

Instrument A:

NSVSP instrument for VSPs serving victims as their primary function (Primary VSPs)

Dear XX:

Thank you for agreeing to assist us in testing the National Survey of Victim Service Providers (NSVSP) survey instrument. This packet contains a paper copy of the questionnaire. We have already arranged a time to conduct a 60 minute interview with you about this survey. **You do not need to complete the survey before our interview.** During our scheduled interview we will go through the survey items with you and ask you how you would go about completing each of the items and your impressions of the item -- for example, how you interpret survey questions, if are any definitions or instructions you find unclear, and the burden you estimate would be involved in answering the questions. Your responses will help us further shape the content and wording of the questionnaire to ensure that the final data collected are valid, useful, and reliable.

Participation in this survey is voluntary, and you may discontinue participation at any time. You may also decline to answer any question you do not feel comfortable answering.

Because we anticipate that your feedback may result in changes to the survey instrument, we ask that you not share this instrument version with colleagues outside your organization.

Thank you again for your participation. We look forward to speaking with you soon!

National Survey of Victim Service Providers (NSVSP)

Survey Instructions

The National Survey of Victim Service Providers (NSVSP) will collect data from a sample of VSPs across the country to gather detailed information about VSPs and the victims they serve, including the number and characteristics of victims served, the types of crimes victims experienced, details about types of services provided, and staffing and funding levels.

This survey is sponsored by the U.S. Department of Justice's Bureau of Justice Statistics and Office for Victims of Crime.

Important Definitions

- 1) **CRIME**—An act which if done by a competent adult or juvenile would be a criminal offense.
- 2) **ABUSE**—Includes physical, sexual, emotional, psychological, or economic actions or threats to control another.
- 2) **VICTIM**—Any person who comes to the attention of your organization because of concerns over past, on-going, or potential future crimes and other abuse(s). This includes victims/survivors who are directly harmed or threatened by such crimes and abuse(s), but also their...a) Family or household members, b) Legal representatives, or c) Surviving family members, if deceased
- 3) **SERVICE**—Efforts that...a) Assist victims with their safety and security; b) Assist victims to understand and participate in the criminal justice or other legal process; c) Assist victims in recovering from victimization and stabilizing their lives; or d) Respond to other needs of victims

General Instructions (Including who should complete this survey)

Your organization is receiving this survey because it has been identified as providing at least some services or assistance to victims of crime or abuse. If your organization or a program within your organization does not provide services to victims of crime or abuse, you will be able to report this near the beginning of this survey.

- **This survey is best completed by someone with knowledge about the available services for victims of crime or abuse, number and characteristics of victims served, and staffing and funding for victim services within your organization.** Some organizations have specific programs or staff dedicated to working with victims of crime or abuse. In these instances, the survey is best completed by someone with direct knowledge of these programs or activities.

Confidentiality Assurances

The information you provide will be used to generate aggregate statistics on the provision of victim services. Your organization will not be identified in any statistical reports produced by the Bureau of Justice Statistics and any information identifying your organization by name will be removed from the public-use data file.

Burden Statement

On average, it will take 45 minutes to complete this survey, including time for reviewing instructions, gathering and maintaining the data needed, and completing and reviewing the collection of information.

This study is voluntary; you may discontinue participation at any time and decline to answer any questions.

Send comments regarding any aspects of this collection of information, including suggestions for reducing this burden, to the Director, Bureau of Justice Statistics, 810 Seventh Street NW, Washington, DC 20531. Although this survey is voluntary, we urgently need and appreciate your cooperation to make the results comprehensive, accurate, and timely.

VICTIMS SERVED

Throughout this survey, please think about the component of your organization that serves victims of crime and abuse and about the victims who received services during the past <calendar/fiscal> year. If your organization served crime victims through a specific program, think about that program when answering the remaining questions.

1. Did your organization operate a hotline/helpline or crisis line at any time during the past calendar/fiscal year?

- Yes
- No

2. Excluding hotline/helpline or crisis line calls, how many unique victims received direct services from your organization during the past calendar/fiscal year? Estimates are acceptable. (Exclude victims who only received information through the mail or email.)

Unique Victims # _____

VICTIM CHARACTERISTICS

Thinking about the victims of crime or abuse served by your organization, please complete the following tables on the demographic characteristics of these victims. Estimates are acceptable. Enter "0" if you did not serve any victims in a particular category.

3a. Describe the victims your organization served during the last calendar/fiscal year by race and ethnicity.

| Race/Ethnicity | Number of victims |
|---|-------------------|
| <input type="checkbox"/> If race and ethnicity were not tracked → skip to 3b. | |
| American Indian or Alaska Native, non-Hispanic..... | _____ |
| Asian, Native Hawaiian or other Pacific Islander, non-Hispanic | _____ |
| Black or African American, non-Hispanic..... | _____ |
| Hispanic or Latino..... | _____ |
| White, non-Hispanic..... | _____ |
| 2 or more races (excluding Hispanic/Latino)..... | _____ |
| Other..... | _____ |

3b. Describe the victims your organization served during the last calendar/fiscal year by gender:

| Gender | Number of victims |
|--|-------------------|
| <input type="checkbox"/> If gender was not tracked → skip to 3c. | |
| Female..... | _____ |
| Male..... | _____ |

| Gender | Number of victims |
|-------------------|-------------------|
| Transgender..... | _____ |
| Not reported..... | _____ |

3c. Describe the victims your organization served during the last calendar/fiscal year by sexual orientation:

| Sexual Orientation | Number of victims |
|--|-------------------|
| <input type="checkbox"/> If sexual orientation was not tracked → Skip to 3d. | |
| Straight..... | _____ |
| Lesbian..... | _____ |
| Gay..... | _____ |
| Bisexual..... | _____ |
| Other..... | _____ |
| Not reported..... | _____ |

3d. Describe the victims your organization served during the last calendar/fiscal year by age category:

| Age | Number of victims |
|--|-------------------|
| <input type="checkbox"/> If age was not tracked → skip to 4. | |
| 0-11..... | _____ |
| 12-17..... | _____ |
| 18-24..... | _____ |
| 25-59..... | _____ |
| 60+..... | _____ |
| Not reported..... | _____ |

4. Thinking about victims of crime or abuse served by your organization during the last calendar/fiscal year, what were the initial crimes for which the victims sought services? Please enter '0' if no victims sought services for that crime type.

| Initial crime type for which victim sought services | Number of victims served |
|---|--------------------------|
| <input type="checkbox"/> If crime type was not tracked → skip to 6. | |
| Adults molested as children..... | _____ |
| Assault, physical (other than domestic/dating violence) | _____ |
| Child physical abuse..... | _____ |

| Initial crime type for which victim sought services | Number of victims served |
|---|--------------------------|
| Child sexual abuse..... | _____ |
| DUI/DWI crashes..... | _____ |
| Domestic/dating violence..... | _____ |
| Elder abuse..... | _____ |
| Fraud/ID theft..... | _____ |
| Human trafficking (<i>labor</i>) | _____ |
| Human trafficking (<i>sex</i>) | _____ |
| Rape/sexual assault..... | _____ |
| Stalking..... | _____ |
| Survivors of homicide victims..... | _____ |
| Other | _____ |
| Not Reported..... | _____ |

SERVICES FOR VICTIMS

The questions in this section pertain to the types of services your organization provided to victims of crime or abuse in the past calendar/fiscal year.

5. Did your organization provide the following direct services during the past calendar/fiscal year?

| Type of Direct Service Provided | Yes | No |
|--|-----|----|
| INFORMATION AND REFERRALS | | |
| <i>Service or victimization-related</i> | | |
| Telephone line or program referral | | |
| General information about crime and victimization, prevention, or risk reduction | | |
| <i>Justice-related information</i> | | |
| Notification of legal rights | | |
| Notification of case events or proceedings | | |
| Case status update (investigation, etc., not tied to court proceeding) | | |
| Notification of offender release/status change | | |
| Assistance with reentry and/or terms and conditions of probation for victims with a criminal history | | |
| Assistance with expungement of criminal record for with a criminal history | | |
| FINANCIAL AND MATERIAL ASSISTANCE SERVICES | | |
| <i>Compensation/Monetary</i> | | |
| Assistance in filing for victim compensation | | |
| Restitution claim assistance | | |
| Restitution collection assistance | | |
| Emergency financial assistance (includes emergency loans, petty cash, payment for items such as food clothing, etc.) | | |
| <i>Material or Financial Advocacy/Support</i> | | |
| Emergency, transitional, or relocation housing (shelter, hotel, safe house, etc.) | | |
| Long-term/stable housing | | |
| Rental assistance | | |
| Assistance meeting other basic needs (e.g., clothing, food, etc.) | | |
| Intervention with employer, creditor, landlord, or academic institution | | |
| Employment or educational counseling/Job training | | |
| Transportation assistance | | |
| Child care assistance | | |
| Public benefits assistance (TANF/Welfare, housing, social services, etc.) | | |
| Assistance with return of personal property/effects | | |
| Assistance with obtaining or replacing documents (e.g., birth certificate, Driver's license, SSN card, identification card) | | |
| EMOTIONAL SUPPORT AND SAFETY | | |
| <i>Safety</i> | | |
| Conduct or coordinate risk assessments | | |
| Conflict resolution, mediation, negotiation | | |
| Crime/Violence de-escalation support (e.g., calming the victim, family members, or witnesses down on scene or during intervention, preventing retaliation) | | |

| | | |
|---|--|--|
| Immediate or emergency safety planning | | |
| Safety planning | | |
| <i>Treatment or support services</i> | | |
| Hotline, helpline, or crisis line intervention or counseling | | |
| Support groups | | |
| Peer, family, or group counseling | | |
| Individual counseling | | |
| Therapy other than counseling (e.g. traditional, cultural, or alternative healing; art, writing, or play therapy, etc.) | | |
| Social/recreational activities for victims/witnesses | | |
| Substance abuse services (prevention or treatment) | | |
| MEDICAL AND PHYSICAL HEALTH ASSISTANCE | | |
| <i>Medical/hospital/clinic treatment</i> | | |
| Conduct forensic exams or collection of evidence | | |
| Conduct HIV/STD testing | | |
| Treatment of injuries | | |
| <i>Health advocacy services</i> | | |
| Victim advocacy/accompaniment to medical forensic exam | | |
| Victim advocacy/accompaniment during medical care | | |
| LEGAL AND VICTIMS' RIGHTS ASSISTANCE | | |
| Legal/victim rights implementation or enforcement assistance | | |
| Civil legal services (including with family law issues such as custody, visitation, or support) | | |
| Civil legal advocacy/court accompaniment | | |
| Criminal legal services | | |
| Criminal justice advocacy/court accompaniment | | |
| Victim/witness preparation | | |
| Law enforcement interview accompaniment /advocacy | | |
| Victim impact statement assistance | | |
| Crime victim compensation legal assistance (including filing and appealing claims) | | |
| Immigration Assistance (including Continued Presence, U and T visas, etc.) | | |
| OTHER SERVICES | | |
| On-scene coordinated response | | |
| Supervised child visitation | | |
| Language services (including interpretation and translation services) | | |
| Culturally or ethnically specific services (<i>not including language services</i>) | | |
| Education classes for survivors regarding victimization dynamics | | |

6. In addition to any other services you offer, do you have specialized programming or outreach for any of the following populations? Check all that apply. These are broad categories which may not reflect the detailed focus of some organizations. Please do your best to fit your organization within the general categories provided.

| Populations | Yes | No |
|-------------------------|-----|----|
| Child victims | | |
| Adolescent/teen victims | | |

| | | |
|---|--|--|
| Elder victims | | |
| Female victims, generally | | |
| Female victims of color | | |
| Male victims, generally | | |
| Male victims of color | | |
| Indigenous victims, including tribal | | |
| Immigrant/refugee/limited English proficiency victims | | |
| LGBTQ victims | | |
| Victims with disabilities | | |
| Deaf or hard-of-hearing victims | | |
| Formerly incarcerated victims | | |
| Currently incarcerated victims | | |
| Other <i>Specify:</i> | | |

7. What were the top three most common types of direct victim services your organization provided in the past calendar/fiscal year? Check 3: (Show list based on how respondent answered items in #5.)

8. Does your organization provide comprehensive case management? (i.e., working with victims on an individual basis to identify their specific needs, linking them to those services, advocating for them with programs, helping them navigate different services and systems, etc.)

- Yes
- No

9. Does your organization, internally or with external entities, participate in routine coordination meetings for the victims you serve?

- Yes
- No (→ Skip to 10.)

9a. Do these meetings involve multiple agencies?

- Yes
- No

10. Do staff in your organization travel to provide services:

| Service | Yes | No |
|--|-----|----|
| On site of the victimization | | |
| In victims' homes | | |
| In police departments | | |
| In hospitals or community-based health clinics | | |

| | | |
|---|--|--|
| Court-related settings (e.g., DA office, public defender's office) | | |
| In prison or jail | | |
| a. If no, does your organization offer online, phone, or texting services to victims in prison or jail? Yes or No | | |

11. In the past year, what percent of victims received continuous services for:

Less than 1 month..... _____ %
 1 to 2 months..... _____ %
 3 to 6 months..... _____ %
 More than 6 months..... _____ %

100%

12. Are staff available 24 hours a day to respond to victims in crisis?

- Yes
- No

13. Does your agency have a written referral source list?

- Yes
- No (→ Skip to 14)

13a. If yes, is the referral list updated at least one time per year?

- Yes
- No

14. In the past year, how many different entities did your organization/program have a working relationship with in order to provide victims with services? _____

15. In the past year, has your organization's referral network:

- Decreased
- Stayed about the same
- Increased
- Don't know

16. Does your organization have a policy to vet the agencies where you refer victims?

- Yes
- No
- Don't know

17. Thinking about the victims served by your organization in past calendar/fiscal year, how many victims were:

If referrals were not tracked → Skip to 18.

Self-referred (i.e. victim connected directly or through family/friends)..... _____

Referred from another organization or program..... _____

7a. What 3 types of organizations did you receive the most referrals from in in the past calendar/fiscal year? Check all that apply.

- Corrections ((i.e., probation, parole, or correctional facility staff)
- Court
- Law enforcement agency (e.g., police or sheriff's department)
- Prosecutor's office
- Legal services agency
- Educational institution/organization
- Faith-based organization
- Healthcare/mental healthcare provider
- State victim service agency
- Community-based victim service provider/organization
- Other, specify _____

18. Are there services that are not available or challenging for your community to provide?

- Yes
- No (→ Skip to 20)

19. What are the top 3 service gaps in your community? CHECK 3: (Note: Let participant know on the online survey they would check options from the list of services above; show the list of services again)

19a. For each of the top 3 service gaps, which of the following best captures why this is a service gap in the community:

- These services do not exist in our area;
- Services exist but wait lists are long;
- Victims we serve tend not to be eligible for these services;
- Other, specify _____

20. Does your organization measure client outcomes or the impact of your service?

- Yes
- No (→ Skip to 21)

20a. Which of the following approaches do you use?: (check all that apply)

- Pre/post tests of clients
- Client satisfaction survey
- Client exit survey
- External program evaluation
- Follow-up surveys or interviews of clients (e.g., 3 months after services)
- Other _____

21. How does your organization/agency keep track of client and/or service data?

- An internal database (e.g. Microsoft Access)
- An internal spreadsheet (e.g. Microsoft Excel)
- Data management software program (e.g. Alice)
- Web-based data management (e.g. InfoNet)
- Paper systems or paper tracking
- Other _____

22. Does your organization use an electronic case management system (CMS) for individual cases?

- Yes
- No (→ **Skip to 23**)

22a. Please indicate whether your CMS includes any of the following features (Check all that apply.)

- Ability to output the data needed for grant reporting
- Double-entry recognition (such as entering the victim's name, or crime type, or something in more than one place).
- Ability to export data to Excel or other spreadsheet program?
- Compatibility with at least some other organizational software (e.g., accounting software, Project management software, and/or outlook or other email/calendar system)
- Mobile-friendly
- Ability to enter or review CMS data from their smart phone

HUMAN RESOURCES

23. How many staff currently work at your organization? *Count each person only once. If a person fills more than one position, assign him/her to the position to which they devote the most time. Enter '0' if there are no staff in that position. Include contractual workers in your counts.*

| Job classification | Full-Time Staff (35 hour or more/week) | Part-Time Staff (Less than 35 hours/week) | Active Volunteers |
|--|---|--|-------------------|
| Executive/Managerial Positions (e.g., Director, CFO, program director, outreach coordinator, etc.; Do not include volunteer board members in your counts)..... | _____ | _____ | _____ |
| Administrative Positions (e.g., IT, bookkeeping, secretarial, facilities, other support, etc.)..... | _____ | _____ | _____ |
| Direct Service Positions (e.g., counselor, advocate, attorney, etc.).. | _____ | _____ | _____ |
| Total | _____ | _____ | _____ |

Direct Service Positions

For the next three items, consider only **Direct Service Positions** within your organization.

24. How many direct service staff (e.g., counselor, advocate, attorney, etc.) worked at your organization at the beginning of the past <calendar/fiscal year>? *Count each person only once. Enter '0' if there were no staff in that position. Include contractual workers in your counts.*

Full-time staff (35 hours or more/week)..... _____

Part-time staff (Less than 35 hours/week)..... _____

Full-time staff (35 hours or more/week)..... _____

Part-time staff (Less than 35 hours/week)..... _____

25. How many direct service positions were vacated in the past <calendar/fiscal year> *Count each person only once. Enter '0' if there were no staff released from that position. Include contractual workers in your counts.*

Full-time staff (35 hours or more/week)..... _____

Part-time staff (Less than 35 hours/week)..... _____

26. How many new direct service positions were filled at your organization in the past <calendar/fiscal year>? *Count each person only once. Enter '0' if there are no new staff in that position. Include contractual workers in your counts.*

Full-time staff (35 hours or more/week)..... _____

Part-time staff (Less than 35 hours/week)..... _____

Highest Executive or Management Position

Please think about the person in the highest executive or management position at your organization (e.g., Director of your organization) when answering Questions 27-35. Remember all information you provide will be used to generate aggregate statistics, and your organizations name will not be linked to the information you provide.

27. What is this person's current position title?

28. What month and year did this person begin working at your organization?

Month _____ Year _____

Check box if information not available

29. How many years of relevant job experience does this person currently have (including experience gained through your organization and though previous employment)?

Check box if information not available

30. What is the highest level of education attained by this person?

- Less than a high school degree
- High school or equivalent degree
- Some college
- College degree
- Some post graduate
- Graduate degree (e.g., M.A., M.S., J.D.)
- Unknown

31. What is the age of this person?

- Less than 18
- 18-24
- 25-34
- 35-44
- 45-54
- 55-64
- Greater than 64

32. Is this person employed full time (i.e., 35 hours or more per week) or part time (i.e., less than 35 hours per week)?

- Full time
- Part time

33. Still thinking about the person in the highest executive or management position, approximately what proportion of time did that person spend performing each of the following job functions in YYYY? Estimates are acceptable. Enter '0' if the employee did not serve the listed function.

| Job Function | % of Executive's time |
|---|-----------------------|
| Administrative functions (including budget and grant management, report writing/paperwork, etc.),..... | _____ % |
| Supervisory functions (including staff or volunteer management, staff or volunteer training and development, program coordination, etc.) | _____ % |
| Direct Service functions (including assistance-related activities and any contact with victims, whether face-to-face, telephone, or on-line chat) | _____ % |
| Outreach functions (including community activities, community awareness, etc.) | _____ % |
| Fundraising and grant writing..... | _____ % |
| Research/program evaluation..... | _____ % |
| Other functions..... | _____ % |
| (specify)_____ | |
| TOTAL..... | 100% |

34. What is the current salary of this person?

- <\$30,000 per year
- \$30,000-\$49,999 per year
- \$50,000-79,999 per year
- \$80,000-\$99,999 per year
- \$100,000-\$149,999 per year
- Greater than \$150,000 per year
- Check box if information is not available

35. Does this employee receive or were they offered health insurance benefits?

- Yes
- No (→ Skip to 35b)

35a. Do these health benefits include mental health benefits?

- Yes
- No

35b. Does this employee receive or were they offered any of the following additional benefits?

| Benefit type | Yes | No | Unknown |
|---|--------------------------|--------------------------|--------------------------|
| Ten days or more paid sick leave?..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ten days or more paid vacation days?... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Pension/retirement contribution?..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Tuition reimbursement?..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Most Recent Direct Service Position Hire

Thinking about your organization’s specific program(s) or staff dedicated to working with crime victims, please think about the person most recently hired for a direct service position at your organization when answering Questions 36 through 46. This person must be a paid employee (full time or part time). Remember all information you provide will be used to generate aggregate statistics, and your organizations name will not be linked to the information you provide.

36. What is this employee’s current position title?

37. What month and year did this employee begin working at your organization?

Month _____ Year _____

- Check box if information not available

38. How many years of relevant job experience does this employee currently have (including experience gained through your organization and though previous employment)?

- Check box if information not available

39. Is this person a full-time or a part-time employee?

- Full-time employee (35 hours per week or more)
- Part-time employee (less than 35 hours per week)
- Unknown

40. What is the highest level of education attained by this employee?

- Less than a high school degree
- High school or equivalent degree
- Some college
- College degree
- Some post graduate
- Graduate degree (e.g., M.A., M.S., J.D.)
- Unknown

41. Still thinking about the most recent direct service person you hired, approximately what proportion of time did that employee spend performing each of the following job functions in YYYY? Estimates are acceptable. Enter '0' if the employee did not serve the listed function.

| Job Function | % of selected direct service employee's time |
|--|--|
| Direct Service Activities (including assistance-related activities and any contact with victims, whether face-to-face, telephone, or on-line chat) | _____ % |
| Administrative functions (including budget and grant management, report writing/paperwork, etc.),..... | _____ % |
| Supervisory functions (including staff or volunteer management, staff or volunteer training and development, program coordination, etc.) | _____ % |
| Outreach functions (including community activities, community awareness, etc.)... | _____ % |
| Fundraising and grant writing..... | _____ % |
| Research/program evaluation..... | _____ % |
| Other functions..... | _____ % |
| (specify) _____ | |
| TOTAL..... | 100% |

42. What is the current salary of most recent direct service person you hired?

- <\$30,000 per year
- \$30,000-\$49,999 per year
- \$50,000-79,999 per year
- \$80,000-\$99,999 per year
- \$100,000-\$149,999 per year
- Greater than \$150,000 per year

43. Does this direct service person receive or were they offered health insurance benefits?

- Yes
- No ((→Skip to 44)

43a. Do these health benefits include mental health benefits?

- Yes
- No

43b. Does this direct service person receive or were they offered any of the following additional benefits?

| Benefit type | Yes | No | Unknown |
|---|--------------------------|--------------------------|--------------------------|
| Ten days or more paid sick leave?..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ten days or more paid vacation days?... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Pension/retirement contribution?..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Tuition reimbursement?..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

44. Still thinking about the last direct service person you hired, did you require this employee to have a minimum number of hours of pre-service training?

- Yes
- No (→ Skip to 45)
- Unknown (→ Skip to 45)

44a. How many hours of pre-service training were required?

_____ hours

45. Did you require this employee to complete a specified number of hours of training within the first calendar year of service at your organization?

- Yes

- No (→ Skip to 46)
- Unknown (→ Skip to 46)

45a. How many hours of training were required in the first year of service?

_____ hours

46. Do you require this employee to have a minimum number of hours of ongoing professional development during each calendar year of service at your organization?

- Yes
- No (→ Skip to 47)
- Unknown (→ Skip to 47)

46a. How many hours of professional development are required each year?

_____ hours

All Active Volunteers

47. Now thinking about the job functions performed by your organization’s work force, for each function, what proportion of the work was carried out by active volunteers (as opposed to paid employees)? Estimates are acceptable. Enter ‘0’ if the function was not performed by volunteers and 100% if the function was only performed by volunteers.

| Job Function | % of work performed by volunteers |
|--|-----------------------------------|
| Administrative functions (including budget and grant management, report writing/paperwork, etc.),..... | _____ % |
| Direct Service Activities (including assistance-related activities and any contact with victims, whether face-to-face, telephone, or on-line chat) | _____ % |
| Administrative functions (including budget and grant management, report writing/paperwork, etc.),..... | _____ % |
| Supervisory functions (including staff or volunteer management, staff or volunteer training and development, program coordination, etc.) | _____ % |
| Outreach functions (including community activities, community awareness, etc.) | _____ % |
| Fundraising and grant writing..... | _____ % |
| Research and program evaluation..... | _____ % |
| Other functions..... | _____ % |
| (specify) _____ | |

End of Survey Questions