

INSTRUMENT I.2

SNAP EMPLOYMENT AND TRAINING (E&T) PROVIDER SURVEY

OMB # xxxx-xxxx
Expiration: xx/xx/20xx
Reference No.: 40272.403

SNAP Employment and Training (E&T) Provider Survey

FINAL

September 11, 2014

According to the Paperwork Reduction Act of 1995, no persons are 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 will be entered after clearance. The time required to complete this information collection is estimated to average 30 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection.

Thank you for helping us with the Supplemental Nutrition Assistance Program (SNAP) Employment and Training (E&T) Provider Study. This study will examine the characteristics and program services of SNAP E&T providers and the SNAP E&T participants whom they serve. Results of the study will be used to inform policy recommendations about the needs of SNAP E&T participants, whether current programs meet those needs, and how programs can be improved to address those needs.

This survey contains questions about your E&T program's characteristics, including services, program activities, participation requirements, costs and funding, organizational responsibilities, and interagency coordination. For questions that are focused on SNAP E&T participants, we mean those participants who are receiving E&T funded by the SNAP agency. You may provide training to clients who receive SNAP but you are reimbursed for their training by other agencies. We do not consider these individuals to be SNAP E&T participants.

The survey takes approximately 30 minutes to complete. You may want to have your participation statistics (by activity and type of client) and costs (administrative and service delivery) ready before starting the survey.

- The information you provide will only be used for statistical purposes. In accordance with the Privacy Act of 1974, your responses will not be disclosed in identifiable form without your consent. Your participation in this survey is completely voluntary. You may skip any questions that make you uncomfortable or that you would prefer not to answer.
- If you do not have exact information available to answer certain questions, your best estimate will be fine.

Please record your name, title, organization, address, telephone number, and email below so that we may contact you if we have any questions after you submit the completed survey.

First Name: Last Name:

Title:

Organization Name:

Street Address 1:

Street Address 2:

City: State: Zip:

Telephone:

Email address:

A. Provider Organization Background

1a. Which type of organization is yours?

Select only one

- Private for profit,..... 1
- Private non-profit,..... 2
- Government agency, or..... 3
- Something else?..... 99

Specify

1b. How would you describe your organization?

Select all that apply

- Workforce Investment Board (WIB),..... 1
- Part of an American Job Center/One-Stop/Workforce Center,..... 2
- WIA only center,..... 3
- SNAP/TANF/WIC or other benefit office,..... 4
- Religious organization,..... 5
- Community-based organization,..... 6
- Vocational Rehabilitation,..... 7
- Community college,..... 8
- Four year college, or..... 9
- Something else?..... 99

Specify

2. How many participants did your program serve in your most recently completed fiscal year?

SNAP E&T PARTICIPANTS

NON-SNAP E&T PARTICIPANTS

3a. Are your activities targeted to one or more specific age groups?

- Yes..... 1
- No..... 0

GO TO Q3c

IF Q3a = 1

3b. What is/are the age group(s)? Please specify.

FROM AGE TO

FROM AGE TO

FROM AGE TO

FROM AGE TO

3c. Are participants required to have a minimum level of education to enroll or be eligible for your services?

Yes..... 1

No..... 0 GO TO Q3e

3c1. Does the minimum level of education requirement vary between the different activities you offer?

Yes..... 1

No..... 0

IFQ3c = 1

3d. What education levels do you target?

EDUCATION LEVELS TARGETED

3e. Do you target participants with a specific skill level?

Yes..... 1

No..... 0 GO TO Q3g

3f. What specific skill levels do you target?

SKILL LEVELS TARGETED

3g. Do you target participants with a specific occupational interest?

Yes..... 1

No..... 0 GO TO Q3i

IFQ3g = 1

3h. What specific occupational interests do you target?

OCCUPATIONAL INTERESTS

3i. Do you target participants of a specific race/ethnicity?

- Yes..... 1
- No..... 0 GO TO Q4

IFQ3i = 1

3j. What specific races/ethnicities do you target?

ETHNICITIES TARGETED

4. How long has your organization been providing services to SNAP E&T participants?

YEARS MONTHS

- Not applicable, no longer serving SNAP E&T clients.....0

5. What geographic area does your organization serve? Please list cities, counties, or other convenient measures for your organization's service area.

AREAS SERVED

B. Participant Profile and Program Descriptions

6a. Does your organization conduct screenings to determine if individuals are eligible for good cause exemptions from participation?

- Yes..... 1
- No..... 0 GO TO Q7

IF 6a=YES

6b. What percentage of those you screen are found to qualify for a good cause exemption?

Select one only

- 25% or less..... 1
- Between 25% and 50%..... 2
- Between 50% and 75%..... 3
- Between 75% and 90%..... 4
- 90% or more..... 5

7. Why do most SNAP E&T participants enroll in your SNAP E&T program? Is it because they want to...

Select all that apply

- Keep SNAP benefits,..... 1
- Get childcare,..... 2
- Get other benefits,..... 3
- Improve their English,..... 4
- Gain job search skills,..... 5
- Learn about self employment,..... 6
- Earn a certification/credential/license,..... 7
- Learn a new skill/industry,..... 8
- Get promoted,..... 9
- Get a raise,..... 10
- Get a job,..... 11
- Find a better job, or..... 12
- Something else?..... 99

Specify

8. Which of the following describe at least 25% of the SNAP E&T participants you serve when they enter your program?

Select all that apply

- Lacking basic or employability skills,..... 1
- Low literacy level,..... 2
- High school dropout,..... 3
- Minimal work experience,..... 4
- Displaced by company closures or industry shifts,.....5
- Gaps in employment history,..... 6
- Criminal records,..... 7
- Addiction issues,..... 8
- Homeless or in unstable housing,..... 9
- Technical skills out of date (e.g., lacking computer skills),.....10
- Skills mismatched with current industry needs, or..... 11
- Something else?..... 99

Specify

9. What activities are available to SNAP E&T participants in your programs?

Select all that apply

- GED preparation/testing..... 1
- Post-secondary education,..... 2
- Skills assessment,..... 3
- Job search training/assistance,..... 4
- ESL/English classes,..... 5
- Vocational skills training,..... 6
- Job specific training,..... 7
- On the job training (OJT),..... 8
- Certification or licensing preparation or testing,..... 9
- Credential transfer assistance,..... 10
- Internship,..... 11
- Apprenticeship,..... 12
- Workfare or Community Service, or..... 13
- Something else?..... 99

Specify

10. Select the three most important factors you use to design or modify the education or training options that you offer to participants.

Select the three most important

- Best practices from other E&T programs,..... 1
- Local labor statistics,..... 2
- Activities required by state agency funding SNAP E&T,..... 3
- Assessments of the skills needed by employers in the community,..... 4
- Requests from local employers for new types of training,..... 5
- Requests from clients for new types of training,..... 6
- Availability of training from other providers in the community,..... 7
- Cost of the training option, or..... 8
- Something else?..... 99

Specify

- Don't use any existing information to design or modify program..... 0

INSERT ITEMS SELECTED IN Q9

11. Please indicate the number of SNAP E&T participants and non-SNAP E&T participants in each activity during *your most recently completed fiscal year*. (If you are unsure of the number, please make an estimate. If no participants are part of one of the groups, enter '0' in the box.) Please be sure to report data for SNAP E&T and other participants separately.

ACTIVITY	NUMBER OF SNAP E&T PARTICIPANTS	DON'T TRACK THIS	NUMBER OF NON-SNAP E&T PARTICIPANTS	DON'T TRACK THIS
a. GED preparation/ testing	<input type="text"/>	<input type="radio"/>	<input type="text"/>	<input type="radio"/>
b. Post-secondary education	<input type="text"/>	<input type="radio"/>	<input type="text"/>	<input type="radio"/>
c. Skills assessment	<input type="text"/>	<input type="radio"/>	<input type="text"/>	<input type="radio"/>
d. Job search training/ assistance	<input type="text"/>	<input type="radio"/>	<input type="text"/>	<input type="radio"/>
e. ESL/English classes	<input type="text"/>	<input type="radio"/>	<input type="text"/>	<input type="radio"/>
f. Vocational skills training	<input type="text"/>	<input type="radio"/>	<input type="text"/>	<input type="radio"/>
g. Job specific training	<input type="text"/>	<input type="radio"/>	<input type="text"/>	<input type="radio"/>
h. On the job training (OJT)	<input type="text"/>	<input type="radio"/>	<input type="text"/>	<input type="radio"/>
i. Certification or licensing preparation or testing	<input type="text"/>	<input type="radio"/>	<input type="text"/>	<input type="radio"/>
j. Credential transfer assistance	<input type="text"/>	<input type="radio"/>	<input type="text"/>	<input type="radio"/>
k. Internship	<input type="text"/>	<input type="radio"/>	<input type="text"/>	<input type="radio"/>
l. Apprenticeship	<input type="text"/>	<input type="radio"/>	<input type="text"/>	<input type="radio"/>
m. Workfare or Community Service	<input type="text"/>	<input type="radio"/>	<input type="text"/>	<input type="radio"/>
n. Something else (specify)	<input type="text"/>	<input type="radio"/>	<input type="text"/>	<input type="radio"/>
	<input type="text"/>			

Please add any notes you think are important to our ability to understand and analyze your data.

11a. What share of your SNAP E&T participants are mandatory E&T participants and what share are voluntary E&T participants? Note: When added, amounts in each box should sum to 100%.

PERCENT MANDATORY SNAP E&T PARTICIPANTS

PERCENT VOLUNTARY SNAP E&T PARTICIPANTS

Don't know..... d

IF 9 = c

12. What percentage of those who complete your organizations initial skills assessment process do not return for services?

Select one only

- 25% or less..... 1
- Between 25% and 50%..... 2
- Between 50% and 75%..... 3
- Between 75% and 90%..... 4
- 90% or more..... 5

13. What supportive services does your organization offer to SNAP E&T participants?

Select all that apply

- Onsite childcare..... 1
- Childcare vouchers or funds..... 2
- Transportation assistance..... 3
- Tutoring..... 4
- Assistance applying for government benefits..... 5
- Referrals to other organizations..... 6
- Legal aid..... 7
- Housing assistance..... 8
- Domestic violence assistance..... 9
- Counseling/Therapy..... 10
- Clothing/work equipment/tools..... 11
- Medical assistance, or..... 12
- Something else?..... 99
- Specify
- None..... 0

FILL WITH ITEMS SELECTED IN Q9

14. On average, during how many weeks are your SNAP E&T participants involved in each of the following activities? On average, how many hours do they spend on each activity per week? If you are unsure of the number, please make an estimate. Note we are asking for the data on SNAP E&T participants only.

ACTIVITY	AVERAGE WEEKS INVOLVED	DON'T TRACK THIS	AVERAGE HOURS PER WEEK	DON'T TRACK THIS
a. GED preparation/testing	<input type="text"/>	<input type="radio"/>	<input type="text"/>	<input type="radio"/>
b. Post-secondary education	<input type="text"/>	<input type="radio"/>	<input type="text"/>	<input type="radio"/>
c. Job search training/assistance	<input type="text"/>	<input type="radio"/>	<input type="text"/>	<input type="radio"/>
d. ESL/English classes.	<input type="text"/>	<input type="radio"/>	<input type="text"/>	<input type="radio"/>
e. Vocational skills training	<input type="text"/>	<input type="radio"/>	<input type="text"/>	<input type="radio"/>
f. Job specific training	<input type="text"/>	<input type="radio"/>	<input type="text"/>	<input type="radio"/>
g. On the job training (OJT)	<input type="text"/>	<input type="radio"/>	<input type="text"/>	<input type="radio"/>
h. Certification or licensing preparation or testing	<input type="text"/>	<input type="radio"/>	<input type="text"/>	<input type="radio"/>
i. Internship	<input type="text"/>	<input type="radio"/>	<input type="text"/>	<input type="radio"/>
j. Apprenticeship	<input type="text"/>	<input type="radio"/>	<input type="text"/>	<input type="radio"/>
k. Workfare or Community Service	<input type="text"/>	<input type="radio"/>	<input type="text"/>	<input type="radio"/>
l. Something else (specify)	<input type="text"/>	<input type="radio"/>	<input type="text"/>	<input type="radio"/>

Please add any notes you think are important to our ability to understand and analyze your data.

15. What types of certifications, licenses, or degrees are available through programs you directly provide or pay for SNAP E&T participants to attend?

Select all that apply

- Participation/attendance.....1
- GED.....2
- High school diploma.....3
- Associate's degree.....4
- English proficiency certification/TOEFL.....5
- Certificates and licenses (e.g. food handler, forklift operator, hairdresser, CDL)...6
- Something else.....99

Specify

- Our programs do not provide any certifications, licenses, or degrees.....0 GO TO Q17

16. What share of SNAP E&T participants you serve earn a certification, license, or degree/diploma?

Select one only

- All or almost all.....1
- More than half.....2
- About half.....3
- Less than half.....4
- Few or none.....5

17. Does your organization have agreements, or coordinate with, any of the following kinds of organizations?

Select all that apply

- Part of an American Job Center/One-Stop/Workforce Center.....1
- WIA only center.....2
- SNAP/TANF/WIC or other benefit office.....3
- JobCorps.....4
- Religious organization.....5
- Community based organization (including a community health center, mental health services, local food bank, or location social service organization).....6
- Vocational Rehabilitation.....7
- Community college.....8
- Four year college.....9
- Other employment, education, or training provider.....10
- Something else.....99
- Specify
- No.....0

18a. Does your organization offer any post-program follow-up services to SNAP E&T participants?

- Yes.....1
- No.....0 GO TO Q19

18b. What follow-up services are offered to SNAP E&T participants?

Select all that apply

- Reemployment orientation to start working again,.....1
- Follow-up and reinforcement of training received,.....2
- Refresher course modules,.....3
- Supplemental post-hire training,.....4
- Support to employers of SNAP E&T participants,.....5
- Transportation assistance,.....6
- Childcare assistance,.....7
- Work clothing, equipment, or tools, or.....8
- Something else?.....99
- Specify

The next few questions ask about your organization's funding and expenditures. Please be assured that your responses are private and will be used for research purposes only. The information you report will not be shared with anyone outside of the research team, including state or federal agencies. No dollar amounts will be reported publically, and all data will be discussed in the aggregate across providers. In addition, your organization's name will not be included in any reporting or data files shared with the federal government.

19. What was your total funding, across all funding sources, in *the most recently completed fiscal year*?

TOTAL FUNDING FROM ALL SOURCES

20. Please indicate the amount of funding you received from each of the following sources during *your most recently completed fiscal year*. (If you do not receive a particular type of funding, please enter 0. If you are unsure of the number, please make an estimate.)

	AMOUNT OF FUNDING	DON'T TRACK THIS
a. SNAP funds	\$ <input type="text"/>	d <input type="radio"/>
b. TANF funds	\$ <input type="text"/>	d <input type="radio"/>
c. WIA funds	\$ <input type="text"/>	d <input type="radio"/>
d. DOL funds (excluding WIA funds)	\$ <input type="text"/>	d <input type="radio"/>
e. All other funds (e.g. corporate or individual contributions, foundation grants, or other special grants) grants	\$ <input type="text"/>	d <input type="radio"/>

21a. Did you track how much of your total funding from *your most recently completed fiscal year* was spent on program administration (including overhead, staff salaries, and direct services), supportive services, and job assistance and training?

- Yes..... 1
- No..... 0 GO TO Q21c

21b. Please indicate how much of your total funding from *your most recently completed fiscal year* was spent in each of the following cost categories. (If you did not spend any of your funding in a particular cost category, please indicate "0." If you are unsure of the number, please make an estimate.)

	AMOUNT OF FUNDING	DON'T TRACK THIS
<u>Administrative Costs:</u>		
	\$ <input type="text"/>	
a. Overhead		<input type="radio"/>
	\$ <input type="text"/>	
b. Staff Salaries		<input type="radio"/>
<u>Direct Service Costs:</u>		
	\$ <input type="text"/>	
c. Supportive Services		<input type="radio"/>
	\$ <input type="text"/>	
d. Upfront Training and Basic Education		<input type="radio"/>
	\$ <input type="text"/>	
e. Job Training		<input type="radio"/>
	\$ <input type="text"/>	
f. Higher Education		<input type="radio"/>
<u>Other Costs:</u>		
	\$ <input type="text"/>	
g. Other (specify)		<input type="radio"/>
<input type="text"/>		

IF Q21a = 0

21c. Please indicate the approximate percentage of your total funding (\$) from your most recently completed fiscal year that was spent in each of the following cost categories. If you are unsure of the percentage, please make an estimate.

	PERCENTAGE TOTAL FUNDING	DON'T TRACK THIS
<u>Administrative Costs:</u>	<input type="text" value=""/>	
a. Overhead	<input type="text" value=""/>	d <input type="radio"/>
b. Staff Salaries	<input type="text" value=""/>	d <input type="radio"/>
<u>Direct Service Costs:</u>	<input type="text" value=""/>	
c. Supportive Services	<input type="text" value=""/>	d <input type="radio"/>
d. Upfront Training and Basic Education	<input type="text" value=""/>	d <input type="radio"/>
e. Job Training	<input type="text" value=""/>	d <input type="radio"/>
f. Higher Education	<input type="text" value=""/>	d <input type="radio"/>
<u>Other Costs:</u>	<input type="text" value=""/>	
g. Other (specify)	<input type="text" value=""/>	d <input type="radio"/>
<input type="text" value=""/>		

INSERT ITEMS SELECTED IN Q9

22. What is your organization's current average completion rate for SNAP E&T participants in each of these activities? Note we are asking for the data on SNAP E&T participants only.

SELECT ONE ONLY

ACTIVITY	ALL OR ALMOST ALL COMPLETE	MORE THAN HALF COMPLETE	ABOUT HALF COMPLETE	LESS THAN HALF COMPLETE	FEW OR NONE COMPLETE	DON'T KNOW
a. GED preparation/testing	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	d <input type="radio"/>
b. Post-secondary education	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	d <input type="radio"/>
c. Job search training/assistance	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	d <input type="radio"/>
d. ESL/English classes	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	d <input type="radio"/>
e. Vocational skills training	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	d <input type="radio"/>
f. Job specific training	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	d <input type="radio"/>
g. On the job training (OJT)	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	d <input type="radio"/>
h. Certification or licensing preparation or testing	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	d <input type="radio"/>
i. Internships	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	d <input type="radio"/>
j. Apprenticeship	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	d <input type="radio"/>
k. Workfare or Community Service	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	d <input type="radio"/>
l. Something else (specify)	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	d <input type="radio"/>

FILL WITH ITEMS SELECTED IN Q9

23. Thinking about your last completed fiscal year, please give the entered employment rates of SNAP E&T participants who participated in each of the following activities. If you are unsure of the number, please make an estimate. Note we are asking for the data on SNAP E&T participants only.

	ENTERED EMPLOYMENT RATE FOR THOSE WHO PARTICIPATED	DON'T TRACK THIS
a. GED preparation/ testing	<input style="width: 50px;" type="text" value="%"/>	d <input type="radio"/>
b. Post-secondary education	<input style="width: 50px;" type="text" value="%"/>	d <input type="radio"/>
c. Job search training/ assistance	<input style="width: 50px;" type="text" value="%"/>	d <input type="radio"/>
d. ESL/English classes	<input style="width: 50px;" type="text" value="%"/>	d <input type="radio"/>
e. Vocational skills training	<input style="width: 50px;" type="text" value="%"/>	d <input type="radio"/>
f. Job specific training	<input style="width: 50px;" type="text" value="%"/>	d <input type="radio"/>
g. On the job training (OJT)	<input style="width: 50px;" type="text" value="%"/>	d <input type="radio"/>
h. Certification or licensing preparation or testing	<input style="width: 50px;" type="text" value="%"/>	d <input type="radio"/>
i. Credential transfer assistance	<input style="width: 50px;" type="text" value="%"/>	d <input type="radio"/>
j. Internship	<input style="width: 50px;" type="text" value="%"/>	d <input type="radio"/>
k. Apprenticeship	<input style="width: 50px;" type="text" value="%"/>	d <input type="radio"/>
l. Workfare or Community Service	<input style="width: 50px;" type="text" value="%"/>	
m. Something else (specify)	<input style="width: 50px;" type="text" value="%"/>	d <input type="radio"/>

24. What outcomes and/or performance measures do you report to outside organizations?

OUTCOMES AND MEASURES REPORTED

None..... 0

25. What outcomes are measured only for internal use by your organization?

OUTCOMES MEASURED

No outcomes measured only for internal use..... 0

IF 24 ≠ 0

26. To whom do you report outcomes and/or performance measures? How often are you required to report this information?

INSTRUCTIONS: FOR ALL YES REPLIES, RESPONDENT WILL GO TO "HOW OFTEN".

	IF YES, CONTINUE TO NEXT COLUMN, IF NO, GO TO NEXT ROW		MONTHLY	QUARTERLY	ANNUALLY	OTHER (SPECIFY)
	YES	NO				
a. State	1 <input type="radio"/>	0 <input type="radio"/>	1 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	<input type="text"/>
b. County	1 <input type="radio"/>	0 <input type="radio"/>	1 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	<input type="text"/>
c. Local board	1 <input type="radio"/>	0 <input type="radio"/>	1 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	<input type="text"/>
d. Other funders	1 <input type="radio"/>	0 <input type="radio"/>	1 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	<input type="text"/>
e. Other (specify)	1 <input type="radio"/>	0 <input type="radio"/>	1 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	<input type="text"/>
<input type="text"/>						

27. Is your organization required to meet any performance requirements to continue receiving funds or being an approved service provider?

- Yes..... 1
- No..... 0

Ask 28a, 28b, and 28c only in mandatory states

28a. For mandatory SNAP E&T participants, do you track and report on participant compliance measures?

- Track only..... 1
- Track and report..... 2
- Neither..... 3 GO TO Q29.....

28b. What participant compliance measures do you track on mandatory SNAP E&T participants?

TRACKED MEASURES

If 28a = 1, GO TO 29.
If 28a = 2, GO TO 28c.

28c. To whom do you report participant compliance measures? How often are you required to report this information?

INSTRUCTIONS: FOR ALL YES REPLIES, RESPONDENT WILL GO TO "HOW OFTEN".

	IF YES, CONTINUE TO NEXT COLUMN, IF NO, GO TO NEXT ROW		HOW OFTEN ARE YOU REQUIRED TO REPORT INFORMATION?				
	YES	NO	WEEKLY	MONTHLY	QUARTERLY	ANNUALLY	OTHER (SPECIFY)
a. State	1 <input type="radio"/>	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	<input type="text"/>
b. County	1 <input type="radio"/>	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	<input type="text"/>
c. Local board	1 <input type="radio"/>	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	<input type="text"/>
d. Other funders	1 <input type="radio"/>	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	<input type="text"/>
e. Other (specify)	1 <input type="radio"/>	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	<input type="text"/>
<input type="text"/>							

29. Based on your knowledge of the community, what would you consider the major types of industries or employers employing people in your area?

Select all that apply

- Agriculture, fishing, forestry, mining, and oil and gas extraction1
- Construction..... 2
- Educational services..... 3
- Financial activities, including finance, insurance, real estate, and rental.....4
- Government/Public Administration.....5
- Healthcare and social assistance..... 6
- Information including telecommunications, publishing, and data processing..... 7
- Leisure, hospitality, and tourism, including accommodations, food service, entertainment and recreation..... 8
- Manufacturing..... 9
- Military..... 10
- Professional and business services, including administrative and waste management services..... 11
- Retail and wholesale trade..... 12
- Transportation, warehousing, and utilities..... 13
- Other services (e.g., Installation, maintenance and repair).....14
- Something else..... 99

Specify

330. What types of skills do your participants most need to gain to be employable in your community?

Select all that apply

- Basic skills (literacy and math),
.....
1
- Soft skills (e.g., time management, interpersonal communication skills),
.....
2
.....
- Prior experience in industry/occupation in which seeking employment,
.....
3
.....
- Degree/credential/certification required by industry/occupation in which seeking employment, or
.....
4
.....
- Something else?

.....
99

Specify

Thank you for participating in this important study.

