

CNCS Partnerships and Collaboration Survey

Cognitive Interview Guide

Form Approved

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PARTNERSHIP AND COLLABORATION SURVEY

Thank you for agreeing to participate in this survey about the relationships between organizations that work to make positive change in your community. You have been authorized by your organization to complete the survey. The survey asks questions about the connections between your organization and other organizations in your community. The findings from this study will help the Corporation for National and Community Service (CNCS) better understand the value of networks in making positive change and how they may make organizations more effective. Lessons learned about organizational networks, collaboration, partnerships will be shared with organizations and communities across the country. CNCS is the federal agency that promotes national service and volunteering in communities nationwide.

Your input is important. Your participation in this survey is voluntary. There are no penalties or consequences to you or your organization if you choose not to participate. You can choose to stop the survey at any time, or not answer a question, for whatever reason. If you stop the survey, at your request, we will destroy the survey. You may ask any questions that you have before, during, or after you complete the survey. The survey will take approximately **30** minutes. It is being administered by ICF International, in partnership with CNCS.

Benefits: [For respondents who are not ACSN grantees: You will receive a \$25 gift card to thank you for your participation.] After the study has been completed, you will receive a report on the results. Your participation will not result in any other direct benefits to you. Your input will help to provide a better understanding of the systems and networks making positive change in American communities.

Risks: There are no potential risks to you or your organization associated with participating in this survey. Your identity will not be disclosed and the survey will only be connected to your organization anonymously as having been completed by an authorized representative.

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Contact information: If you have any concerns about completing this survey or have any questions about the study, please contact Dr. Bhuvana's Sukumar at XXXX@icfi.com or XXX-XXX-XXXX.

Please click the "I CONSENT" box below to proceed to the survey.

- I CONSENT
- I DO NOT CONSENT

Please verify the following information:

Your Name:
Your email address:
Your telephone:
Organization name:
List any other names your organization may be known by:
Organization address:

SURVEY QUESTIONS:

For the purposes of this survey, "community" is defined as [Insert defined geographical area, based on interviews with key informants prior to survey data collection].

1. Approximately how many full-time equivalent employees are at your organization? *(One FTE is equivalent to one employee working full-time, meaning 40 hours per week. For example: two employees each working 20 hours per week is equal to one FTE. Volunteers and non-paid employees are not included in this count.)*
 - 1-4
 - 5-9
 - 10-19
 - 20-99
 - 100-499
 - 500 or more
2. How long has [Insert organization name] worked in the [Insert name of community]?
 - Less than 1 year 1-5 yrs. 6-10 yrs. 11-20 yrs. 20+ years
3. How long have you worked or volunteered for [Insert organization name]?
 - Less than 1 year 1-5 yrs. 6-10 yrs. 11-20 yrs. 20+ years
4. What is your primary role in [Insert organization name]?
 - Organizational leadership, e.g. Executive Director, President, CEO, other Chief Officer
 - Office or program director
 - Office or program staff

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- Administrative staff (e.g. finance, development, human resources)
 - Volunteer
 - Other: _____
5. How long have you been in your current role?
- Less than 1 year 1-5 yrs. 6-10 yrs. 11-20 yrs. 20+ years
6. **Organization sector** (Select all that apply):
- Private, for-profit business Public, government, tribal organization, office or agency
 - Non-profit organization Religious or other spiritual organization

 - School (K-12) College or university

 - Other: _____
7. In which focus area(s) is your organization involved, such as in providing services? Select all that apply.
- Education (e.g. tutoring, literacy, education for children and youth)
 - Health (e.g. nutrition, access to care, prevention, awareness, mental health)
 - Services to veterans, members of the armed forces, or their families
 - Environment (e.g. education on environmental issues, land conservation, energy conservation, ecosystem development/maintenance)
 - Disaster services (e.g. disaster education, preparation, mitigation, response)
 - Economic opportunity (e.g. housing services, employment counseling, adult education, job training, financial literacy, financial assistance)
 - Other, please specify: _____
8. How many staff (both FTE and FTE-equivalent) dedicate at least 50% of their time to [Focus Area X]?
- 0
 - 1-5
 - 6-10
 - Over 10
9. Which of the following coalitions, workgroups, collaboratives, task forces, stakeholder groups, or committees is your organization currently a member of? Check all that apply.
- [Insert groups on separate check boxes to be identified in key informant interviews prior to survey data collection]
 - Other (please specify): _____
 - Our organization is not actively involved with any of these

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10. The following organizations in your community have been identified as being involved in addressing [Focus Area X]. Using the scale provided, please indicate the extent to which your organization currently interacts with each organization.

	No interaction - I may be aware of this organization, but we do not interact.	Networking -The roles and responsibilities in our interaction with this organization are loosely defined -We have limited communication -This organization does not influence our decisions, and we do not influence their decisions.	Cooperation -The roles and responsibilities in our interaction with this organization are somewhat defined -We provide and receive information with this organization -We have formal communication with this organization -We consider this organization when making decisions related to [focus area]	Coordination -The roles and responsibilities in our interaction with this organization are clearly defined -We share information and resources with this organization -We have frequent formal and informal communication with this organization - We make some decisions related to [focus area] together with this organization	Partnering - We identify programs related to [focus area] as joint ventures with this organization -We share strategies, information and resources with this organization - We have frequent formal and informal communication - We make most of our decisions related to [focus area] together with this organization
[Insert organizations identified in key informant interviews prior to survey data collection, with one organization on each row]					

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11. For organizations marked in 10 that were in a Cooperation, Coordination, or Partnering relationship:

	What type of relationship does your organization have? (check all that apply)	How important is this organization to helping your organization address [Focus area X]?
[Insert name of organizations selected in question 10, with a new row for each organization]	<p>Resources, such as providing or receiving funding, sharing funding sources, sharing fiscal management, sharing facility or office space.</p> <p>Management, such as shared fiscal management, record-keeping, IT systems</p> <p>Organizational functions, such as designing programs together, assessing programs, training staff, advertising or outreach</p> <p>Service provision, such as coordinating activities, giving or receiving referrals</p> <p>Other: Please describe _____</p> <p>Don't Know</p>	<p>Not important</p> <p>Somewhat important</p> <p>Very important</p> <p>Don't know</p>

12. Consider the entire group of organizations in your community working to address [Focus area X].

A. How often do the organizations in your community work together to address this issue?

- Never
- Rarely
- Occasionally
- Frequently
- Always
- Don't Know

B. How effective do you think the organizations in your community are at addressing the issue?

- Ineffective
- Somewhat Effective
- Effective
- Very Effective
- Don't Know

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IF 12B=Effective or Very Effective, ask 13

13. How is your community benefiting from the relationships among these organizations and the activities they result in?
14. What has facilitated this collaboration between your organization and other organizations in your community?
15. What are the barriers to collaborating with other organizations in your community?
16. What recommendations would you have to improve collaboration among organizations within your community?

If identified an AmeriCorps grantee in any relationship in question 10, ask questions 17-20

You indicated that you have a relationship with [GRANTEE]. For the next few questions, please refer specifically to your organizational relationship with [GRANTEE].

17. Are you aware that [GRANTEE] has AmeriCorps members serving with them?
 - Yes
 - No

IF “YES” TO 17, ask 18 and 19:

18. Is your relationship a result of the AmeriCorps members?
 - Yes
 - No
 - Somewhat
 - Don't know
 19. What role do or did AmeriCorps members have in the relationship?
-
-

If 17-19 not asked, OR17=NO:

20. Are you aware that there are AmeriCorps members working in your community to address [focus area X]?
 - Yes
 - No

If 17=YES or 20=YES:

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21. How effective are AmeriCorps members in your community in addressing [focus area X]?

- Ineffective
- Somewhat Effective
- Effective
- Very Effective
- Don't know

* 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 Partnerships and Collaboration 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 AmeriCorps State & National grantees are connected to other relevant organizations in 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 partner and other relevant organizations, 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.