APPENDICES FOR OMB PART A

Appendix A.1: Grantee and Subrecipient/Service Recipient Surveys

Corporation for
**NATIONAL &
COMMUNITY
SERVICE** ★★★

Abt ASSOCIATES

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REAL-WORLD
IMPACT

Process Evaluation of the Social Innovation Fund
Pay for Success Program
(SIF PFS Program)

Grantee Survey

INSTRUCTIONS AND GUIDANCE TO COMPLETE THE ONLINE SURVEY

Please keep the following in mind as you complete the survey:

- **We ask that you complete this survey within 2 weeks of receiving your invitation email.**

- The word "sub" is used in place of "subrecipient/service recipient" in multiple questions.

- To facilitate the survey completion, you may find it helpful to have information about your organization's staffing numbers, PFS project dates, subrecipient/service recipient RFP dates, and PFS program or project progress on hand prior to beginning the survey.

- If needed, please feel free to coordinate with colleagues or collect information from other staff members in order to answer specific questions.

- Use the survey's navigation buttons (**Back** and **Next)** to move through the survey.

- You may exit the survey at any time by pressing the "**Save and continue later**" button or simply closing your browser window. When you re-open the survey, you will be able to continue where you left off.

- You may return to the survey at any time by clicking the link you received in the invitation email. However, once you have clicked "Submit", you will not be able to return to it without contacting someone at Abt Associates (i.e., email CNCS_PFS_STUDY@abtassoc.com or call 617-520-3899).

- It will take approximately 20 minutes to complete the survey. The navigation bar at the bottom of the screen will give you an indication of how much you have left to complete the survey.

- Throughout the survey, key terms will be highlighted in **bright blue**. If you hover over one of the key terms, a pop-up definition will appear.

- Once you reach the last question of the survey, you will see a "**Submit**" button. After clicking this button, your survey will be complete and you may close your browser.

If you have questions about the study, or need help in accessing the survey or navigating the screens, please email CNCS_PFS_STUDY@abtassoc.com or call 617-520-3899.

I. Organizational Background and Staffing

1. Please complete the table below indicating the number of staff members (either part-time or full-time) that fall into each of the following categories:
   [Online version will contain hover-above note stating that columns B-E should include administrative as well as programmatic staff.]

	Number of staff members (either part- or full-time) currently employed by your organization...				
	across all locations?	that currently work on *any* PFS activities?	that currently work on SIF PFS program activities?	that currently work *only* on SIF PFS program activities?	that were hired to work on PFS activities after your organization received the award from the SIF PFS program?
# of staff members (either part-time or full-time)					

II. Experience and Involvement with Pay For Success (PFS)

1. Approximately when did your organization first begin exploring, planning, implementing, or evaluating PFS projects?

   _____

   [Month/Year]   *online survey will have dropdown to enter Month/Year

2. *Prior to* receiving the SIF PFS grant from CNCS, was your organization directly involved in assessing the feasibility of, planning for, or implementing a specific PFS project?
   - ____ No (SKIP TO QII.3)
   - ____ Yes

        [IF YES] What was the primary role of your organization in this (these) project(s)? [SELECT ONE]
        - __ Government agency planning/implementing project
        - __ Technical assistance provider
        - __ Direct service provider
        - __ Evaluator
        - __ Intermediary
        - __ Payor
        - __ Investor/funder

__ Other (Please describe): _____

3. *Prior to* receiving the SIF PFS grant, how many of your staff members had direct experience with any activities related to the planning or implementation of a PFS initiative? _____

4. *After* receiving the SIF PFS grant, how many of your staff members had direct experience with any activities related to the planning or implementation of a PFS initiative? _____

5. *Prior to* receiving your award from the SIF PFS program, did your organization receive any external funding for PFS activities?
      __ No (SKIP TO QII.6)
      __ Yes

      [IF YES] What were the source(s) of these external funds? [SELECT ALL THAT APPLY]

         <u>Source of Funds</u>
         __ Federal government
         __ State government
         __ Local government
         __ Philanthropies/foundations
         __ Individual donors
         __ Commercial bank/thrift/credit union/savings and loan
         __ Investment bank
         __ College/university
         __ Other research organization
         __ Community development financial institution (CDFI)
         __ Non-profit organization not otherwise listed here
         __ Non-forgivable loans from any source
         __ Other (Please describe):_____
         __ Other (Please describe):_____

6. *After* receiving your award from the SIF PFS program, has your organization obtained any additional external funding for PFS activities over and above any matching funds required by the SIF PFS program?
      ____ No (SKIP TO QII.7)
      ____ Yes

      [IF YES] What were the source(s) of these external funds? [SELECT ALL THAT APPLY]

         <u>Source of Funds</u>
         __ Federal government
         __ State government

__ Local government

__ Philanthropies/foundations

__ Individual donors

__ Commercial bank/thrift/credit union/savings and loan

__ Investment bank

__ College/university

__ Other research organization

__ Community development financial institution (CDFI)

__ Non-profit organization not otherwise listed here

__ Non-forgivable loans from any source

__ Other (Please describe):_____

__ Other (Please describe):_____

III. SIF PFS Program

1. Which of the following best describes your organization's approach in working with subs? [SELECT ONE]?

____ Address a specific social policy or programmatic area through the PFS model

____ Promote the PFS model regardless of issue area

____ Other (Please describe): _____

_____

IV. **Subrecipient/Service Recipient Selection**

1. For each Request for Proposal (RFP) or other similar solicitation for subs released **since** July 1, 2015 [OR AUTO-FILL DATE OF LAST DATA COLLECTION], what was the approximate time elapsed (in weeks) from RFP release date to final selection of your subs?

	# of Weeks from RFP Release to Final Selection
First RFP (post-July 1, 2015 [OR AUTO-FILL DATE OF LAST DATA COLLECTION])	
Second RFP (post-July 1, 2015[OR AUTO-FILL DATE OF LAST DATA COLLECTION])	
Third RFP (post-July 1, 2015[OR AUTO-FILL DATE OF LAST DATA COLLECTION])	

* online survey will include rows for additional RFPs

2. What methods were used to publicize your organization's SIF PFS program RFP competition(s)? [SELECT ALL THAT APPLY]
   ___ Organization's website
   ___ Webinars
   ___ Social media
   ___ Listservs or email contact lists
   ___ Conversations with prospective applicants
   ___ Presentations at conferences or meetings
   ___ Other (Please describe): _____

3. Did your organization specify one or more focus areas in your selection of subs?
   ___ No (SKIP TO QIV.4)
   ___ Yes

   [IF YES] Was consideration limited to applications within the specified focus areas, or was focus area only one part of the review process?

   __ Applicants had to address the specified focus area(s)
   __ Applicants did not have to address the specified focus area(s), but those that did received preference in the review process

4. Did your RFPs target a specific type of organization as subrecipients/service recipients?

    ___ No (SKIP TO QIV.5)

    ___ Yes

        [IF YES] Which type of organizations did your RFP(s) target? [CHECK ALL THAT APPLY]

           __State governments

           __Local governments

           __Service providers

           __Collaborative/partnerships (multiple organizations)

           __Other (Please describe):_____

           __Other (Please describe):_____

           __Other (Please describe):_____

5. Did your organization have a matching requirement for your subs?

    ___ No (SKIP TO QIV.6)

    ___ Yes

[IF YES] What type of match was required? (SELECT ONE)

___ In-kind match required

___ Cash match required

___ Either cash or in-kind match required

    [IF YES] Was a dollar amount or a percentage required for the match?

    [DROP DOWN SELECTION OF DOLLAR AMOUNT OR PERCENTAGE]

    [IF DOLLAR AMOUNT] What was the estimated amount of the required match? $ _____

    [IF PERCENTAGE] What was the required percentage of the match? _____%

6. Are you providing any "pass-through" funding to subs?

    ___ No

    ___ Yes

V.   Feasibility Assessment/Capacity Building Assistance or Transaction Structuring Approach

1. [FEASIBILITY ASSESSMENT/CAPACITY BUILDING GRANTEES ONLY] Which of the following statements best describes your organization's approach to providing feasibility assessment/capacity building assistance to PFS subs? (SELECT ONE)

    ___ Responsibility for coordinating initial planning and feasibility assessment activities lies primarily with your organization as the SIF PFS grantee (consulting model)

    ___ Responsibility for coordinating initial planning and feasibility assessment activities lies primarily with the subs and your organization acts as a facilitator (coaching model)

    ___ Combination of the two above approaches

    ___ Other (Please explain): _____

    _____

2. How many of your subs will be assigned a designated staff member from your organization to coordinate assistance? (SELECT ONE)
    [Add hover-above text box defining "designated staff member" as: "For example, a site liaison, project manager, lead contact, grants manager, etc.]

    ___ None of our subs will be assigned a designated staff member from our organization (SKIP TO QV.4)

    ___ At least one but not all of our subs will be assigned a designated staff member from our organization

    ___ All of our subs will be assigned a designated staff member from our organization

    ___ All assistance is monetary or administrative; no programmatic assistance will be provided

3. Will/does your organization embed a grantee staff person within the sub organization (i.e., co-locate a "fellow" in the sub organization)?

    ___ No

    ___ Yes

4. Will/does your organization fund a staff person hired by the sub organization?

    ___ No

    ___ Yes

5. Do you have a planned length of time that you intend to work with each sub?

        ___ No, will depend on the individual needs of sub (SKIP TO QV.6)

        ___ Yes

        [IF YES] Approximately how long do you anticipate working with each sub?_____ (months)

6. [FEASIBILITY ASSESSMENT/CAPACITY BUILDING GRANTEES ONLY] Please fill out the grid below documenting the activities that your organization has either completed, is currently engaged in, or is planning to engage in with your subs as part of the SIF PFS program. Please indicate the number of subs that fall into each category.

Activities	# of Subs Completed Activity	# of Subs Currently Engaged in Activity	# of Subs Planning to Engage in Activity	No Plans to Engage in Activity/ N/A
Work plan design				
Identify or select evidence-based intervention				
Needs assessment				
Target population analysis				
Risk assessment				
Logic model development				
Cost-benefit analysis				
Service provider capacity assessment				
Potential investor assessment (funding streams)				
Evaluation model development				
Stakeholder engagement				
Assist with federal funding requirements				
Other (Please describe):				
Other (Please describe):				
Other (Please describe):				

7. Please fill out the grid below documenting how your organization has interacted with your subs to date as part of the SIF PFS program.

Interaction	Number Completed to Date	Estimated Number Planned (Not Yet Completed)
Webinars or online training with multiple subs		
In-person group events or conferences for multiple subs		
Individual site visits or in-person meetings with subs		
Other (Please describe):		
Other (Please describe):		
Other (Please describe):		

8. Please fill out the grid below documenting whether and when you developed or plan to develop the following types of PFS products or materials as part of the SIF PFS program.

Types of Products or Materials	Developed Prior to Receiving SIF PFS Grant (Yes/No)	Developed Since Receiving SIF PFS Grant (Yes/No)	Plan to Develop (Yes/No)
Templates for feasibility assessment			
Templates for contracts			
Templates for evaluation designs			
Printed materials and toolkits			
Toolkits or timelines specifically for project management			
Templates for federal funding requirements			
Other (Please describe):			
Other (Please describe):			
Other (Please describe):			

9. How often do you currently (or expect) to have contact with your subs? (SELECT ONE)
    __Weekly or more frequently
    __Twice a month
    __Monthly
    __Less frequently than monthly, but on a regular basis
    __As needed

10. To date, what are the primary areas of focus of the feasibility assessment/capacity building assistance or transaction structuring assistance that you are providing to your subs? (SELECT UP TO THREE)

Focus Areas of Assistance
_____ Providing general education on PFS concepts and operations
_____ Offering general management/organizational assistance
_____ Identifying social problem or policy area suitable for PFS project
_____ Developing logic models of PFS project
_____ Identifying/selecting intervention
_____ Identifying/selecting intermediary
_____ Identifying/selecting service provider
_____ Recruiting investors
_____ Developing investment structure/outcomes pricing
_____ Identifying/selecting evaluator or designing evaluation
_____ Developing or finalizing contract(s)
_____ Conducting data analysis
_____ Providing cash grants
_____ Cohort learning/knowledge sharing
_____ Other (Please describe):_____

11. Looking forward to the next 3-6 months, what are the primary areas that you anticipate focusing on in the feasibility assessment/capacity building assistance or transaction structuring assistance that you are providing to your subs? (SELECT UP TO THREE)

Focus Areas of Assistance
_____ Providing general education on PFS concepts and operations
_____ Offering general management/organizational assistance
_____ Identifying social problem or policy area suitable for PFS project
_____ Developing logic models of PFS project
_____ Identifying/selecting intervention
_____ Identifying/selecting intermediary
_____ Identifying/selecting service provider
_____ Recruiting investors
_____ Developing investment structure/outcomes pricing
_____ Identifying/selecting evaluator or designing evaluation
_____ Developing or finalizing contract(s)
_____ Conducting data analysis
_____ Providing cash grants
_____ Cohort learning/knowledge sharing
_____ Other (Please describe):_____

VI.   [FEASIBILITY ASSESSMENT/CAPACITY BUILDING GRANTEES ONLY] Feasibility Assessment

1. Who has the primary responsibility for conducting PFS feasibility assessments as part of your SIF PFS program? (SELECT ONE)
   ___ Your organization as the SIF PFS grantee
   ___ Individual subs (with help from your organization as needed)
   ___ Other (Please describe):_____

2. What are the three most important considerations for your organization when assessing the feasibility of a PFS project?
   [PLEASE SELECT UP TO THREE (3) CONSIDERATIONS WHERE 1 IS THE MOST IMPORTANT, 2 IS THE SECOND MOST IMPORTANT AND 3 IS THE THIRD MOST IMPORTANT CONSIDERATION]

   __ Commitment or leadership of sub organization
   __ Political will/support from local/state/federal government
   __ Able to identify suitable social problem or policy area
   __ Able to identify or select evidence-based intervention(s)
   __ Able to identify or retain services of proven service provider(s)
   __ Able to take project to necessary scale
   __ Have support from funder/investors
   __ Have support from governments/payors
   __ Have data and are able to identify or agree upon measurable outcomes
   __ Able to conduct experimental or quasi-experimental evaluation
   __ Able to determine an agreed-upon price per successful outcome
   __ Other (Please describe):_____
   __ Other (Please describe):_____
   __ Other (Please describe):_____

3. Considering all of your organization's subs that were selected as part of the SIF PFS program, please indicate the number from each round (if multiple rounds) and the status of your feasibility assessment efforts.

RFP Round	# projects assessing feasibility	# projects with feasibility assessments completed	[IF FEASIBILITY ASSESSMENT WAS COMPLETED] How many projects were determined feasible?
Round 1			
Round 2			
Round 3			

* online survey will include rows for additional RFPs

[IF (SUM OF COLUMN D)<(SUM OF COLUMN C), AUTO-FILL TABLE BELOW WITH CORRECT NUMBER OF COLUMNS (SUM OF COLUMN D)-(SUM OF COLUMN C)] For each project found not feasible, please place a "√" in the table below for up to three primary reasons that the project was found not feasible. (SELECT UP TO THREE REASONS FOR EACH PROJECT)

	Project #1	Project #2 (if applicable)
Lack of commitment or leadership of sub organization		
Lack of political will/support from local/state/federal government		
Unable to identify suitable social problem or policy area		
Unable to identify or select evidence-based intervention		
Unable to identify or retain services of proven service provider(s)		
Unable to take project to necessary scale		
Insufficient demand for services		
Failure to obtain support from funder/investors		
Failure to obtain support from governments/payors		
Lack of data or unable to identify or agree upon measurable outcomes		
Unable to conduct experimental or quasi-experimental evaluation		
Unable to determine an agreed-upon price per successful outcome		
Other (Please describe):_____		
Other (Please describe):_____		
Other (Please describe):_____		

* online survey will include additional columns as needed

4. Have any of your subs' PFS projects been discontinued for reasons other than they were found not feasible?

___ No (SKIP TO QVIII.1)

___ Yes

> [IF YES] How many projects? _____
>
> [IF YES] Please briefly describe why each project was discontinued: _____
>
> _____

VII. [TRANSACTION STRUCTURING GRANTEES ONLY] Transaction Structuring Progress

1. Considering all of your subs that were selected as part of the SIF PFS program, please indicate the number of subs that have completed, are currently engaged in, are planning to engage in, or have no plans to engage in each activity listed in the table below.

Activities	# of Subs Completed Activity	# of Subs Currently Engaged in Activity	# of Subs Planning to Engage in Activity	No Plans to Engage Subs in this Activity
Development of project monitoring plan				
Identification and commitment of key partners (service provider, intermediary/project manager, back-end payor, evaluator, etc.)				
Recruitment of and commitment from investors				
Development of PFS financial model				
Finalization of evaluation plan				
Finalization and signing of contract				
Full implementation of PFS project				
Development of data sharing agreements				
Other (Please describe):___ _____				
Other (Please describe):___ _____				

2. Were any subs unable to complete transaction structuring activities?

> ___ No (SKIP TO QVIII.1)
>
> ___ Yes

[IF YES] How many projects? _____

[IF YES, AUTO-FILL TABLE BELOW WITH CORRECT NUMBER OF COLUMNS (QVII.2a)] For each project listed below, what was the primary reason that a PFS structure was determined to be infeasible? (CHECK (√) ONE REASON FOR EACH COLUMN)

	Project #1	Project #2 (if applicable)
Lack of interested investors		
Inability to raise enough capital from investors		
Unable to reach agreement on the financial structure of the transaction (e.g., payout structure, capital requirements)		
Lack of back-end payor		
Inability to reach mutually agreeable outcome benchmarks with investors and/or back-end payor		
Other (Please describe):_____		
Other (Please describe):_____		
Other (Please describe):_____		

* online survey will include additional columns as needed

VIII.   Reflection on the SIF PFS Program

1.   Please list up to three of your organization's most important considerations in determining whether or not you have been successful in building capacity among your subs. For each consideration, please indicate your organization's progress towards meeting your goals using a three-point scale where 1=Excellent Progress, 2=Average/In-Progress, and 3=Fair/No Progress.

	Progress toward achieving success		
Success Considerations	Excellent Progress	Average/In-Progress	Fair/No Progress
	1	2	3
1)			
2)			
3)			

2. Please rate how your organization's capacity for providing PFS assistance has changed since the time of your SIF PFS program award, [OR since (AUTO-FILL DATE OF LAST DATA COLLECTION] FOR RETURNING SURVEY RESPONDENTS)], both overall and in each of the following areas. For each factor in which you indicated a change, please indicate if you think that the change was a result of your organization's participation in the SIF PFS program.

	Capacity Change					Was change a result of participation in the SIF PFS program?
	Substantially Lower	Somewhat Lower	About the Same	Somewhat Higher	Substantially Higher	
	1	2	3	4	5	Yes/Yes, Partially/No
Overall capacity to provide PFS assistance						
Organizational infrastructure						
Staff expertise with PFS						
Expertise in management of subs						
Expertise in operating open competitions/RFPs						
Provision of technical support to assist subs' capacity building						
Provision of technical support to assist subs' feasibility assessment						
Other (Please describe):						
Other (Please describe):						
Other (Please describe):						

3. Please describe up to three important lessons your organization has learned related to your participation in the SIF PFS program since (receiving your SIF PFS award/INSERT DATE OF LAST DATA COLLECTION).

_____

_____

_____

_____

4. Is there anything your organization currently needs, but does not have, to effectively engage in the SIF PFS program? Please explain. _____

_____

_____

_____

IX.   **Perception of SIF PFS Program**

1. Using a four-point scale where 1 = Very Satisfied and 4 = Very Dissatisfied, please rate your satisfaction or dissatisfaction with the each of the following factors affecting implementation of your SIF PFS award.

	Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied
	1	2	3	4
Amount of content training received from CNCS				
Amount of grant management training received from CNCS				
Type of training received from CNCS				
Opportunity for knowledge-sharing among grantees				
Guidance provided for sub selection from CNCS				
Reporting requirements for SIF PFS program				
Other (Please describe):				
Other (Please describe):				
Other (Please describe):				

Thank you very much for your participation!

CNCS Process Evaluation of the Social Innovation Fund
Pay for Success Program
(SIF PFS Program)

Subrecipient/Service Recipient Survey

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- **We ask that you complete this survey within 2 weeks of receiving your invitation email.**
- The word "sub" is used in place of "subrecipient/service recipient" in multiple questions.
- To facilitate the survey completion, you may find it helpful to have information about your organization's staffing numbers, PFS project dates, subrecipient/service recipient RFP dates, and PFS program or project progress on hand prior to beginning the survey.
- If needed, please feel free to coordinate with colleagues or collect information from other staff members in order to answer specific questions.
- Use the survey's navigation buttons (**Back** and **Next)** to move through the survey.
- You may exit the survey at any time by pressing the "**Save and continue later**" button or simply closing your browser window. When you re-open the survey, you will be able to continue where you left off.
- You may return to the survey at any time by clicking the link you received in the invitation email. However, once you have clicked "Submit", you will not be able to return to it without contacting someone at Abt Associates (i.e., email CNCS_PFS_STUDY@abtassoc.com or call 617-520-3899).
- It will take approximately 20 minutes to complete the survey. The navigation bar at the bottom of the screen will give you an indication of how much you have left to complete the survey.
- Throughout the survey, key terms will be highlighted in **bright blue**. If you hover over one of the key terms, a pop-up definition will appear.
- Once you reach the last question of the survey, you will see a "**Submit**" button. After clicking this button, your survey will be complete and you may close your browser.

If you have questions about the study, or need help in accessing the survey or navigating the screens, please email CNCS_PFS_STUDY@abtassoc.com or call 617-520-3899.

I.   **Organization Background and Staffing**

1. What type of organization is [SUB NAME]? [SELECT ALL THAT APPLY]
   ___ Non-profit — multi-state
   ___ Non-profit — state-wide
   ___ Non-profit – local
   ___ Higher education organization — public
   ___ Higher education organization — private
   ___ Foundation/philanthropic
   ___ Research organization
   ___ Private financial institution (such as a CDFI)
   ___ State government agency
   ___ County government agency
   ___ City government agency
   ___ School district
   ___ Private business
   ___ Other (Please describe):_____

2. In which U.S. city and state or territory is your organization headquartered?
   _____

   [City, State or Territory)   *online survey will have dropdown menu of states and territories

3. How long ago was your organization founded (if applicable)? [SELECT ONE]
   __ Less than 2 Years
   __ 2-5 Years
   __ 6-10 Years
   __ 11-20 Years
   __ More than 20 Years

4. Please complete the table below indicating the number of staff members (either part-time or full-time) that fall into each of the following categories:
[Online survey will include a hover-above stating that "Number of staff members" should include administrative as well as programmatic staff.]

| | Number of staff members (either part- or full-time) currently employed by your organization... | | | | |
	across all locations?	that currently work on *any* PFS activities?	that currently work on SIF PFS program activities?	that currently work *only* on SIF PFS program activities?	that were hired to work on PFS activities after your organization was selected as a SIF PFS sub?
# of staff members (either part-time or full-time)					

II.   Experience and Involvement with Pay For Success (PFS)

1. Approximately when did your organization first begin exploring, planning, implementing, or evaluating PFS projects?

   _____
   [Month/Year]   *online survey will have dropdown to enter Month/Year

2. *Prior to* being selected as a sub in the SIF PFS program, was your organization directly involved in assessing the feasibility of, planning for, or implementing a specific PFS project?

   ____ No (SKIP TO QII.3)
   ____ Yes

           [IF YES] What was the primary role of your organization in this (these) project(s)? [SELECT ONE]
              __Government agency planning/implementing project
              __Technical assistance provider
              __ Direct service provider
              __ Evaluator
              __ Intermediary
              __ Payor

＿＿ Investor/ funder

＿＿ Other (Please describe): ＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿

3. ***Prior to*** being selected as a sub in the SIF PFS program, how many of your staff members had direct experience with any activities related to the planning or implementation of a PFS initiative? ＿＿＿＿＿＿＿＿＿＿＿

4. ***After*** being selected as a sub in the SIF PFS program, how many of your staff members had direct experience with any activities related to the planning or implementation of a PFS initiative? ＿＿＿＿＿＿＿＿＿＿＿

5. ***Prior to*** being selected as a sub in the SIF PFS program, did your organization receive any external funding for PFS activities?

＿＿ No (SKIP TO QII.6)

＿＿ Yes

[IF YES] What was (were) the source(s) of these external funds? [SELECT ALL THAT APPLY]

   Source of Funds

＿＿ Federal government

＿＿ State government

＿＿ Local government

＿＿ Philanthropies/foundations

＿＿ Individual donors

＿＿ Commercial bank/thrift/credit union/savings and loan

＿＿ Investment bank

＿＿ College/university

＿＿ Other research organization

＿＿ Community development financial institution (CDFI)

＿＿ Non-profit organization not otherwise listed here

＿＿ Non-forgivable loans from any source

＿＿ Other (Please describe):＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿

＿＿ Other (Please describe):＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿

6. ***After*** being selected as a sub in the SIF PFS program, has your organization obtained any additional external funding for PFS activities (not including any matching funds required by the SIF PFS program)?

＿＿＿ No (SKIP TO QIII.1)

＿＿＿ Yes

[IF YES] What was (were) the source(s) of these external funds? [SELECT ALL THAT APPLY]

Source of Funds
__ Federal government
__ State government
__ Local government
__ Philanthropies/foundations
__ Individual donors
__ Commercial bank/thrift/credit union/savings and loan
__ Investment bank
__ College/university
__ Other research organization
__ Community development financial institution (CDFI)
__ Non-profit organization not otherwise listed here
__ Non-forgivable loans from any source
__ Other (Please describe):_____
__ Other (Please describe):_____

III.   SIF PFS Program Application and Selection

1. What was the primary way that your organization learned about the opportunity to become a sub in the SIF PFS program? [SELECT ONE]
    __ CNCS website
    __ CNCS announcement or marketing materials (e.g., listserv, hard copies of materials)
    __ SIF PFS grantor website
    __ SIF PFS grantor announcement or marketing materials (e.g., listserv, hard copies of materials)
    __ SIF PFS grantor presentation at a meeting or convening
    __ Direct outreach from SIF PFS grantor to you or your organization
    __ Current or previous SIF PFS sub
    __ Personal/professional contact or word of mouth
    __ Other (please describe):_____

2. We are interested in knowing how many applications your organization has submitted in response to requests for proposals (RFPs) or similar solicitations issued by grantors in the SIF PFS program [OR since (AUTO-FILL DATE OF LAST DATA COLLECTION FOR RETURNING SURVEY RESPONDENTS)]. Please fill in the table below for each application submitted in response to an RFP issued under the SIF PFS program:

    a. To which SIF PFS RFP competition did your organization submit an application?

b. Was your organization selected as a sub by the grantor during that RFP process?

	Application	Selection
	SIF PFS Grantor Name and RFP Release Date [DROPDOWN]*	**Selected as a Sub? [Yes/No/Don't Know Yet]**
Application #1		
Application #2		
Application #3		

* DROPDOWN OPTIONS WILL INCLUDE: Corporation for Supportive Housing (CSH) December 2014, Green & Healthy Homes Initiative (GHHI) December 2014, Green & Healthy Homes Initiative (GHHI) March 2015, Harvard Kennedy School Social Impact Bond Lab (Harvard SIB Lab) October 2014, Institute For Child Success, Inc. (ICS) December 2014, National Council on Crime and Delinquency (NCCD) December 2014, Nonprofit Finance Fund (NFF) January 2015, Third Sector Capital Partners November 2014, University of Utah Policy Innovation Lab (Utah PIL) January 2015, and University of Utah Policy Innovation Lab (Utah PIL) April 2015. [NOTE: This list will be updated as new grantees are selected and grantees release new RFPs]. Additional rows will be added to online survey if needed.

3. Has your organization received any funding or pass-through funding as of today's date from one or more SIF PFS grantor(s)? (SELECT ONE)

    __ No, do not expect to receive funding or pass-through funding from one or more SIF PFS grantors (SKIP TO QIV.1)

    __ No but expect to receive funding or pass-through funding from one or more SIF PFS grantors (SKIP TO QIV.1)

    __ Yes

        [IF YES] How many grantors will you receive funding from? _____

[AUTO-FILL TABLE WITH NUMBER OF ROWS BASED ON QIII.3a] Please fill in the table below with the following information for each SIF PFS grantor from which your organization received funds:

    a. From which SIF PFS grantor(s) did your organization receive funds?

    b. What month and year did your organization first receive these funds?

    c. What is the approximate amount received to date from each SIF PFS grantor?

    d. What is the total amount of funds your organization expects to receive from each SIF PFS grantor?

	SIF PFS Grantor Name [DROPDOWN]	**Month/Year Funds First Received**	**Approximate Amount Received To Date**	**Total Amount of Funds Expected**
SIF PFS Grantor #1			$_ _ _, _ _, _ _ _	$_ _ _, _ _, _ _ _
SIF PFS Grantor #2			$_ _ _, _ _, _ _ _	$_ _ _, _ _, _ _ _
SIF PFS Grantor #3			$_ _ _, _ _, _ _ _	$_ _ _, _ _, _ _ _

*DROPDOWN OPRIONS WILL INCLUDE: Corporation for Supportive Housing (CSH), Green & Healthy Homes Initiative (GHHI), Harvard Kennedy School Social Impact Bond Lab (Harvard SIB Lab), Institute For Child Success, Inc. (ICS), National Council on Crime

and Delinquency (NCCD), Nonprofit Finance Fund (NFF), Third Sector Capital Partners, and University of Utah Policy Innovation Lab (Utah PIL). Additional rows will be added to online survey if needed.

[AUTO-FILL NUMBER OF COLUMNS BASED ON QIII.3a] Approximately what percent of these funds provided by each grantor is being used or is designated for each of the following costs? [INDICATE PERCENT USED FOR EACH ITEM]

	SIF PFS Grantor #1 [AUTO-FILL NAME]	SIF PFS Grantor #2 [AUTO-FILL NAME]	SIF PFS Grantor #3 [AUTO-FILL NAME]
% Salaries of own organization's staff working on PFS project activities			
% Outside intermediary			
% Outside evaluator or data analyst			
% Transaction coordinator costs			
% Legal services			
% Other (Please describe):_____			
% Other (Please describe):_____			
*Total of each column should equal 100%	100%	100%	100%

Note: additional columns will be added to online survey if needed.

IV. SIF PFS Activities

1. [AUTO-FILL TABLE WITH GRANTOR ROWS FROM QIII.2a if QIII.2b=YES] Is your organization required to obtain any matching funds or in-kind contributions under your agreement with your SIF PFS grantor(s)?

	Matching funds required [Yes/No]	In-kind contributions required [Yes/No]
SIF PFS Grantor #1 [AUTO-FILL NAME]		
SIF PFS Grantor #2 [AUTO-FILL NAME]		
SIF PFS Grantor #3 [AUTO-FILL NAME]		

Note: online survey will include additional rows if needed.

[IF ANY QIV.1 MATCHING FUNDS=YES, AUTO-FILL TABLE WITH NUMBER OF COLUMNS FROM QIV.1. WITH "MATCHING FUNDS"=YES] Please specify the type of organization that provided the matching funds and the estimated amount of matching funds provided by each organization. [SKIP IF MATCHING FUNDS=NO FOR ALL ROWS OF QIV.1]

Type of Organization	Estimated Amount of Matching Funds		
	SIF PFS Grantor #1 [AUTO-FILL NAME]	SIF PFS Grantor #2 [AUTO-FILL NAME]	SIF PFS Grantor #3 [AUTO-FILL NAME]
Federal government			
State government			
Local government			
Philanthropies/foundations			
Individual donors			
Commercial bank/thrift/credit union/savings and loan			
Investment bank			
College/university			
Other research organization			
Community development financial institution (CDFI)			
Non-profit organization not otherwise listed			
Non-forgivable loans from any source			
Matching funds not yet obtained			
Other (Please describe):			
Other (Please describe):			

Note: online survey will include additional columns if needed.

2. How many PFS projects does your organization hope to explore or develop as part of the SIF PFS program? _____

[TABLE AUTO-FILLED WITH NUMBER OF ROWS FROM QIV.2] To clarify information about each project, please choose a one- or two-word name for each of the PFS projects your organization hopes to explore or develop. This information will be auto-filled into subsequent survey questions so it is clear which project you are providing information about.

One or two-word project NAME:
One or two-word project NAME:
One or two-word project NAME:

Note: online survey will include additional rows if needed.

3. [SUBS OF FEASIBILITY ASSESSMENT/CAPACITY BUILDING GRANTORS] Please describe how far along your organization's SIF PFS projects are in the feasibility assessment process:

Project	Begun feasibility assessment [Month/Year, Check box if not begun]	Completed feasibility assessment [Month/Year, Check box if not complete]	If completed, was the project determined to be feasible? [YES/NO]
Project #1 [AUTO-FILL NAME FROM ABOVE]			
Project #2 [AUTO-FILL NAME FROM ABOVE]			
Project #3 [AUTO-FILL NAME FROM ABOVE]			

Note: online survey will include additional rows if needed

(AUTO-SKIP TO QV.4 IF NO PROJECTS WERE DETERMINED INFEASIBLE)

a. [AUTO-FILL TABLE BELOW WITH CORRECT NUMBER OF COLUMNS] For each project found not feasible, please place a "√" in the table below for up to three primary reasons that the project was found not to be feasible. (SELECT UP TO THREE REASONS FOR EACH PROJECT)

	Project #1	Project #2
Lack of commitment or leadership of own organization		
Lack of political will/support from local/state/federal government		
Unable to identify suitable social problem or policy area		
Unable to identify or select evidence-based intervention		
Unable to identify or retain services of proven service provider(s)		
Unable to take project to necessary scale		
Insufficient demand for services		
Failure to obtain support from funder/investors		
Failure to obtain support from governments/payors		
Lack of data or unable to identify or agree upon measurable outcomes		
Unable to conduct experimental or quasi-experimental evaluation		
Unable to determine an agreed-upon price per successful outcome		
Other (Please describe):_____		
Other (Please describe):_____		
Other (Please describe):_____		

* online survey will include additional columns if needed

b. Will you continue to work with the SIF PFS program? (SELECT ONE)
__ No
__ Yes, for some projects
__ Yes, for all projects

c. Will you continue to search for a suitable PFS project? (SELECT ONE)
__ No
__ Yes, for some projects
__ Yes, for all projects

d. Will you continue to search for alternative (non-PFS) financing arrangements? (SELECT ONE)
__ No
__ Yes, for some projects
__ Yes, for all projects

4. Have any of your SIF PFS projects been discontinued for reasons other than they were found not feasible?

      __ No (SKIP TO QV.1)

      __ Yes

          [IF YES] How many projects were discontinued? _____

          [IF YES] Please explain why each project was discontinued:

          Reason that Project #1 was discontinued:

          _____

          Reason that Project #2 was discontinued:

          _____

            *online survey will include additional project #s as needed

V.   **SIF PFS Subrecipient/Service Recipient Project Progress**

[THE FOLLOWING QUESTIONS WILL BE REPEATED FOR EACH PROJECT.

[IF ONE OR MORE PFS PROJECT(S)] We will now ask a series of questions about the progress of each of your SIF PFS project(s). Please consider each project separately when answering these questions.**[START OF LOOP- WILL BE REPEATED FOR EACH PFS PROJECT IDENTIFIED BY SUB IN SURVEY QUESTION QIV.2]**

1. Has your SIF PFS project [AUTO-FILL PROJECT NAME FROM QIV.2 ABOVE] selected an intermediary?

      __ No

      __ Yes, selected prior to involvement in SIF PFS program

      __ Yes, selected after involvement in SIF PFS program

      __ Not applicable (my organization is the intermediary)

2. Has your SIF PFS project [AUTO-FILL IN PROJECT NAME FROM QIV.2 ABOVE] selected a service provider?

      __ No

      __ Yes, selected prior to involvement in SIF PFS program

      __ Yes, selected after involvement in SIF PFS program

      __ Not applicable (my organization is the service provider)

3. Has your SIF PFS project [AUTO-FILL IN PROJECT NAME FROM QIV.2 ABOVE] secured a commitment of funds from any potential investors?

      __ No (SKIP TO QV.4)

      __ Yes, secured commitment of funds prior to involvement in SIF PFS program

      __ Yes, secured commitment of funds after involvement in SIF PFS program

[IF YES] Please fill in the table below with the following information for each investor from which your organization has secured a funding commitment:

a. What type of investor(s) did you secure a commitment of funds from?

b. When (month/year) did the investor commit their support?

c. What was the estimated amount committed by the investor (if known)?

	Type of Investor [DROPDOWN]	Approximate Month/Year Investor Committed Support	Estimated Amount Committed or Indicate if Don't Know
Investor #1			$_ _ _, _ _, _ _ _ ___ Don't Know
Investor #2			$_ _ _, _ _, _ _ _ ___ Don't Know
Investor #3			$_ _ _, _ _, _ _ _ ___ Don't Know

Note: online survey will include a minimum of 12 additional rows

TYPE OF INVESTOR DROPDOWN MENU WILL INCLUDE: State government, Local government, Local philanthropy/foundation, National philanthropy/foundation, Individual donor, Commercial bank/thrift/credit union/savings and loan, Investment bank, College/University, Other research organization, Community development financial institution (CDFI), Non-profit organization not otherwise listed here, Non-forgivable loans from any source, Other (Please describe).

4. Have outcome measures for your SIF PFS project [AUTO-FILL IN PROJECT NAME FROM QIV.2 ABOVE] been identified?

      __ No (SKIP TO QV.5)

      __Yes, identified prior to involvement in SIF PFS program

      __Yes, identified after involvement in SIF PFS program

            [IF YES] When were outcome measures identified? _____

                        [Month/Year]

[IF YES] Have outcome measures been tied to payback amounts for investors?

    __ No (SKIP TO QV.5)

    __ Yes

[IF YES] When was this process completed? _____

    [Month/Year]

5. Has your SIF PFS project [AUTO-FILL NAME FROM QIV.2 ABOVE] drafted an evaluation plan?

    __ No (SKIP TO QV.6)

    __ Yes, drafted prior to involvement in SIF PFS program

    __ Yes, drafted after involvement in SIF PFS program

[IF YES] Will the evaluation be conducted by an outside evaluator?

    __ No (SKIP TO QV.6)

    __ Yes

        [IF YES] Has an outside evaluator been hired or contracted?

        __ No (SKIP TO QV.6)

        __ Yes, hired or contracted prior to involvement in SIF PFS program

        __ Yes, hired or contracted after involvement in SIF PFS program

6. Has your organization finalized the PFS project contract(s) for [AUTO-FILL NAME FROM QIV.2]?

    __ No (SKIP TO QVI.1)

    __ Yes, finalized prior to involvement in SIF PFS program

    __ Yes, finalized after involvement in SIF PFS program

[END OF LOOP- REPEAT SECTION V FOR EACH REMAINING PFS PROJECT IDENTIFIED BY SUB IN SURVEY QUESTION QIV.2]

VI.   **Assistance or Support Provided by your SIF PFS Grantor**

1. Does your SIF PFS grantor(s) provide your organization with a designated individual from the grantor organization to provide assistance or support in SIF PFS project activities?
[Add hover-above text box defining "designated individual" as: For example, site liaison, project manager, lead contact, etc.]

    ___ No

    ___ Yes

2. Will/does your SIF PFS grantor embed a grantor staff person within your organization (i.e., co-locate a "fellow" with your staff)?

      ___ No

      ___ Yes

3. Will/does your grantor fund a staff person hired by your organization?

      ___ No

      ___ Yes

4. We are interested in the types of activities provided by the SIF PFS grantor(s) to assist your organization with your SIF PFS project activities. Please use the table below to indicate the types of activities provided by your grantor(s) and the usefulness of that activity.

Types of Activities	Provided by Grantor(s) [DROPDOWN OPTIONS: 1. Offered and used 2. Offered but not used 3. Not offered but wanted 4. Not offered and not wanted or not applicable	If Activity was Provided, How Useful Was It?		
		Very Useful	Somewhat Useful	Not Very Useful
Work plan design and management				
Review of the evidence base for intervention(s)				
Needs assessment				
Target population analysis				
Risk assessment				
Logic model development				
Cost-benefit analysis				
Service provider capacity assessment				
Potential investor assessment (funding streams)				
Evaluation model development				
Stakeholder engagement				
Assist with federal funding				

Types of Activities	Provided by Grantor(s) [DROPDOWN OPTIONS: 1. Offered and	If Activity was Provided, How Useful Was It?		
		Very Useful	Somewhat Useful	Not Very Useful
requirements				
Other (Please describe):				
Other (Please describe):				
Other (Please describe):				

5. We are interested in the types of interactions engaged in by the SIF PFS grantor(s) to assist your organization with your SIF PFS project activities. Please use the table below to indicate the types of interactions engaged in by your grantor(s) and the usefulness of that interaction.

Types of Interactions	Provided by Grantor(s) [DROPDOWN OPTIONS: 1. Offered and used 2. Offered but not used 3. Not offered but wanted 4. Not offered and not wanted or not applicable	If Interaction was Provided, How Useful Was It?		
		Very Useful	Somewhat Useful	Not Very Useful
Webinars or online training with multiple subs				
In-person group events or conferences for multiple subs				
Individual site visits to your organization or in-person meetings with staff from your organization				
Periodic or regular telephone calls with staff from your organization				
Resources such as templates, guides, reports, etc.				
Other (Please describe):				

Types of Interactions	Provided by Grantor(s) [DROPDOWN OPTIONS: 1. Offered and	If Interaction was Provided, How Useful Was It?		
		Very Useful	Somewhat Useful	Not Very Useful
Other (Please describe):				
Other (Please describe):				

6. We are also interested in the types of products or materials provided by the SIF PFS grantor(s) to assist your organization with your SIF PFS project activities. Please use the table below to indicate the types of products or materials provided by your grantor(s) and the usefulness of those products or materials.

Types of Products or Materials	Provided by Grantor(s) [DROPDOWN OPTIONS: 1. Offered and used 2. Offered but not used 3. Not offered but wanted 4. Not offered and not wanted or not applicable]	If Product or Material was Provided, How Useful Was It?		
		Very Useful	Somewhat Useful	Not Very Useful
Templates for feasibility assessment				
Templates for contracts				
Templates for evaluation designs				
Printed materials and toolkits				
Toolkits or timelines specifically for project management				
Templates for federal funding requirements				
Other (Please describe):				
Other (Please describe):				
Other (Please describe):				

7. Please rate how your capacity has changed since being selected as a SIF PFS sub, [OR since (AUTO-FILL DATE OF LAST DATA COLLECTION FOR RETURNING SURVEY RESPONDENTS)] both overall and in each of the areas listed below. For each factor in which you indicated a change, please indicate if you think that the change was a result of your organization's participation in the SIF PFS program.

	Capacity Change					Was change as a result of participation the SIF PFS program? [YES/YES, PARTIALLY/ NO]
	Substantially Lower	Somewhat Lower	About the Same	Somewhat Higher	Substantially Higher	
Overall capacity						
Grant management						
Project management						
Assessing project feasibility						
Ability to support and scale projects						
Identification/selection of evidence-based interventions						
Ability to conduct or identify rigorous evaluation methods						
Ability to collect data						
Ability to support effective program development						
Other (Please describe):						
Other (Please describe):						
Other (Please describe):						

8. Please describe up to three important lessons your organization has learned related to your participation in the SIF PFS program since being selected as a SIF PFS subrecipient/service recipient.

_____
_____
_____
_____

9. Is there anything your organization currently needs, but does not have, to effectively engage in the SIF PFS program? Please explain. _____

_____
_____
_____
_____

10. Overall, how useful has the assistance and support from your SIF PFS grantor been

   to your organization for increasing knowledge and understanding of PFS?

   ___ Very useful
   ___ Somewhat useful
   ___ Not very useful

Thank you very much for your participation!