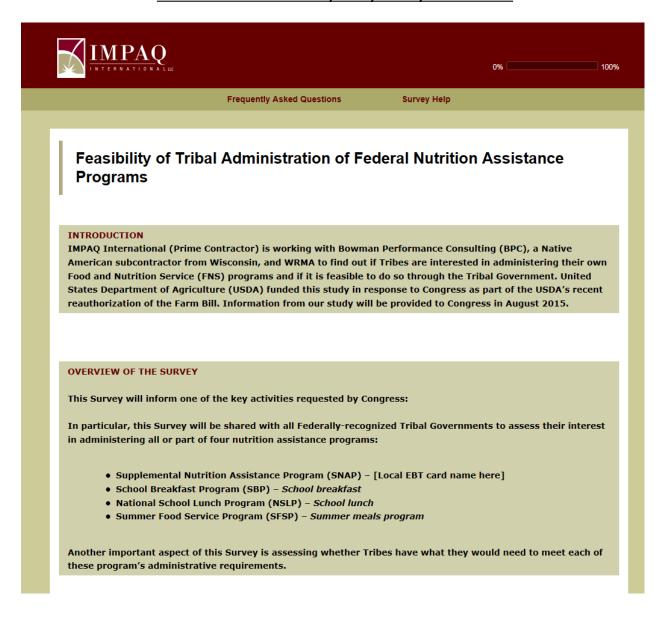
# **Attachment B.4: Feasibility Study Survey Screenshots**



The OMB Control Number for this information collection is 0584-XXXX and the expiration date is XX/XX/XXXX. 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 is [Insert OMB control number]. The time required to complete this information collection is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

#### RESPONDENT PREPARATION

Since the survey covers various topic areas, we expect that Tribal Government leadership, program administrators, and program frontline staff will participate in completing the survey. The primary recipient of the survey should feel free to circulate the survey to:

- Tribal Government Leadership
- Tribal Administrators
- Information Technology staff
- Human Resource directors

- Food Distribution Program on Indian Reservation staff
- School administrators
- Social services
- Economic Development agencies

#### RESPONDENT PREPARATION

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 TO 45 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.

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)

| C Less than 1,000 people  |
|---|
| O More than 1,000 but less than 5,000   |
| O More than 5,000 but less than 10,000  |
| O More than 10,000 but less than 20,000   |
| O More than 20,000 but less than 50,000   |
| O More than 50,000 but less than 100,000  |
| ○ 100,000 people or more  |
|   |
|   |
| Dana yang Taiba balang ta a Taibal anggal /alkianga /asaista/asasaistian?   |
| Does your Tribe belong to a Tribal council/alliance/society/association?  |
| ○ Yes   |
| O res   |
| ○ No  |
|   |
|   |
|   |
|   |
| O No  Does your Tribal Government belong to an Intertribal organization or Indian organization? Examples include the  |
| O No  Does your Tribal Government belong to an Intertribal organization or Indian organization? Examples include the  |
| Ones 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. |

|               | 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.  |
| havi<br>deliv | you operate any of the following Federal nutrition assistance programs? Program administration includes ing responsibility for receiving and processing applications, determining eligibility, offering customer support, vering actual services, and preparing and submitting reports, among other similar operational consibilities. |
| □ s           | Supplemental Nutrition Assistance Program (SNAP) – Food Stamps/Card  |
|               | lational School Lunch Program or School Breakfast Program –  |
|               | Summer Food Service Program - Summer Program   |
| □т            | he Supplemental Nutrition Program for Women, Infants and Children (WIC)  |
| □ C           | child and Adult Care Food Program (CAFCP)  |
| □ E           | Elderly Nutrition Program  |
| ☐ F           | Food Distribution Program on Indian Reservations (FDPIR)   |
| □т            | he Emergency Food Assistance Program (TEFAP)   |
| □ c           | Commodity Supplemental Food Program (CSFP)   |
| □ N           | Autrition Service Incentive Program (NSIP)   |
|               | OoD Fresh Fruit and Vegetable Program  |
| <b>✓</b> S    | Some other program   |
| □ <b>V</b>    | Ve do not operate any Federal nutrition assistance programs  |
|               |  |
| Wha           | at is the other program?   |
|               |  |

# Which Tribal Government agency operates these nutrition assistance programs?

|  | Tribal Health<br>Department<br>Tribal Health<br>Division<br>Tribal Health<br>Clinic | Tribal Education Department Tribal Education Division School Agency | Tribal Social<br>Services<br>Family<br>Services<br>Children<br>Services<br>Human<br>Services | Other Agancy |
|--|---|---|--|--------------|
| Summer Food Service Program - Summer Program                             | 0   | 0   | 0  | 0            |
| The Supplemental Nutrition Program for Women, Infants and Children (WIC) | 0   | 0   | 0  | 0            |
| Child and Adult Care Food Program (CAFCP)                                | 0   | 0   | 0  | $\circ$      |
| Elderly Nutrition Program  | 0   | 0   | 0  | $\circ$      |
| Food Distribution Program on Indian Reservations (FDPIR)                 | 0   | 0   | 0  | $\circ$      |
| The Emergency Food Assistance Program (TEFAP)                            | 0   | 0   | 0  | $\circ$      |
| Commodity Supplemental Food Program (CSFP)                               | 0   | 0   | 0  | $\circ$      |
| Nutrition Service Incentive Program (NSIP)                               | 0   | $\circ$   | 0  | $\circ$      |
| DoD Fresh Fruit and Vegetable Program                                    | 0   | $\circ$   | 0  | $\circ$      |
| Some other program   | 0   | 0   | 0  | 0            |

| Please tell us which activities you do during the operation of your programs. Please check all that apply. |
|--|
| ☐ Manage client caseloads  |
| ☐ Conduct outreach to potential participants   |
| ☐ Determine participant eligibility  |
| ☐ Develop, synchronize, and maintain information databases   |
| ☐ Contract with another organization to deliver services   |
| ☐ Deliver actual services  |
| ☐ Produce reports to State or Federal agency   |
| ☐ Process and submit invoices to Federal/State agency for reimbursement                                    |
| ☐ Monitor compliance and/ or prosecute fraud   |
| ☐ Work with or Employ a Nutritionist or Certified Dietician  |
|  |
|  |
| Does your Tribe have any interest in administering FNS nutrition assistance programs?                      |
| boes your Tribe have any interest in administering two nutrition assistance programs:                      |
| ○ Yes  |
| ○ No   |
| O It depends   |
|  |
|  |
| What conditions does your Tribal Government's interest depend on? Please check all that apply.             |
| what conditions does your fribar Government's interest depend on? Please Check an that apply.              |
| ☐ We are interested in administering programs that are Federally funded                                    |
| ☐ We are interested in administering programs that can be matched with                                     |
| ☐ Federal funding  |
| ☐ Other  |
|  |
|  |
| What is the other condition?   |
|  |
|  |
|  |

| Why is your Tribe <u>NOT</u> interested in administering any FNS programs?                            |    |
|---|----|
| ☐ We lack the administrative structure to support these programs                                      |    |
| ☐ We do not have enough interest among our Tribe members in these programs                            |    |
| ☐ We have tried to administer in the past and it did not work out                                     |    |
| ☐ We are not able to financially subsidize the program if reimbursements do not cover operating costs |    |
| ☑ There are regulatory or policy barriers   |    |
| ☑ Some other reason   |    |
|   |    |
|   |    |
| What are the regulatory or policy barriers?   |    |
|   | Ŷ. |
|   |    |
| What is the other reason your Tribe is not interested in administering any FNS programs?              |    |
|   |    |

| FNS nutrition assistance programs is your Tribal Government interested in administering? Check all that apply.  |
|---|
| □ SNAP  |
| □ School Lunch or School Breakfast program  |
| □ Summer Food Service   |
| ✓ Some other FNS nutrition assistance program   |
|   |
|   |
| What other FNS program is your Tribe interested in administering?   |
| ☐ Child and Adult Care Food Program   |
| ☐ The Afterschool Snack Program   |
| ☐ The Fresh Fruit and Vegetables Program  |
| ☐ The Special Milk Program  |
| ☐ The Supplemental Nutrition Program for Women, Infants, and Children (WIC)   |
| ☐ The Food Distribution Program on Indian Reservations  |
| ☐ The Commodity Supplemental Food Program   |
| ☐ The Temporary Emergency Food Assistance Program   |
| ☐ The Farmers Market Nutrition Program  |
| ☐ The Senior Farmers Market Nutrition Program   |
|   |
|   |
| What are some of the benefits you expect your Tribal Government to gain from administering your own FNS nutrition assistance program? Check all that apply. |
| ☐ We will be able to provide direct service to our members who need assistance  |
| ☐ The Tribal Government will have flexibility to manage the nutritional quality of the program  |
| ☐ The Tribal Government can offer culturally appropriate programming and services   |
| ☐ Other   |
|   |
|   |

| now has your tribal dovernment addressed this interes  |                         |                                  |  |  |          |                |
|--|-------------------------|----------------------------------|--|--|----------|----------------|
| SNAP School breakfast/lunch Summer Food Service  | Discussed internally    | Contacted local FNS office       | Contacted Regional FNS office          | Contacted National FNS Office          | a        | Something else |
|  | Discussed<br>internally | Contacted<br>local FNS<br>office | Contacted<br>Regional<br>FNS<br>office | Contacted<br>National<br>FNS<br>Office | a        | Something else |
| Child and Adult Care Food Program  | 0                       | 0                                | $\circ$                                | 0                                      | 0        | 0              |
| The Afterschool Snack Program  | 0                       | 0                                | $\circ$                                | 0                                      | $\circ$  | 0              |
| The Fresh Fruit and Vegetables Program   | 0                       | 0                                | 0                                      | 0                                      | $\circ$  | 0              |
| The Special Milk Program   | 0                       | 0                                | 0                                      | 0                                      | $\circ$  | 0              |
| The Supplemental Nutrition Program for Women, Infants, and Children (WIC) $$   | 0                       | 0                                | 0                                      | 0                                      | 0        | 0              |
| The Food Distribution Program on Indian Reservations   | 0                       | 0                                | 0                                      | 0                                      | $\circ$  | 0              |
| The Commodity Supplemental Food Program  | 0                       | 0                                | 0                                      | 0                                      | $\circ$  | 0              |
| The Temporary Emergency Food Assistance Program  | $\circ$                 | $\circ$                          | 0                                      | $\circ$                                | $\circ$  | 0              |
| The Farmers Market Nutrition Program   | 0                       | 0                                | $\circ$                                | 0                                      | $\circ$  | 0              |
| The Senior Farmers Market Nutrition Program  | 0                       | 0                                | 0                                      | 0                                      | 0        | 0              |
| Within the past five years, has the Tribal Government ev   | ver coordir             | nated the                        | developme                              | ent, planni                            | ing, and |                |
| implementation of a new program or modification/expa<br>program, we mean any state or Federally funded nutrition<br>family or social services program, or any grant-funded p | on or healt             | _                                | _                                      |  |          | _              |
| O Yes  | _                       |                                  |  |  |          |                |
| ○ No   |                         |                                  |  |  |          |                |

| EXPERIENCE WITH FE | DERAL AND STATE F | 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.

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

| ☐ Section 8 housing   |
|---|
| ☐ Head Start and Early Head Start   |
| ☐ Indian Child and Family Education   |
| ☐ Assistance for Indians with Severe Disabilities                                 |
| ☐ Early Intervention Program for Infants and Toddlers with Disabilities           |
| ☐ Title IV-E  |
| ☐ Child Support Programs  |
| □ Other   |
| ☐ We do not administer any additional Federal non-nutritional assistance programs |
|   |
|   |
| What other program does your Tribal Government administer?                        |
|   |

| Please tell us which activities you do during the administration of your programs. Please check all that apply.         |
|---|
| ☐ Manage client caseloads   |
| ☐ Conduct outreach to potential participants  |
| □ Determine participant eligibility   |
| ☐ Develop, synchronize, and maintain information databases  |
| ☐ Contract with another organization to deliver services  |
| ☐ Deliver actual services   |
| ☐ Produce reports to State or Federal agency  |
| ☐ Process and submit invoices to Federal/State agency for re-imbursement  |
| ☐ Monitor compliance and/ or prosecute fraud  |
| ☐ Work with or Employ a Nutritionist or Certified Dietician   |
|   |
| Have any of your agencies developed an operations plan to implement a Federal/State program within the past five years? |
| ○ Yes   |
| No  |
|   |
|   |
|   |
| Why have you NOT developed an operations plan in the past to implement a Federal/State program?                         |
|   |
| O None was required   |
| The program did not have funding to support this  |
|   |
| We have not implemented a Federal/State program   |
|   |

| Did you receive any assistance in developing and implementing the plan? Please include both any assistance from within or outside your Tribal Government. |
|---|
| ○ Yes   |
| ○ No  |
|   |
|   |
| Who provided this assistance?   |
| ○ Federal agency  |
| ○ State agency  |
| O Private consultant  |
| An individual or agency within your Tribal government   |
| Another external Tribal department/agency   |
| Other   |
|   |
| What internal department/agency provided assistance?  |
|   |
|   |
| In the past, how has your organization funded the setup or expansion of other programs?   |
| O Funded with Federal funds   |
| O Funded using only external (non-Federal government) funds   |
| Funded with only Tribal funds or resources  |
| Funded with a combination of Federal, external and Tribal funds or resources  |
| O We have NOT funded the setup or expansion of other programs   |
|   |
| Does your Tribe operate any program that requires you to pre-fund (money that is reimbursed later) or contribute matched funds?                           |
| ○ Pre-fund only   |
| Contribute matched funds only   |
| O Both pre-fund and matched funds   |
| O No, we do not operate programs that require pre-funding or matched funds  |
|   |

| In a typical program, how much funding does your Tribal Government usually contribute to the matched funds?  |
|--|
| ○ 1% – 10%   |
| O 11% - 30%  |
| ○ 31% - 50%  |
| O 51% - 70%  |
| O 71% - 100%   |
|  |
|  |
| 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? |
|  |
| O Yes  |
| O No   |
| O Depends on the program requirements or amount of funds required  |
|  |
| Did you experience any of the following challenges when your Tribal Government tried to administer its own FNS programs? Check all that apply.                                 |
|  |
| Lack of federal legal authority  |
| ☐ Tribal Government Reorganization   |
| ☐ Financial resources  |
| Insufficient technological infrastructure  |
| ☐ Insufficient physical infrastructure   |
| □ No qualified applicants  |
| ☐ Lack of merit system personnel ☐ Other   |
| ☐ We don't anticipate experiencing any challenges  |
| □ We don't anticipate experiencing any challenges  |
|  |
| What other challenges did you experience?  |
| ^  |
| ~  |
|  |

| 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. |
|---|
| ☐ Lack of federal legal authority   |
| ☐ Tribal Government Reorganization  |
| ☐ Financial resources   |
| ☐ Insufficient technological infrastructure   |
| ☐ Insufficient physical infrastructure  |
| ☐ No qualified applicants   |
| ☐ Lack of merit system personnel  |
| □ Other   |
| ☐ We don't anticipate experiencing any challenges   |
|   |
| 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. |
| ☐ Lack of federal legal authority   |
| ☐ Tribal Government Reorganization  |
| □ Financial resources   |
| ☐ Insufficient technological infrastructure   |
| ☐ Insufficient physical infrastructure  |
| □ No qualified applicants   |
| □ Lack of merit system personnel  |
| □ Other   |
| ☐ We don't anticipate experiencing any challenges   |
|   |
| Have you faced any of these same challenges in the past when administering a Federal/State program?   |
| ○ Yes   |
| ○ No  |
|   |
|   |
| How did you resolve these challenges?   |
|   |
| ^   |
|   |
|   |

| 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. |  |  |  |  |
| Do you collect data on employee performance?   |  |  |  |  |
| ○ Yes  |  |  |  |  |
| ○ No   |  |  |  |  |
| Why do you NOT collect data on employee performance?   |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| What types of employee performance data do you collect now?  |  |  |  |  |
| ☐ Quality of work (i.e. performance ratings)   |  |  |  |  |
| ☐ Quantity of work completed   |  |  |  |  |
| ☐ Timeliness   |  |  |  |  |
| ☐ Cost-effectiveness   |  |  |  |  |
| ☐ Attendance/absenteeism   |  |  |  |  |
| ☐ Other specific measures  |  |  |  |  |
|  |  |  |  |  |
| How often do you assess employee performance after a probationary period and review? Check all that apply  |  |  |  |  |
| □ Quarterly  |  |  |  |  |
| ☐ Twice a year   |  |  |  |  |
| ☐ Annually   |  |  |  |  |
| ☐ When necessary   |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Do you have an employee incentive program?   |  |  |  |  |
|  |  |  |  |  |
| ○ Yes  |  |  |  |  |
| ○ No   |  |  |  |  |
|  |  |  |  |  |

| 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   |
| ○ No  |
|   |
| Does the merit-based promotion system operate within a Federal, State or Tribal payscale?   |
| ○ Yes   |
| ○ No  |
|   |
| Do you link employee performance (formally or informally) to their pay and/or bonus?  |
| Employee performance is linked to salary only   |
| ○ Employee performance is linked to bonuses only  |
| ○ Employee performance is linked to salary and bonuses  |
| O No, employee performance is not linked to salary or bonuses   |
|   |

| EXPERIENCE WITH DETERMINING PARTICIPANT ELIGIBILITY   |   |  |  |   |                        |
|---|---|--|--|---|------------------------|
| Now   | Now we will ask you about your experience in determining eligibility of program participants. |  |  |   |                        |
| 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?                  |   |  |  |   |                        |
| O None  |   |  |  |   |                        |
| O 1-2   |   |  |  |   |                        |
| ○ 3-4   |   |  |  |   |                        |
| O 5 or more   | е   |  |  |   |                        |
|   |   |  |  |   |                        |
|   |   |  |  |   |                        |
| 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. |   |  |  |   |                        |
|   | participant eligib  |  |  |   |                        |
|   | participant eligib  |  |  | stered each progr                       |                        |
|   | participant eligib  | ility and indicate ho  |  | stered each progr                       | am. Your best estimate |
| is fine.  | participant eligib  | ility and indicate ho  |  | stered each progr                       | am. Your best estimate |
| 1)  | participant eligib  | ility and indicate ho  |  | stered each progr                       | am. Your best estimate |
| 1)<br>2)  | participant eligib  | ility and indicate ho  |  | stered each progr                       | am. Your best estimate |
| 1) 2) 3)  | participant eligib  | ility and indicate ho  |  | stered each progr                       | am. Your best estimate |
| 1) 2) 3) 4)   | participant eligib  | ility and indicate ho  |  | stered each progr                       | am. Your best estimate |
| 1) 2) 3) 4) 5) On a scale program's eligibility dimean all approaches   | of 1 to 5, where 1<br>automation for de   | means completely atermining participals of the means completely atermining the means are selected as a reports, budgeting the means are selected as a report of the means are sel |  | completely manua<br>e, completely manua | I, please rate each    |

| INFORMATION TECHNOLOGY SERVICES  | 7    |
|--|------|
| Now we are going to ask you about how you get any needed technology services.  |      |
| Has your tribal government ever obtained information technology services from a third-party vendor using competitive bidding process?  | a    |
| ○ Yes  |      |
| ○ No   |      |
| Why have you NOT obtained information technology services from a third-party vendor using a bidding proc   | ess? |
| We have technology services located within our Tribal Government   |      |
| O We partner with State agencies to meet technology needs for the federal and non-federal programs we administer   |      |
| O We partner with local agencies to meet technology service needs for the federal and non-federal programs we administer   |      |
| O We contract with third-party vendors outside of a procurement process  |      |
| We don't have a bidding process  |      |
|  |      |
| How long has your tribal government been using a bidding process to obtain information technology services from third-party vendors?   | •    |
| O Less than 1 year   |      |
| O 1 year to less than 3 years  |      |
| ○ 3 years to less than 5 years   |      |
| ○ 5 years or more  |      |
|  |      |
|  |      |
| What types of bids do you post for vendors to respond to? Check all that apply   |      |
| what types of blus do you post for vehicles to respond to: effect all that apply   |      |
| $\begin{tabular}{ll} \hline \end{tabular} Competitive bidding (Request for Proposals, Request for Quotations, Indefinite Delivery Quantity contracts) \\ \hline \end{tabular}$ |      |
| ☐ Sole source  |      |
| ☐ Task Order contracts   |      |
| $\square$ Set asides (Small, Veteran, Disabled Veteran, or minority-owned business)  |      |
| □ Other:   |      |
|  |      |

| EXPERIENCE WITH   | I REPORTING F      | REQUIREMENTS            |                    |                  |                    |
|---|--------------------|-------------------------|--------------------|------------------|--------------------|
| Next, we would lik  | e to ask you al    | bout reporting to f     | ederal and state a | agencies about t | the programs you   |
| administer.   | ,                  |                         |                    |                  | , , ,              |
| Do any of the programs  | vou administo      | r require that you      | submit vonavts to  | a Fodoval ov sta | to agongy?         |
| Do any of the programs  | you administer     | require that you        | submit reports to  | a rederal or sta | ite agency?        |
| ○ Yes   |                    |                         |                    |                  |                    |
| ○ No  |                    |                         |                    |                  |                    |
|   |                    |                         |                    |                  |                    |
| What types of reports d   | o you submit to    | o a Federal or state    | e agency?          |                  |                    |
| ☐ Financial   |                    |                         |                    |                  |                    |
| ☐ Program integrity (such as  | fraud prevention,  | quality control, audit) |                    |                  |                    |
| ☐ Program participation (suc  | h as number of Tri | bal members served)     |                    |                  |                    |
| ☐ Program Operation   |                    |                         |                    |                  |                    |
| ☐ Other   |                    |                         |                    |                  |                    |
|   |                    |                         |                    |                  |                    |
|   |                    |                         |                    |                  |                    |
| What are the other type   | es of reports?     |                         |                    |                  |                    |
| , , , , , , , , , , , , , , , , , , ,   |                    |                         |                    |                  |                    |
|   |                    |                         |                    |                  |                    |
|   |                    |                         |                    |                  |                    |
|   |                    |                         |                    |                  |                    |
| How often do you submit reports to a Federal or state agency? Check all that apply. |                    |                         |                    |                  |                    |
|   | Daily              | Weekly                  | Monthly            | Annually         | Less than Annually |
|   |                    |                         |                    |                  |                    |
|   |                    |                         |                    |                  |                    |
| How do you typically su   | bmit reports to    | the Federal or sta      | ite agency?        |                  |                    |
| O Hard-copy/paper   |                    |                         |                    |                  |                    |
| O Electronic copy via email   |                    |                         |                    |                  |                    |
| O Electronic copy via an elec   | tronic web-based i | reporting system        |                    |                  |                    |
|   |                    |                         |                    |                  |                    |

| INTERNAL INFRASTRUCTURE  |  |  |  |  |  |
|--|--|--|--|--|--|
| Next, we would like to ask you some questions about your internal capabilities of your Tribe.  |  |  |  |  |  |
| Next, we would like to ask you some questions about your internal capabilities of your Tribe.  |  |  |  |  |  |
| Do you have high-speed internet connection such as broadband or DSL for your Tribal agencies?  |  |  |  |  |  |
| ○ Yes, all agencies  |  |  |  |  |  |
| ○ Yes, some agencies   |  |  |  |  |  |
| ○ No   |  |  |  |  |  |
| Please indicate the reasons why a high-speed internet connection is not available for all agencies within your<br>Tribal Government. Check all that apply. |  |  |  |  |  |
| ☐ High-speed internet too expensive  |  |  |  |  |  |
| ☐ High-speed internet not available in all areas of our reservation  |  |  |  |  |  |
| ☐ Not all agencies need a broadband internet connection  |  |  |  |  |  |
| ☐ Some other reason  |  |  |  |  |  |
| What is the other reason why broadband internet is not available for all agencies?   |  |  |  |  |  |
| Ô  |  |  |  |  |  |

| nutritional) that you adı                    | ninister. Please               | check all tha             | t apply.                            |                                    |                                     |              |
|--|--------------------------------|---------------------------|-------------------------------------|------------------------------------|-------------------------------------|--------------|
| ☐ Written financial governance               | ce policies                    |                           |                                     |                                    |                                     |              |
| ☐ Written IT governance poli                 |                                |                           |                                     |                                    |                                     |              |
| ☐ An internal auditing system                |                                | iting staff               |                                     |                                    |                                     |              |
| ☐ A written disaster recovery                |                                |                           |                                     |                                    |                                     |              |
| ☐ A written information and o                | lata security plan             |                           |                                     |                                    |                                     |              |
| ☐ A written risk management                  |                                |                           |                                     |                                    |                                     |              |
| ☐ Computerized financial and                 |                                | ords                      |                                     |                                    |                                     |              |
| ☐ Paper-based financial and                  | administrative recor           | ds                        |                                     |                                    |                                     |              |
| ☐ A written policy protecting                | personally identifiable        | e data (PII) such         | as social security nu               | ımber, beneficiary II              | O, etc.                             |              |
| ☐ A written policy protecting                | the identity of a child        | receiving meals           |                                     |                                    |                                     |              |
| ☐ Written non-discrimination                 | and civil rights polici        | ies                       |                                     |                                    |                                     |              |
| ☐ Technical assistance staff                 | (e.g. Nutrition expert         | ts, policy experts)       | )                                   |                                    |                                     |              |
| ☐ Other policies                             |                                |                           |                                     |                                    |                                     |              |
| ☐ We have no structures in p                 | olace                          |                           |                                     |                                    |                                     |              |
|  |                                |                           |                                     |                                    |                                     |              |
| Please list other polic                      | ies you have in p              | lace to suppor            | rt the programs y                   | you administer.                    |                                     |              |
|  |                                |                           |                                     |                                    |                                     |              |
| 1)   |                                |                           |                                     |                                    |                                     |              |
| 3)   |                                |                           |                                     |                                    |                                     |              |
|  |                                |                           |                                     |                                    |                                     |              |
| When did your Tribe la                       | ist conduct any o              | of the risk ass           | essment nrocess                     | ses listed helow                   | 7                                   |              |
| Tricil did your Tribe is                     | or conduct any c               | or the risk dis           | cosment process                     | isted below                        |                                     |              |
|  | We do not have<br>this process | Less than 6<br>months ago | 6 months to less<br>than 1 year ago | 1 year to less<br>than 3 years ago | 3 years to less<br>than 5 years ago | 5+ Years ago |
| A written disaster recovery                  |                                |                           | ,                                   |                                    |                                     |              |
| plan for your IT infrastructure              | 0                              | 0                         | 0                                   | 0                                  | 0                                   | 0            |
| A written risk management plan               | 0                              | 0                         | 0                                   | 0                                  | 0                                   | 0            |
| A written information and data security plan | 0                              | 0                         | 0                                   | 0                                  | 0                                   | 0            |
|  |                                |                           |                                     |                                    |                                     |              |

Please indicate the internal structures your Tribe has in place to support the programs (both nutritional and non-

| Please indicate which of the following IT staff that you have in your Tribal Government. Please check all that<br>apply.    |
|---|
| ☐ Chief Information Officer   |
| ☐ Chief Security Officer  |
| ☐ Systems Administrator(s)  |
| ☐ Database Administrator(s)   |
| ☐ Network Manager(s)  |
| ☐ None of these staff members   |
| □ Other □   |
|   |
| Will these staff be AVAILABLE to take on new programs?  |
| ○ Yes, we will not need to hire new staff   |
| Yes, but we will have to add new staff to support them  |
| No, they will not be available so we need new staff   |
| ○ Can't tell right now  |
|   |
| Do you have a website <u>that describes all social services/assistance programs</u> your Tribe offers? Check all that apply |
| ☐ Yes, we have a Tribe-run website that lists this information  |
| ☐ Yes, we have a Tribe-run social page (such as Facebook, Twitter) that lists this information                              |
| ☐ Yes, we link to a Federal or state-run website where members can get this information                                     |
| ☐ No. Our website or links to other Federal or state-run websites are only for some social services/assistance programs.    |
| □ No.   |
|   |

| services? Please check all th            |  | in general how do your members apply for  |
|--|--|---|
| ☐ Online via a Tribal-run website        |  |   |
| ☐ Online via a Federal or state-run      | website  |   |
| ☐ In person at an office located on      |  |   |
| ☐ In person at an office located at      |  |   |
| _  | •  | er the telephone with a Tribal Government employee                                  |
| ☐ Some other way                         |  |   |
|  |  |   |
|  |  |   |
| What is the other way(s) tha             | nt your members apply for services?  |   |
|  |  | 0   |
|  |  |   |
|  |  |   |
|  |  | the beginning, all of the information you y be used for the purposes of this study. |
|  |  |   |
|  |  |   |
|  |  |   |
| Please provide the follo of this survey. | wing information about any staff mem   | bers who have assisted with completion  |
|  | Job Title  | # of Years In This Position   |
| 1)                                       |  |   |
| 2)                                       |  |   |
| 3)                                       |  |   |
| 4)                                       |  |   |
|  |  |   |
| re                                       |  |   |
| •  | out completion of this survey or wish to<br>gali of IMPAQ International at 443.283 | o receive your survey in an alternative format,<br>.1648 or adjangali@impaqint.com. |

# Paperwork Reduction Act Statement

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 0584-XXXX. The time required to complete this information collection is estimated to average [insert time] minutes [or hours] per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

OMB Control Number: XXXX-XXXX Expiration Date: XX/XX/XXXX