

ATTACHMENT B

QUESTION BY QUESTION SOURCE TABLE FOR THE GRANTEE SURVEY

QUESTION BY QUESTION SOURCE LIST FOR THE GRANTEE SURVEY

This document lists each question on the PAF Grantee Survey, along with its source(s).

Grantee Survey Question #	Question Text	Source
A1	Name of organization:	Developed for TPP Sustainability Study
A2	Please select the category below that best describes your organization: 1 Community-based organization 2 State agency 3 City agency 4 County agency 5 Foundation 6 Academic institution 7 Hospital or medical clinic 8 School district 9 Research/evaluation company 10 Other (specify) _____	Developed for TPP Sustainability Study
A2a	Please specify the office or department responsible for the grant within the agency:	Developed for TPP Sustainability Study
A3	Your office or department's overall annual operating budget for Fiscal Year (FY) 2016	Developed for TPP Sustainability Study
A4	Your office or department's overall annual operating budget for FY 2012	Developed for TPP Sustainability Study
A5	Your office or department's overall annual operating budget for FY 2008	Developed for TPP Sustainability Study
A6	Percentage of your organization's overall budget [represented by the budget for your office or department] for FY 2016	Developed for TPP Sustainability Study
A7	Percentage of your organization's overall budget [represented by the budget for your office or department] for FY 2012	Developed for TPP Sustainability Study
A8	Percentage of your organization's overall budget for FY [represented by the budget for your office or department] 2008	Developed for TPP Sustainability Study
A9	Please select the length of time your organization has been operating: 1 Less than a year 2 1 year up to 3 years 3 3 years up to 7 years 4 7 years up to 10 years 5 10 years up to 20 years 6 More than 20 years	Developed for TPP Sustainability Study
A10	Please select the range that best represents the average number of full-time, part-time and seasonal staff employed by your organization in FY 2016 a) Less than 10 b) 10 to 20 staff c) 21 to 30 staff d) 31 to 40 staff e) 41 to 50 staff f) More than 50 staff	Developed for TPP Sustainability Study
A11	Please select the range that best represents the average number of full-time, part-time, and seasonal staff employed by your organization in FY 2012 a) Less than 10 b) 10 to 20 staff c) 21 to 30 staff d) 31 to 40 staff e) 41 to 50 staff f) More than 50 staff	Developed for TPP Sustainability Study

Grantee Survey Question #	Question Text	Source
A12	Please select the range that best represents the average number of full-time, part-time, and seasonal staff employed by your organization in FY 2008 a) Less than 10 b) 10 to 20 staff c) 21 to 30 staff d) 31 to 40 staff e) 41 to 50 staff f) More than 50 staff	Developed for TPP Sustainability Study
A13	Please list any additional staff we should contact to learn about sustainability efforts of 2010 OAH or CDC-funded program(s) at your organization: Name: Title: Email address: Phone number: na No additional staff	Developed for TPP Sustainability Study
B1	Please list each teen pregnancy prevention program your organization was funded to implement by OAH or the CDC as part of the 2010 grant (open-ended):	Developed for TPP Sustainability Study
B2	B2. Please indicate who was or is responsible for implementing the federally-funded program(s): 1 Your organization 2 Partner organizations 3 Both	Developed for TPP Sustainability Study
B3a	Please indicate the number of staff involved in <u>administration</u> of the funded program a) 1 to 5 b) 6 to 10 c) 11 to 15 d) 16 to 20 e) More than 20	Developed for TPP Sustainability Study
B3b	Please indicate the number of staff involved in <u>implementation</u> of the funded program a) 1 to 5 b) 6 to 10 c) 11 to 15 d) 16 to 20 e) More than 20	Developed for TPP Sustainability Study
B4	Please select the arrangement that best matches the program's staffing structure: a. All grantee organization staff: <input type="checkbox"/> Administration <input type="checkbox"/> Implementation b. Mix of grantee organization staff and external staff (such as teachers, nurses, etc.) <input type="checkbox"/> Administration <input type="checkbox"/> Implementation c. Mix of grantee organization staff and volunteers (such as peer leaders, mentors, etc.) <input type="checkbox"/> Administration <input type="checkbox"/> Implementation d. All external staff (example) <input type="checkbox"/> Implementation e. All volunteers <input type="checkbox"/> Implementation f. Other (specify) <input type="checkbox"/> Administration <input type="checkbox"/> Implementation	Developed for TPP Sustainability Study

Grantee Survey Question #	Question Text	Source
B5	<p>Please select the setting that best matches where you implemented the teen pregnancy prevention program:</p> <ol style="list-style-type: none"> 1 In school, during school 2 Clinic 3 After-school (school premises or community-based organization) 4 Faith-based organization 5 Summer program 6 Homes 7 Foster or out-of-home care 8 Juvenile justice facility 9 OTHER (<i>SPECIFY</i>) _____ 	Developed for TPP Sustainability Study
B6	<p>We want to learn about who your program serves, based on several categories. For each category, please select the population(s) your program served under the grant: MARK ALL THAT APPLY</p> <p><i>Gender</i></p> <ol style="list-style-type: none"> 1 Male 2 Female <p><i>Race/Ethnicity</i></p> <ol style="list-style-type: none"> 3 Latino 4 African American 5 White 6 Asian 7 American Indian or Alaska Native 8 Other (<i>specify</i>) _____ <p><i>Academic level</i></p> <ol style="list-style-type: none"> 9 Elementary school-aged youth 10 Middle school-aged youth 11 High school-aged youth 12 Post-secondary/college aged youth <p><i>Special populations</i></p> <ol style="list-style-type: none"> 13 Expectant teens 14 Parenting teens 15 Homeless teens 16 Teens in foster care or out-of-home care 17 Teens in juvenile justice facilities 18 Incarcerated teens 19 LGBT teens 20 Other (<i>specify</i>) _____ na No special populations 	Adapted from OMB; Developed for TPP Sustainability Study
B7	<p>Please indicate what percentage of the overall cost of operating the 2010 funded program during the grant period came from the OAH or CDC federal grant (including start-up costs, operational costs, other expenses, etc.)?</p> <ol style="list-style-type: none"> 1 100% 2 95– 99% 3 90 – 94% 4 85 – 89% 5 80% - 84% 6 75% - 79% 7 Less than 75% 	Developed for TPP Sustainability Study

Grantee Survey Question #	Question Text	Source
B8	<p>Please indicate what percentage of the overall cost of operating the program during the grant period came from your own organization (such as donations, endowments, other lines of business, etc.)?</p> <ol style="list-style-type: none"> 1 Zero 2 1% - 5% % 3 6% - 10%% 4 11% - 15%% 5 16% - 20% 6 21% - 25% 7 More than 25% 	Developed for TPP Sustainability Study
B9	<p>In addition to OAH or the CDC, please list the type of organizations or partners who supported or shared any of the cost of operating this program and the type of support they provided:</p> <p>Community-based organization</p> <p><input type="checkbox"/> Funding Support <input type="checkbox"/> In-kind support</p> <p>State agency</p> <p><input type="checkbox"/> Funding Support <input type="checkbox"/> In-kind support</p> <p>City agency</p> <p><input type="checkbox"/> Funding Support <input type="checkbox"/> In-kind support</p> <p>County agency</p> <p><input type="checkbox"/> Funding Support <input type="checkbox"/> In-kind support</p> <p>Foundation</p> <p><input type="checkbox"/> Funding Support <input type="checkbox"/> In-kind support</p> <p>Academic institution</p> <p><input type="checkbox"/> Funding Support <input type="checkbox"/> In-kind support</p> <p>Hospital or medical clinic</p> <p><input type="checkbox"/> Funding Support <input type="checkbox"/> In-kind support</p> <p>School district</p> <p><input type="checkbox"/> Funding Support <input type="checkbox"/> In-kind support</p> <p>Research/evaluation company</p> <p><input type="checkbox"/> Funding Support <input type="checkbox"/> In-kind support</p> <p>Other (specify)</p> <p><input type="checkbox"/> Funding Support <input type="checkbox"/> In-kind support</p>	Developed for TPP Sustainability Study
B10	<p>Please rate your organization's experience in completing each of the following steps:</p> <ol style="list-style-type: none"> 1 NOT STARTED 2 MADE A LITTLE PROGRESS 3 MADE A LOT OF PROGRESS 4 COMPLETED 5 NOT APPLICABLE <ol style="list-style-type: none"> a) Create an action plan b) Assess the environment c) Secure community support d) Integrate program services into community infrastructures e) Build leadership team f) Be adaptable g) Create strategic partnerships h) Secure diverse funding opportunities i) Other (Specify) _____ 	Adapted from OAH Sustainability Framework and Assessment Tool

Grantee Survey Question #	Question Text	Source
B11	<p>Please indicate which aspects of sustainability planning your organization received technical assistance or support from OAH or the CDC:</p> <ol style="list-style-type: none"> 1 Creating an action plan 2 Assessing the environment 3 Securing community support 4 Integrating programs and services into community infrastructures 5 Building leadership team 6 Being adaptable 7 Creating strategic partnerships 8 Securing diverse funding opportunities 9 Other (<i>specify</i>) _____ 	Adapted from OAH Sustainability Framework and Assessment Tool
B12	<p>Please indicate which aspects of sustainability planning your organization received additional technical assistance or support from OTHER sources:</p> <ol style="list-style-type: none"> 1 Creating an action plan 2 Assessing the environment 3 Securing community support 4 Integrating programs and services into community infrastructures 5 Building leadership team 6 Budgeting and management 7 Creating strategic partnerships 8 Securing diverse funding opportunities 9 Other (<i>specify</i>) _____ <p>na Did not receive TA or support from other sources besides OAH or CDC</p>	Adapted from OAH Sustainability Framework and Assessment Tool
B13	<p>Please indicate who provided the additional technical assistance or support (as indicated in Question B12):</p> <ol style="list-style-type: none"> 1 Professional networks 2 Consultant 3 Community organization 4 Other (<i>specify</i>) _____ <p>na Did not receive TA or support from other sources besides OAH or CDC</p>	Developed for TPP Sustainability Study
B14	<p>Please indicate the aspects of sustainability planning for which your organization <u>did not</u> get sufficient technical assistance or support or would have liked more:</p> <ol style="list-style-type: none"> 1 Creating an action plan 2 Assessing the environment 3 Securing community support 4 Integrating program services into community infrastructures 5 Building leadership team 6 Budgeting and management 7 Creating strategic partnerships 8 Securing diverse funding opportunities 9 Other (<i>specify</i>) _____ 	Adapted from OAH Sustainability Framework and Assessment Tool
C1	Name of curriculum or program you are reporting on:	Developed for TPP Sustainability Study
C2	<p>What is the current status of the teen pregnancy prevention curriculum or program:</p> <ol style="list-style-type: none"> 1 My organization is still operating this program GO TO C6 2 The program is being delivered but by another provider or organization (for example: teachers trained to implement the program at schools) 3 The program continued operating beyond the grant but has now ended operations 4 The program ended when the federal funding ended 	Adapted from Local Funding Partnerships Grantee Survey (2009)

Grantee Survey Question #	Question Text	Source
C3	<p>Did your organization attempt to sustain the program beyond the original grant period?</p> <ol style="list-style-type: none"> 1. Yes 2. No 	Developed for TPP Sustainability Study
C4	<p>Please indicate the reasons why your organization did not attempt to sustain the curriculum or program. Please mark all applicable reasons in Column A, and indicate the primary reason in Column B.</p> <ol style="list-style-type: none"> a. It no longer fit within your organization's mission b. Your organization lacked sufficient capacity to apply for additional funding c. The program did not meet the needs of your target community d. The program did not show positive impacts on targeted outcomes e. The program was too burdensome to implement f. There were competing programs or priorities g. The program was expensive h. The program was not eligible for renewed funding i. Other (<i>specify</i>) _____ j. Not applicable 	Adapted from Local Funding Partnerships Grantee Survey (2009)
C5	<p>Please indicate the reasons your program is no longer active. Please mark all applicable reasons in Column A and indicate the <u>primary reason</u> Column B:</p> <ol style="list-style-type: none"> a. Lack of sufficient funding to implement the program b. Lack of sufficient capacity to implement the program c. Lack of partners to implement the program d. The program was absorbed by another organization e. The program did not meet the needs of my target community f. Other (<i>specify</i>) _____ g. Not applicable 	Developed for TPP Sustainability Study
C6	<p>What are the current funding sources for the curriculum or program? Please mark all sources in column A and indicate the primary source in column B</p> <ol style="list-style-type: none"> na The curriculum or program is no longer active a. OAH b. Other federal grant program c. State-funding d. Local funding e. Corporate or individual donors f. Foundation(s) g. Fees for services h. Organizational (Self) funded i. Other (<i>specify</i>) _____ 	Developed for TPP Sustainability Study
C7	<p>Please tell us the factors which facilitated continued operation of the curriculum or program. Please mark all factors in column A and indicate the primary factor in column B:</p> <ol style="list-style-type: none"> na The curriculum or program is no longer active a. Staff commitment b. Relevance to the target community c. Partnerships developed under the grant d. Outreach to new sites or partners e. Longstanding partnerships with community organizations f. Fit with organization mission g. Renewed or additional funding h. TA from OAH related to sustainability i. TA from other sources related to sustainability j. Positive evaluation results k. Other (<i>specify</i>) _____ 	Developed for TPP Sustainability Study

Grantee Survey Question #	Question Text	Source
C8	<p>Have you had to change any of the following about the curriculum or program in order to sustain it? If yes, please describe the change.</p> <ul style="list-style-type: none">na The curriculum or program is no longer activea. Core content?b. Length of curriculum or program?c. Duration of each session or lesson?d. Staff structure or requirements?e. Delivery method?f. Target population?g. Setting?h. Number of sites or locations?i. Implementing agency?j. Partners?k. Training?l. Have not changed anythingm. Other? (specify)	Developed for TPP Sustainability Study