

**IF Q10 = 08, GO TO Q24**

**EXPERIENCE WITH DETERMINING PARTICIPANT ELIGIBILITY**

*Now we will ask you about your experience in determining eligibility of program participants.*

**Q24. You indicated that your Tribal Government has experience administering non-nutritional assistance programs for your Tribal members. How many of these programs require you to determine participant eligibility?**

- None 01 → Q26
- 1-2 02 → Q25
- 3-4 03 → Q25
- 5 or more 04 → Q25

**Q25. Please list up to 5 non-nutritional assistance programs that your Tribal government administers where you determine participant eligibility and indicate how long you have administered each program. Your best estimate is fine.**

**[FILL BASED ON Q10]**

Program	Length of time

**GO TO Q26**

**26. On a scale of 1 to 5, where 1 means completely automated and 5 means completely manual, please rate each program's automation for determining participant eligibility. For example, completely manual means that eligibility determination is all done without any software. For the school lunch/breakfast programs this would mean all applications, records, reports, budgeting, procurement, menus, and staff training are done without the use of any software programs.**

**[LIST PROGRAMS FROM Q26]**

Program	Completely automated			Completely Manual	
	1	2	3	4	5
Program 1	1	2	3	4	5
Program 2	1	2	3	4	5
Program 3	1	2	3	4	5
Program 4	1	2	3	4	5
Program 5	1	2	3	4	5

**GO TO Q27**



## INFORMATION TECHNOLOGY SERVICES

Now we are going to ask you about how you get any needed technology services.

**Q27. Has your tribal government ever obtained information technology services from a third-party vendor using a competitive bidding process?**

- Yes 01 → Q28
- No 02 → Q27a

**Q27a. Why have you NOT obtained information technology services from a third-party vendor using a bidding process?**

- We have technology services located within our Tribal Government 01 → Q30
- We partner with State agencies to meet technology needs for the federal and non-federal programs we administer 02 → Q30
- We partner with local agencies to meet technology service needs for the federal and non-federal programs we administer 03 → Q30
- We contract with third-party vendors outside of a procurement process 04 → Q30
- We don't have a bidding process 05 → Q30

**Q28. How long has your tribal government been using a bidding process to obtain information technology services from third-party vendors?**

- Less than 1 year 01 → Q29
- 1 year to less than 3 years 02 → Q29
- 3 years to less than 5 years 03 → Q29
- 5 years or more 04 → Q29

**Q29. What types of bids do you post for vendors to respond to? Check all that apply**

- Competitive bidding (Request for Proposals, Request for Quotations, Indefinite Delivery Quantity contracts) 01 → Q30
- Sole source 02 → Q30
- Task Order contracts 03 → Q30
- Set asides (Small, Veteran, Disabled Veteran, or minority-owned business) 04 → Q30
- Other \_\_\_\_\_ 05 → Q30

**EXPERIENCE WITH REPORTING REQUIREMENTS**

Next, we would like to ask you about reporting to federal and state agencies about the programs you administer.

**Q30. Do any of the programs you administer require that you submit reports to a Federal or state agency?**

- Yes 01 → Q31
- No 02 → Q34

**Q31. What types of reports do you submit to a Federal or state agency?**

- Financial 01 → Q32
- Program integrity (such as fraud prevention, quality control, audit) 02 → Q32
- Program participation (such as number of Tribal members served) 03 → Q32
- Program Operation 04 → Q32
- Other \_\_\_\_\_ 05 → Q31a

**Q31a. What are the other types of reports?**

\_\_\_\_\_ →Q32

**Q32. How often do you submit reports to a Federal or state agency? Check all that apply.**

[LIST REPORTS SELECTED IN Q31]

Report Type	Daily	Weekly	Monthly	Quarterly	Annually	Less than Annually
Financial	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Program integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Program participation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Program Operation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**GO TO Q33**

**Q33. How do you typically submit reports to the Federal or state agency?**

- Hard-copy/paper 01 → Q34
- Electronic copy via email 02 → Q34
- Electronic copy via an electronic web-based reporting system 03 → Q34

**INTERNAL INFRASTRUCTURE**

Next, we would like to task you some questions about your internal capabilities of your Tribe.

**Q34. Do you have high-speed internet connection such as broadband or DSL for your Tribal agencies?**

- Yes, all agencies 01 → Q36
- Yes, some agencies 02 → Q35
- No 03 → Q35

**Q35. Please indicate the reasons why a high-speed internet connection is not available for all agencies within your Tribal Government. Check all that apply.**

- High-speed internet too expensive 01 → Q36
- High-speed internet not available in all areas of our reservation 02 → Q36
- Not all agencies need a broadband internet connection 03 → Q36
- Some other reason \_\_\_\_\_ 04 → Q35a

**Q35a. What is the other reason why broadband internet is not available for all agencies? → Q36**

**Q36. Please indicate the internal structures your Tribe has in place to support the programs (both nutritional and non-nutritional) that you administer. Please check all that apply.**

- Written financial governance policies 01 → Q37
- Written IT governance policies 02 → Q37
- An internal auditing system and/or internal auditing staff 03 → Q37
- A written disaster recovery plan for your IT infrastructure 04 → Q37
- A written information and data security plan 05 → Q37
- A written risk management plan 06 → Q37
- Computerized financial and administrative records 07 → Q37
- Paper-based financial and administrative records 08 → Q37
- A written policy protecting personally identifiable data (PII) such as social security number, beneficiary ID, etc. 09 → Q37
- A written policy protecting the identity of a child receiving meals 10 → Q37
- Written non-discrimination and civil rights policies 11 → Q37
- Technical assistance staff (e.g. Nutrition experts, policy experts) 12 → Q37
- Other policies 13 → Q36a
- We have no structures in place 14 → Q37

**Q36a. Please list other policies you have in place to support the programs you administer. → Q37**

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

**Q37. When did your Tribe last conduct any of the risk assessment processes listed below?**

	We do not have this process	Less than 6 months ago	6-12 months ago	1-2 years ago	3-5 years ago	5+ Years ago
A written disaster recovery plan for your IT infrastructure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A written risk management plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A written information and data security plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**GO TO Q38.**

**Q38. Please indicate which of the following IT staff that you have in your Tribal Government.**

- Chief Information Officer 01 → Q39
- Chief Security Officer 02 → Q39
- Systems Administrator(s) 03 → Q39
- Database Administrator(s) 04 → Q39
- Network Manager(s) 05 → Q39
- None of these staff members 06 → Q39
- Other \_\_\_\_\_

**Q38a. Will these staff be AVAILABLE to take on new programs?**

- Yes, we will not need to hire new staff 01 → Q39
- Yes, but we will have to add new staff to support them 02 → Q39
- No, they will not be available so we need new staff 03 → Q39
- Can't tell right now 04 → Q39

**Q39. Do you have a website that describes all social services/assistance programs your Tribe offers? Check all that apply.**

- Yes, we have a Tribe-run website that lists this information 01 → Q40
- Yes, we have a Tribe-run social page (such as Facebook, Twitter) that lists this information 02 → Q40
- Yes, we link to a Federal or state-run website where members can get this information 03 → Q40
- No. Our website or links to other Federal or state-run websites are only for some social services/assistance programs. 04 → Q40
- No. 05 → Q40

**Q40. Thinking about the programs your Tribal Government administers, in general how do your members apply for services? Please check all that apply.**

- Online via a Tribal-run website 01 → CI
- Online via a Federal or state-run website 02 → CI
- In person at an office located on the reservation 03 → CI
- In person at an office located at a local state or county office 04 → CI
- In person at local events (pow-wows, flea markets, other community activities) 05 → CI
- Over the telephone with a Tribal Government employee 06 → CI
- Some other way 07 → Q40a

**Q40a. What is the other way(s) that your members apply for services?** → CI

## THANK YOU!

Thank you for taking time to complete this survey. As we noted at the beginning, all of the information you provided will be reported as aggregate or grouped data and will only be used for the purposes of this study.

*Please provide the following information about any staff members who have assisted with completion of this survey.*

	Job Title	# of Years In This Position
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____

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If you have any questions about completion of this survey or wish to receive your survey in an alternative format, please contact Ms. Amy Djangali of IMPAQ International at 443.283.1648 or [adjangali@impaqint.com](mailto:adjangali@impaqint.com)