

OMB No.: 1290-0NEW  
Expiration Date:

# America's Promise Job Driven Grant Program Evaluation

## Grantee Survey

*DATE*

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## INTRODUCTION

The U.S. Department of Labor is conducting an evaluation of the America's Promise Job-Driven Training Grants program and has asked Mathematica Policy Research and its research partner, Social Policy Research Associates (SPR), to assist with the study. As part of the evaluation, we are asking America's Promise grantees to complete a brief survey about their program. Your participation will help DOL better understand how these programs function.

The survey covers several topics including the organizational and administrative structure of your program, program features, partnerships, and early challenges and successes.

This evaluation will rigorously measure the success of America's Promise and identify practices associated with stronger regional coordination, employer engagement, and worker outcomes. Your participation is voluntary and individual responses to this survey will not be attributed to specific individuals or organizations. Responses to this data collection will be used only for statistical purposes. The reports prepared from the information provided as part of this survey will be summarized across all grantees, and individual forms will not be available to anyone outside the study team, except as required by law.

The survey should take approximately 30 minutes to complete. If there are questions you are not able to answer, please feel free to draw on the expertise and knowledge of others within your program. You may also want to refer to program documentation, such as your grant application or budget. If you have any questions as you complete this questionnaire, please contact Alicia Harrington at Mathematica Policy Research at 1-609-945-3350 or [AHarrington@mathematica-mpr.com](mailto:AHarrington@mathematica-mpr.com).

## A. GRANTEE CHARACTERISTICS

Please complete this background information about yourself and the organization for which you work.

ALL

**A1. Program name:**

(STRING (NUM))

NO RESPONSE.....d

ALL

**A2. Your name:**

(STRING (NUM))

NO RESPONSE.....d

ALL

**A3. Your title:**

(STRING (NUM))

NO RESPONSE.....d

ALL

**A4. Organization (Grantee) name:**

(STRING (NUM))

NO RESPONSE.....d

**A5. Organizational type that best describes your organization:**

**SELECT ONE ONLY**

- Community college..... 1
- Four-year college or university..... 2
- For-profit educational institution..... 3
- Workforce development agency/workforce development board (WDB)..... 4
- Economic development agency..... 5
- Chamber of Commerce..... 6
- Nonprofit organization..... 7
- Trade association..... 8
- Utility..... 9
- Military..... 10
- State government..... 11
- Local government..... 12
- Tribal government..... 13
- Small business..... 14
- Disadvantaged business..... 15
- Other private, for-profit business..... 16
- Employer or industry group..... 17
- Other (specify)..... 18

(STRING (NUM))

NO RESPONSE..... d

ALL

**A6. We are interested in the number of years of experience [Grantee] has had with a variety of activities. Please enter the number of years of experience [Grantee] has had with each type of activity as of spring 2018.**

Enter "0" if no experience or less than 1 year of experience.  
Enter "d" if you do not know the level of experience.  
Your best estimate is fine.

YEARS OF EXPERIENCE	
a. Providing career and technical education/training programs	<input type="text"/> (STRING (NUM))
b. Engaging in regional workforce partnerships	<input type="text"/> (STRING (NUM))
c. Engaging employers in sector strategies <i>Sector strategies engage the workforce system, training programs, and employers in a specific industry to prepare workers based on hiring needs and existing career opportunities</i>	<input type="text"/> (STRING (NUM))
d. Implementing customer-centered design <i>Customer-centered design focuses on the needs of employers and program participants to identify services and solutions tailored to their needs.</i>	<input type="text"/> (STRING (NUM))

ALL

**The rest of the questions ask you to think about [Program Name] and not specifically [Grantee Name].**

**A7. Did [Program Name] exist in the region in some form prior to receiving America's Promise grant funds?**

- Yes.....1
- No.....0 GO TO A8
- NO RESPONSE.....d GO TO A8

A7=1

**A7b. In what year did this program begin? Your best guess is fine.**

YEAR  
(STRING (NUM))

- Don't know.....d

ALL

INSERT FILL CONDITION OR DELETE ROW

A8. Think about all of the staff who currently work for [Program Name]. How many of the following staff were part of the program during spring 2018? Please indicate the number of staff in full-time and part-time positions. Full-time is defined as staff with 100 percent of their time devoted to the program. Part-time is defined as staff with less than 100 percent of their time devoted to the program.

Please only consider the staff who are considered [Program Name] staff and have at least some time designated specifically for [Program Name].

Please include all positions across all partners (including your organization).

MARK ALL THAT APPLY

	NUMBER FULL TIME	NUMBER PART TIME	CHECK IF DON'T KNOW
a. Project/program director	<input type="text"/> (STRING (NUM))	<input type="text"/> (STRING (NUM))	<input type="radio"/>
b. Case manager(s)	<input type="text"/> (STRING (NUM))	<input type="text"/> (STRING (NUM))	<input type="radio"/>
c. Other (specify): <input type="text"/> JOB TITLE (STRING (NUM))	<input type="text"/> (STRING (NUM))	<input type="text"/> (STRING (NUM))	<input type="radio"/>
d. Other (specify): <input type="text"/> JOB TITLE (STRING (NUM))	<input type="text"/> (STRING (NUM))	<input type="text"/> (STRING (NUM))	<input type="radio"/>
e. Other (specify): <input type="text"/> JOB TITLE (STRING (NUM))	<input type="text"/> (STRING (NUM))	<input type="text"/> (STRING (NUM))	<input type="radio"/>

NO RESPONSE.....d

ALL

INSERT FILL CONDITION OR DELETE ROW

**A9. Please indicate the career pathways available through [Program Name] in spring 2018.**

**Please also include the relevant SOC code(s) for each pathway on the line provided (separated by commas). For example, Clinical Nurse Specialists are 29-1141.04, and Materials Engineers are 17-2131.00.**

**If your offerings have not changed, you may reference your grant application for the SOC codes, otherwise you can search for codes [here](#).**

**MARK ALL THAT APPLY**

- 1  Advanced manufacturing

(STRING (NUM))

SOC CODE(S)

- 2  Educational services

(STRING (NUM))

SOC CODE(S)

- 3  Financial services

(STRING (NUM))

SOC CODE(S)

- 4  Health care

(STRING (NUM))

SOC CODE(S)

- 5  Information technology and information technology-related

(STRING (NUM))

SOC CODE(S)

- 6  Other (*specify*)

(STRING (NUM))

(STRING (NUM))

SOC CODE(S)

NO RESPONSE.....d

ALL

**A10. In addition to DOL funding through the America’s Promise grant, use the first column of the table to mark the entities that provided funding or other in-kind support (such as staff time or training materials) to [Program Name] during spring 2018.**

**In the second column, please indicate the type of funding and/or support.**

**If no other entity provided any type of funding or resources, indicate this in item “I.”**

	MARK ONE PER ROW			SELECT ALL THAT APPLY IN EACH ROW		
	A. DID THIS TYPE OF ENTITY PROVIDE SUPPORT?			B. IF YES, MARK THE TYPE OF SUPPORT BELOW		
	YES	NO	DON'T KNOW	FINANCIAL	IN-KIND	DON'T KNOW
a. Federal government (such as Pell Grants, WIOA, SNAP E&T, GI Bill, TAA, HPOG, TAACCCT)	1 <input type="radio"/>	0 <input type="radio"/>	D <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>	D <input type="radio"/>
b. Private foundation	1 <input type="radio"/>	0 <input type="radio"/>	D <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>	D <input type="radio"/>
c. State or local government	1 <input type="radio"/>	0 <input type="radio"/>	D <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>	D <input type="radio"/>
d. Employers	1 <input type="radio"/>	0 <input type="radio"/>	D <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>	D <input type="radio"/>
e. Institutes of higher education	1 <input type="radio"/>	0 <input type="radio"/>	D <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>	D <input type="radio"/>
f. Industry association	1 <input type="radio"/>	0 <input type="radio"/>	D <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>	D <input type="radio"/>
g. Community-based organizations	1 <input type="radio"/>	0 <input type="radio"/>	D <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>	D <input type="radio"/>
h. Some other organization ( <i>specify</i> ) <input type="text"/> (STRING (NUM))	1 <input type="radio"/>	0 <input type="radio"/>	D <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>	D <input type="radio"/>
i. No other entity provided any type of funding support	1 <input type="radio"/>	0 <input type="radio"/>	D <input type="radio"/>			

NO RESPONSE.....d

ALL

**A11. Currently, what is [Program Name]’s total operating budget for the full grant period? Please include all America’s Promise grant funds, as well as any matching resources used to fund the program.**

**Your best guess is fine. You can also round up.**

(STRING (NUM))

TOTAL OPERATING BUDGET

Don't know



## B. PROGRAM FEATURES

The next questions ask about the recruitment and application process for [Program Name].

ALL

**B1. Which of the following methods were used to identify or recruit participants for [Program Name] during spring 2018? Please consider all pathways in your response.**

**Please indicate up to five of the most frequently used methods.**

**MARK UP TO FIVE ITEMS**

- Flyers posted throughout partner locations.....1
- Referrals from education/training partners.....2
- Referrals from employer/industry partners.....3
- Referrals from workforce system partners.....4
- Referrals from economic development partners.....5
- Referrals from other partners.....6
- Word-of-mouth referrals from former/current participants.....7
- Websites or online advertising.....8
- Community outreach .....9
- Self-referrals or walk-ins.....10
- Enrollment fairs.....11
- Certain participants were automatically enrolled in the program.....12
- Recruited some other way (specify) .....13

(STRING (NUM))

NO RESPONSE.....d

**B2. What is the target population for [Program Name]? Please consider all pathways in your response.**

**MARK ALL THAT APPLY**

- Unemployed workers..... 1
- Underemployed workers..... 2
- Incumbent workers..... 3
- Low-income individuals..... 4
- Military veterans and their spouses..... 5
- Minorities..... 6
- English language learners..... 7
- Criminal justice-involved individuals..... 8
- Women..... 9
- Young adults..... 10
- Recent high school graduates..... 11
- Immigrants and refugees..... 12
- Individuals with disabilities..... 13
- Other (specify) ..... 14

(STRING (NUM))

NO RESPONSE.....d

**B3. Besides the characteristics outlined in Question B2, which of the following does [Program Name] consider when reviewing a participant's application for spring 2018? Please consider all pathways in your response.**

**MARK ALL THAT APPLY**

- Nothing, we didn't have a formal application.....1
- Academic performance.....2
- Prerequisite course(s) (successful completion of).....3
- Test score(s) (for example, placement test, admission test, standardized achievement test).....4
- At least a high school diploma or GED.....5
- Not currently in another education/training program.....6
- Prior work experience in subject area/career pathway .....7
- Age .....8
- Interest in subject area/career.....9
- Interview with staff member.....10
- Personal statement.....11
- Special needs (for example, a student with disabilities).....12
- Veteran status.....13
- English language proficiency.....14
- Recommendation.....15
- Other (specify) .....16

(STRING (NUM))

NO RESPONSE.....d

ALL

**B4. What are your enrollment targets over the entire grant period for each type of participant listed below?**

**Please confirm that the percentage of overall target for each type of worker listed below sums to 100 percent.**

TARGET CATEGORIES	TARGET #	% OF OVERALL TARGET
a. Unemployed workers	<input type="text"/> (STRING (NUM))	<input type="text"/> (STRING (NUM))
b. Underemployed workers	<input type="text"/> (STRING (NUM))	<input type="text"/> (STRING (NUM))
c. Incumbent workers	<input type="text"/> (STRING (NUM))	<input type="text"/> (STRING (NUM))
d. Overall target	<input type="text"/> (STRING (NUM))	<b>100%</b>

NO RESPONSE.....d

## C. PROGRAM SERVICES

ALL

**C1.** For each type of training program listed below, please use Column A to indicate whether it was offered to participants in [Program Name] during spring 2018. Please consider all pathways in your response. If a type of training was not offered, or you don't know if it was offered, please skip to the next type, or to C2a if you have responded for all types.

If a type of training was offered, please use Column B to indicate whether the activity included classroom instruction, work-based training, or both.

	MARK ONE PER ROW			MARK ONE PER ROW		
	A.			B.		
	TRAINING OFFERED?			INSTRUCTION TYPE?		
	YES	NO	DON'T KNOW	CLASSROOM M	WORK-BASED	BOTH
a. Short-term, accelerated training	1 <input type="radio"/>	0 <input type="radio"/>	D <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
b. Longer-term, intensive training	1 <input type="radio"/>	0 <input type="radio"/>	D <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
c. Training to upskill incumbent workers	1 <input type="radio"/>	0 <input type="radio"/>	D <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>

NO RESPONSE.....d

ALL

**C2a. For each activity or service listed below, please indicate whether it was offered to participants in [Program Name] during spring 2018. Please consider all pathways in your response.**

	MARK ONE PER ROW		
	A. ACTIVITY OFFERED?		
	YES	NO	DON'T KNOW
<b>Assessments and referrals</b>			
a. Work readiness assessment	1 <input type="radio"/>	0 <input type="radio"/>	D <input type="radio"/>
b. Career assessment/interest inventory	1 <input type="radio"/>	0 <input type="radio"/>	D <input type="radio"/>
c. Individual development plan (career plan)	1 <input type="radio"/>	0 <input type="radio"/>	D <input type="radio"/>
d. Referral to American Job Centers (also known as One-Stop Career Centers)	1 <input type="radio"/>	0 <input type="radio"/>	D <input type="radio"/>
e. Referral to other organization for supportive services	1 <input type="radio"/>	0 <input type="radio"/>	D <input type="radio"/>
<b>Academic support</b>			
f. Articulation of credits	1 <input type="radio"/>	0 <input type="radio"/>	D <input type="radio"/>
g. Individualized tutoring	1 <input type="radio"/>	0 <input type="radio"/>	D <input type="radio"/>
<b>Financial support</b>			
h. Full tuition	1 <input type="radio"/>	0 <input type="radio"/>	D <input type="radio"/>
i. Costs related to credential attainment for individual participants, such as certification exam fees	1 <input type="radio"/>	0 <input type="radio"/>	D <input type="radio"/>
j. Fees associated with other tests or exams (for example, SAT or ACT)	1 <input type="radio"/>	0 <input type="radio"/>	D <input type="radio"/>
k. School supplies	1 <input type="radio"/>	0 <input type="radio"/>	D <input type="radio"/>
l. Work clothes or uniforms	1 <input type="radio"/>	0 <input type="radio"/>	D <input type="radio"/>
m. Work-related equipment (for example, personal computer)	1 <input type="radio"/>	0 <input type="radio"/>	D <input type="radio"/>
n. Transportation	1 <input type="radio"/>	0 <input type="radio"/>	D <input type="radio"/>
o. Child care	1 <input type="radio"/>	0 <input type="radio"/>	D <input type="radio"/>
p. Other dependent care (for example, elder care)	1 <input type="radio"/>	0 <input type="radio"/>	D <input type="radio"/>
q. Financial assistance for other non-tuition expenses	1 <input type="radio"/>	0 <input type="radio"/>	D <input type="radio"/>

NO RESPONSE.....d

ALL

**C2b.** For each activity or service listed below, please use Column A to indicate whether it was offered to participants in [Program Name] during spring 2018. Please consider all pathways in your response.  
 If a type of activity was offered, please use Column B to indicate whether the activity included classroom instruction, work-based training, or both.

	MARK ONE PER ROW			MARK ONE PER ROW		
	A.			B.		
	ACTIVITY OFFERED?			INSTRUCTION TYPE?		
	YES	NO	DON'T KNOW	CLASSROOM M	WORK-BASED	BOTH
<b>Job preparation activities</b>						
a. Mock interviews by industry professionals	1 <input type="radio"/>	0 <input type="radio"/>	D <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
b. Resume-writing workshops or assistance	1 <input type="radio"/>	0 <input type="radio"/>	D <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
c. Organization and teamwork training	1 <input type="radio"/>	0 <input type="radio"/>	D <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
d. Soft skills training	1 <input type="radio"/>	0 <input type="radio"/>	D <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
e. Citizenship training	1 <input type="radio"/>	0 <input type="radio"/>	D <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
f. Training in decision making and priorities	1 <input type="radio"/>	0 <input type="radio"/>	D <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
<b>Training activities</b>						
g. Paid work experience/internships	1 <input type="radio"/>	0 <input type="radio"/>	D <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
h. Unpaid work experience/internships	1 <input type="radio"/>	0 <input type="radio"/>	D <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
i. On-the-job training	1 <input type="radio"/>	0 <input type="radio"/>	D <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
j. Registered apprenticeship	1 <input type="radio"/>	0 <input type="radio"/>	D <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
k. Classroom occupational training	1 <input type="radio"/>	0 <input type="radio"/>	D <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
l. Classroom occupational and integrated basic skills training	1 <input type="radio"/>	0 <input type="radio"/>	D <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
m. Classroom occupational training with work-based learning	1 <input type="radio"/>	0 <input type="radio"/>	D <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
n. Online training/distance learning	1 <input type="radio"/>	0 <input type="radio"/>	D <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
<b>Credential attainment and support</b>						
o. Skill badges (IN HOVER LINK: Earn a "badge" for a specific skill, talent or other achievement")	1 <input type="radio"/>	0 <input type="radio"/>	D <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
p. Stackable credentials	1 <input type="radio"/>	0 <input type="radio"/>	D <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
q. Preparation for a certification exam, including licensing exams	1 <input type="radio"/>	0 <input type="radio"/>	D <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
<b>Support for special populations</b>						
r. Services for English language learners	1 <input type="radio"/>	0 <input type="radio"/>	D <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
s. Services for students with disabilities	1 <input type="radio"/>	0 <input type="radio"/>	D <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
t. Services for students from low-income families	1 <input type="radio"/>	0 <input type="radio"/>	D <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
u. Services for pregnant and parenting students	1 <input type="radio"/>	0 <input type="radio"/>	D <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
v. Other support service ( <i>specify</i> )	1 <input type="radio"/>	0 <input type="radio"/>	D <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
<input type="text"/> (STRING (NUM))						

NO RESPONSE.....d

ALL

**C3. On average, how long does it take to complete [Program Name]'s education and training program? Please consider all pathways in your response.**

YEARS / MONTHS / WEEKS / DAYS / HOURS  
(STRING (NUM))

NO RESPONSE.....d

ALL

**C3a. What is the minimum amount of time it could take to complete [Program Name]'s education and training program? Please consider all pathways in your response.**

YEARS / MONTHS / WEEKS / DAYS / HOURS  
(STRING (NUM))

NO RESPONSE.....d

ALL

**C3b. What is the maximum amount of time it could take to complete [Program Name]'s education and training program? Please consider all pathways in your response.**

YEARS / MONTHS / WEEKS / DAYS / HOURS  
(STRING (NUM))

NO RESPONSE.....d



ALL

**C4. What are the top three reasons participants do not complete [Program Name]?**

**MARK UP TO THREE**

- Found job/re-employed.....1
- Poor grades.....2
- Low attendance.....3
- Transferred to another program.....4
- Financial constraints.....5
- Time constraints.....6
- Illness.....7
- Transportation issues.....8
- Child care issues.....9
- Other family issues.....10
- Other (specify).....11

(STRING (NUM))

NO RESPONSE.....d

## D. PARTNER PARTICIPATION

ALL

**D1. Please provide the following details for each type of key partner that is currently engaged in the partnership with [Program Name] as of spring 2018.**

- In Row A, indicate the number of partners you currently have of each type. If you do not have any partners of this type, enter a 0.
- For the partner types where you indicate at least one partner in Row A, please answer Questions B through E.
- If the number of partners for a particular partner type is 0 (Row A), move to the next partner type in the next column.
- If you have a key partner that is not captured in the table below, please list that partner in the “other” column.

	A	B	C	D	E	F	G
	INSTITUTIONS OF HIGHER EDUCATION	OTHER EDUCATION/ TRAINING PROVIDERS	EMPLOYERS	COMMUNITY-BASED ORGANIZATIONS	WORKFORCE DEVELOPMENT BOARDS OR AMERICAN JOB CENTERS	ECONOMIC DEVELOPMENT AGENCIES	OTHER PARTNER <i>(specify)</i> <input style="width: 40px; height: 20px;" type="text"/> (STRING (NUM))
a. Number of grantee partners	<input style="width: 40px; height: 20px;" type="text"/> (STRING (NUM)) d <input type="radio"/> DON'T KNOW	<input style="width: 40px; height: 20px;" type="text"/> (STRING (NUM)) d <input type="radio"/> DON'T KNOW	<input style="width: 40px; height: 20px;" type="text"/> (STRING (NUM)) d <input type="radio"/> DON'T KNOW	<input style="width: 40px; height: 20px;" type="text"/> (STRING (NUM)) d <input type="radio"/> DON'T KNOW	<input style="width: 40px; height: 20px;" type="text"/> (STRING (NUM)) d <input type="radio"/> DON'T KNOW	<input style="width: 40px; height: 20px;" type="text"/> (STRING (NUM)) d <input type="radio"/> DON'T KNOW	<input style="width: 40px; height: 20px;" type="text"/> (STRING (NUM)) d <input type="radio"/> DON'T KNOW
b. How many of these partnerships are newly established with [Grantee Name] as a result of the America's Promise grant?	<input style="width: 40px; height: 20px;" type="text"/> (STRING (NUM)) d <input type="radio"/> DON'T KNOW	<input style="width: 40px; height: 20px;" type="text"/> (STRING (NUM)) d <input type="radio"/> DON'T KNOW	<input style="width: 40px; height: 20px;" type="text"/> (STRING (NUM)) d <input type="radio"/> DON'T KNOW	<input style="width: 40px; height: 20px;" type="text"/> (STRING (NUM)) d <input type="radio"/> DON'T KNOW	<input style="width: 40px; height: 20px;" type="text"/> (STRING (NUM)) d <input type="radio"/> DON'T KNOW	<input style="width: 40px; height: 20px;" type="text"/> (STRING (NUM)) d <input type="radio"/> DON'T KNOW	<input style="width: 40px; height: 20px;" type="text"/> (STRING (NUM)) d <input type="radio"/> DON'T KNOW
c. For partnerships that existed prior to receipt of the America's Promise grant, how many <b>years</b> has the <b>longest</b> partnership with [Grantee Name] been in place? Your best estimate is fine.	<input style="width: 40px; height: 20px;" type="text"/> (STRING (NUM)) d <input type="radio"/> DON'T KNOW	<input style="width: 40px; height: 20px;" type="text"/> (STRING (NUM)) d <input type="radio"/> DON'T KNOW	<input style="width: 40px; height: 20px;" type="text"/> (STRING (NUM)) d <input type="radio"/> DON'T KNOW	<input style="width: 40px; height: 20px;" type="text"/> (STRING (NUM)) d <input type="radio"/> DON'T KNOW	<input style="width: 40px; height: 20px;" type="text"/> (STRING (NUM)) d <input type="radio"/> DON'T KNOW	<input style="width: 40px; height: 20px;" type="text"/> (STRING (NUM)) d <input type="radio"/> DON'T KNOW	<input style="width: 40px; height: 20px;" type="text"/> (STRING (NUM)) d <input type="radio"/> DON'T KNOW
d. How many partners have a signed MOU or letter of agreement (LOA) in place?	<input style="width: 40px; height: 20px;" type="text"/> (STRING (NUM)) d <input type="radio"/> DON'T KNOW	<input style="width: 40px; height: 20px;" type="text"/> (STRING (NUM)) d <input type="radio"/> DON'T KNOW	<input style="width: 40px; height: 20px;" type="text"/> (STRING (NUM)) d <input type="radio"/> DON'T KNOW	<input style="width: 40px; height: 20px;" type="text"/> (STRING (NUM)) d <input type="radio"/> DON'T KNOW	<input style="width: 40px; height: 20px;" type="text"/> (STRING (NUM)) d <input type="radio"/> DON'T KNOW	<input style="width: 40px; height: 20px;" type="text"/> (STRING (NUM)) d <input type="radio"/> DON'T KNOW	<input style="width: 40px; height: 20px;" type="text"/> (STRING (NUM)) d <input type="radio"/> DON'T KNOW
e. How many partners have a designated point of contact for the program?	<input style="width: 40px; height: 20px;" type="text"/> (STRING (NUM)) d <input type="radio"/> DON'T KNOW	<input style="width: 40px; height: 20px;" type="text"/> (STRING (NUM)) d <input type="radio"/> DON'T KNOW	<input style="width: 40px; height: 20px;" type="text"/> (STRING (NUM)) d <input type="radio"/> DON'T KNOW	<input style="width: 40px; height: 20px;" type="text"/> (STRING (NUM)) d <input type="radio"/> DON'T KNOW	<input style="width: 40px; height: 20px;" type="text"/> (STRING (NUM)) d <input type="radio"/> DON'T KNOW	<input style="width: 40px; height: 20px;" type="text"/> (STRING (NUM)) d <input type="radio"/> DON'T KNOW	<input style="width: 40px; height: 20px;" type="text"/> (STRING (NUM)) d <input type="radio"/> DON'T KNOW
f. How many of the partners do you think will continue with the partnership after the America's Promise grant ends?	<input style="width: 40px; height: 20px;" type="text"/> (STRING (NUM)) d <input type="radio"/> DON'T KNOW	<input style="width: 40px; height: 20px;" type="text"/> (STRING (NUM)) d <input type="radio"/> DON'T KNOW	<input style="width: 40px; height: 20px;" type="text"/> (STRING (NUM)) d <input type="radio"/> DON'T KNOW	<input style="width: 40px; height: 20px;" type="text"/> (STRING (NUM)) d <input type="radio"/> DON'T KNOW	<input style="width: 40px; height: 20px;" type="text"/> (STRING (NUM)) d <input type="radio"/> DON'T KNOW	<input style="width: 40px; height: 20px;" type="text"/> (STRING (NUM)) d <input type="radio"/> DON'T KNOW	<input style="width: 40px; height: 20px;" type="text"/> (STRING (NUM)) d <input type="radio"/> DON'T KNOW

NO RESPONSE.....d

ALL

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**D2. Thinking of [Program Name]'s new partnerships, on average, how would you rate their level of involvement?**

- Very involved.....1
- Somewhat involved.....2
- Not very involved.....3
- NO RESPONSE.....d

ALL

**D3. Of the total number of each type of partner (listed in table in Question D1), how many have engaged in each type of program development and support activities with [Program Name] as of spring 2018?**

Please note that the numbers listed for each activity should not exceed the number of partners reported in D1a.

	INSTITUTIONS OF HIGHER EDUCATION	OTHER EDUCATION/ TRAINING PROVIDERS	EMPLOYERS	COMMUNITY-BASED ORGANIZATIONS	WORKFORCE DEVELOPMENT BOARDS OR AMERICAN JOB CENTERS	ECONOMIC DEVELOPMENT AGENCIES	OTHER PARTNER <i>(specify)</i> <input type="text"/> (STRING (NUM))
a. Helped define program strategies and goals	<input type="text"/> (STRING (NUM)) d <input type="radio"/> DON'T KNOW 0 <input type="radio"/> N/A	<input type="text"/> (STRING (NUM)) d <input type="radio"/> DON'T KNOW 0 <input type="radio"/> N/A	<input type="text"/> (STRING (NUM)) d <input type="radio"/> DON'T KNOW 0 <input type="radio"/> N/A	<input type="text"/> (STRING (NUM)) d <input type="radio"/> DON'T KNOW 0 <input type="radio"/> N/A	<input type="text"/> (STRING (NUM)) d <input type="radio"/> DON'T KNOW 0 <input type="radio"/> N/A	<input type="text"/> (STRING (NUM)) d <input type="radio"/> DON'T KNOW 0 <input type="radio"/> N/A	<input type="text"/> (STRING (NUM)) d <input type="radio"/> DON'T KNOW 0 <input type="radio"/> N/A
b. Actively participated on the program advisory board	<input type="text"/> (STRING (NUM)) d <input type="radio"/> DON'T KNOW 0 <input type="radio"/> N/A	<input type="text"/> (STRING (NUM)) d <input type="radio"/> DON'T KNOW 0 <input type="radio"/> N/A	<input type="text"/> (STRING (NUM)) d <input type="radio"/> DON'T KNOW 0 <input type="radio"/> N/A	<input type="text"/> (STRING (NUM)) d <input type="radio"/> DON'T KNOW 0 <input type="radio"/> N/A	<input type="text"/> (STRING (NUM)) d <input type="radio"/> DON'T KNOW 0 <input type="radio"/> N/A	<input type="text"/> (STRING (NUM)) d <input type="radio"/> DON'T KNOW 0 <input type="radio"/> N/A	<input type="text"/> (STRING (NUM)) d <input type="radio"/> DON'T KNOW 0 <input type="radio"/> N/A
c. Met for joint planning	<input type="text"/> (STRING (NUM)) d <input type="radio"/> DON'T KNOW 0 <input type="radio"/> N/A	<input type="text"/> (STRING (NUM)) d <input type="radio"/> DON'T KNOW 0 <input type="radio"/> N/A	<input type="text"/> (STRING (NUM)) d <input type="radio"/> DON'T KNOW 0 <input type="radio"/> N/A	<input type="text"/> (STRING (NUM)) d <input type="radio"/> DON'T KNOW 0 <input type="radio"/> N/A	<input type="text"/> (STRING (NUM)) d <input type="radio"/> DON'T KNOW 0 <input type="radio"/> N/A	<input type="text"/> (STRING (NUM)) d <input type="radio"/> DON'T KNOW 0 <input type="radio"/> N/A	<input type="text"/> (STRING (NUM)) d <input type="radio"/> DON'T KNOW 0 <input type="radio"/> N/A
d. Assisted with curriculum development and program design	<input type="text"/> (STRING (NUM)) d <input type="radio"/> DON'T KNOW 0 <input type="radio"/> N/A	<input type="text"/> (STRING (NUM)) d <input type="radio"/> DON'T KNOW 0 <input type="radio"/> N/A	<input type="text"/> (STRING (NUM)) d <input type="radio"/> DON'T KNOW 0 <input type="radio"/> N/A	<input type="text"/> (STRING (NUM)) d <input type="radio"/> DON'T KNOW 0 <input type="radio"/> N/A	<input type="text"/> (STRING (NUM)) d <input type="radio"/> DON'T KNOW 0 <input type="radio"/> N/A	<input type="text"/> (STRING (NUM)) d <input type="radio"/> DON'T KNOW 0 <input type="radio"/> N/A	<input type="text"/> (STRING (NUM)) d <input type="radio"/> DON'T KNOW 0 <input type="radio"/> N/A
e. Provided in-kind resources to support education/training	<input type="text"/> (STRING (NUM)) d <input type="radio"/> DON'T KNOW 0 <input type="radio"/> N/A	<input type="text"/> (STRING (NUM)) d <input type="radio"/> DON'T KNOW 0 <input type="radio"/> N/A	<input type="text"/> (STRING (NUM)) d <input type="radio"/> DON'T KNOW 0 <input type="radio"/> N/A	<input type="text"/> (STRING (NUM)) d <input type="radio"/> DON'T KNOW 0 <input type="radio"/> N/A	<input type="text"/> (STRING (NUM)) d <input type="radio"/> DON'T KNOW 0 <input type="radio"/> N/A	<input type="text"/> (STRING (NUM)) d <input type="radio"/> DON'T KNOW 0 <input type="radio"/> N/A	<input type="text"/> (STRING (NUM)) d <input type="radio"/> DON'T KNOW 0 <input type="radio"/> N/A
f. Received America's Promise funds to provide services for participants	<input type="text"/> (STRING (NUM)) d <input type="radio"/> DON'T KNOW 0 <input type="radio"/> N/A	<input type="text"/> (STRING (NUM)) d <input type="radio"/> DON'T KNOW 0 <input type="radio"/> N/A	<input type="text"/> (STRING (NUM)) d <input type="radio"/> DON'T KNOW 0 <input type="radio"/> N/A	<input type="text"/> (STRING (NUM)) d <input type="radio"/> DON'T KNOW 0 <input type="radio"/> N/A	<input type="text"/> (STRING (NUM)) d <input type="radio"/> DON'T KNOW 0 <input type="radio"/> N/A	<input type="text"/> (STRING (NUM)) d <input type="radio"/> DON'T KNOW 0 <input type="radio"/> N/A	<input type="text"/> (STRING (NUM)) d <input type="radio"/> DON'T KNOW 0 <input type="radio"/> N/A
g. Shared information about participants	<input type="text"/> (STRING (NUM)) d <input type="radio"/> DON'T KNOW 0 <input type="radio"/> N/A	<input type="text"/> (STRING (NUM)) d <input type="radio"/> DON'T KNOW 0 <input type="radio"/> N/A	<input type="text"/> (STRING (NUM)) d <input type="radio"/> DON'T KNOW 0 <input type="radio"/> N/A	<input type="text"/> (STRING (NUM)) d <input type="radio"/> DON'T KNOW 0 <input type="radio"/> N/A	<input type="text"/> (STRING (NUM)) d <input type="radio"/> DON'T KNOW 0 <input type="radio"/> N/A	<input type="text"/> (STRING (NUM)) d <input type="radio"/> DON'T KNOW 0 <input type="radio"/> N/A	<input type="text"/> (STRING (NUM)) d <input type="radio"/> DON'T KNOW 0 <input type="radio"/> N/A
h. On average, how often does [PROGRAM NAME] make referrals to each type of partner?	1 <input type="radio"/> Monthly 2 <input type="radio"/> Weekly 3 <input type="radio"/> More than once per week 4 <input type="radio"/> Does not make	1 <input type="radio"/> Monthly 2 <input type="radio"/> Weekly 3 <input type="radio"/> More than once per week 4 <input type="radio"/> Does not make	1 <input type="radio"/> Monthly 2 <input type="radio"/> Weekly 3 <input type="radio"/> More than once per week 4 <input type="radio"/> Does not make	1 <input type="radio"/> Monthly 2 <input type="radio"/> Weekly 3 <input type="radio"/> More than once per week 4 <input type="radio"/> Does not make	1 <input type="radio"/> Monthly 2 <input type="radio"/> Weekly 3 <input type="radio"/> More than once per week 4 <input type="radio"/> Does not make	1 <input type="radio"/> Monthly 2 <input type="radio"/> Weekly 3 <input type="radio"/> More than once per week 4 <input type="radio"/> Does not make	1 <input type="radio"/> Monthly 2 <input type="radio"/> Weekly 3 <input type="radio"/> More than once per week 4 <input type="radio"/> Does not make

	INSTITUTIONS OF HIGHER EDUCATION	OTHER EDUCATION/ TRAINING PROVIDERS	EMPLOYERS	COMMUNITY-BASED ORGANIZATIONS	WORKFORCE DEVELOPMENT BOARDS OR AMERICAN JOB CENTERS	ECONOMIC DEVELOPMENT AGENCIES	OTHER PARTNER <i>(specify)</i> <input type="text"/> (STRING (NUM))
	referrals	referrals	referrals	referrals	referrals	referrals	referrals
i. On average, how often does each type of partner make referrals to [PROGRAM NAME]?	1 <input type="radio"/> Monthly 2 <input type="radio"/> Weekly 3 <input type="radio"/> More than once per week 4 <input type="radio"/> Does not make referrals	1 <input type="radio"/> Monthly 2 <input type="radio"/> Weekly 3 <input type="radio"/> More than once per week 4 <input type="radio"/> Does not make referrals	1 <input type="radio"/> Monthly 2 <input type="radio"/> Weekly 3 <input type="radio"/> More than once per week 4 <input type="radio"/> Does not make referrals	1 <input type="radio"/> Monthly 2 <input type="radio"/> Weekly 3 <input type="radio"/> More than once per week 4 <input type="radio"/> Does not make referrals	1 <input type="radio"/> Monthly 2 <input type="radio"/> Weekly 3 <input type="radio"/> More than once per week 4 <input type="radio"/> Does not make referrals	1 <input type="radio"/> Monthly 2 <input type="radio"/> Weekly 3 <input type="radio"/> More than once per week 4 <input type="radio"/> Does not make referrals	1 <input type="radio"/> Monthly 2 <input type="radio"/> Weekly 3 <input type="radio"/> More than once per week 4 <input type="radio"/> Does not make referrals

NO RESPONSE.....d

ALL

**D6. Of the total number of each type of partner (listed in D1), how many have engaged in each type of workforce activity with [Program Name] as of spring 2018?**

	INSTITUTIONS OF HIGHER EDUCATION	OTHER EDUCATION/ TRAINING PROVIDERS	EMPLOYERS	COMMUNITY BASED ORGANIZATIONS	WORKFORCE DEVELOPMENT BOARDS OR AMERICAN JOB CENTERS	ECONOMIC DEVELOPMENT AGENCIES	OTHER PARTNER <i>(specify)</i>
a. Provided paid internships	<input type="text"/> (STRING (NUM)) d <input type="radio"/> DON'T KNOW o <input type="radio"/> N/A	<input type="text"/> (STRING (NUM)) d <input type="radio"/> DON'T KNOW o <input type="radio"/> N/A	<input type="text"/> (STRING (NUM)) d <input type="radio"/> DON'T KNOW o <input type="radio"/> N/A	<input type="text"/> (STRING (NUM)) d <input type="radio"/> DON'T KNOW o <input type="radio"/> N/A	<input type="text"/> (STRING (NUM)) d <input type="radio"/> DON'T KNOW o <input type="radio"/> N/A	<input type="text"/> (STRING (NUM)) d <input type="radio"/> DON'T KNOW o <input type="radio"/> N/A	<input type="text"/> (STRING (NUM)) d <input type="radio"/> DON'T KNOW o <input type="radio"/> N/A
b. Provided paid work experiences.....	<input type="text"/> (STRING (NUM)) d <input type="radio"/> DON'T KNOW o <input type="radio"/> N/A	<input type="text"/> (STRING (NUM)) d <input type="radio"/> DON'T KNOW o <input type="radio"/> N/A	<input type="text"/> (STRING (NUM)) d <input type="radio"/> DON'T KNOW o <input type="radio"/> N/A	<input type="text"/> (STRING (NUM)) d <input type="radio"/> DON'T KNOW o <input type="radio"/> N/A	<input type="text"/> (STRING (NUM)) d <input type="radio"/> DON'T KNOW o <input type="radio"/> N/A	<input type="text"/> (STRING (NUM)) d <input type="radio"/> DON'T KNOW o <input type="radio"/> N/A	<input type="text"/> (STRING (NUM)) d <input type="radio"/> DON'T KNOW o <input type="radio"/> N/A
c. Provided on-the-job training opportunities	<input type="text"/> (STRING (NUM)) d <input type="radio"/> DON'T KNOW o <input type="radio"/> N/A	<input type="text"/> (STRING (NUM)) d <input type="radio"/> DON'T KNOW o <input type="radio"/> N/A	<input type="text"/> (STRING (NUM)) d <input type="radio"/> DON'T KNOW o <input type="radio"/> N/A	<input type="text"/> (STRING (NUM)) d <input type="radio"/> DON'T KNOW o <input type="radio"/> N/A	<input type="text"/> (STRING (NUM)) d <input type="radio"/> DON'T KNOW o <input type="radio"/> N/A	<input type="text"/> (STRING (NUM)) d <input type="radio"/> DON'T KNOW o <input type="radio"/> N/A	<input type="text"/> (STRING (NUM)) d <input type="radio"/> DON'T KNOW o <input type="radio"/> N/A
d. Provided registered apprenticeships	<input type="text"/> (STRING (NUM)) d <input type="radio"/> DON'T KNOW o <input type="radio"/> N/A	<input type="text"/> (STRING (NUM)) d <input type="radio"/> DON'T KNOW o <input type="radio"/> N/A	<input type="text"/> (STRING (NUM)) d <input type="radio"/> DON'T KNOW o <input type="radio"/> N/A	<input type="text"/> (STRING (NUM)) d <input type="radio"/> DON'T KNOW o <input type="radio"/> N/A	<input type="text"/> (STRING (NUM)) d <input type="radio"/> DON'T KNOW o <input type="radio"/> N/A	<input type="text"/> (STRING (NUM)) d <input type="radio"/> DON'T KNOW o <input type="radio"/> N/A	<input type="text"/> (STRING (NUM)) d <input type="radio"/> DON'T KNOW o <input type="radio"/> N/A
e. Provided occupational skills training	<input type="text"/> (STRING (NUM)) d <input type="radio"/> DON'T KNOW o <input type="radio"/> N/A	<input type="text"/> (STRING (NUM)) d <input type="radio"/> DON'T KNOW o <input type="radio"/> N/A	<input type="text"/> (STRING (NUM)) d <input type="radio"/> DON'T KNOW o <input type="radio"/> N/A	<input type="text"/> (STRING (NUM)) d <input type="radio"/> DON'T KNOW o <input type="radio"/> N/A	<input type="text"/> (STRING (NUM)) d <input type="radio"/> DON'T KNOW o <input type="radio"/> N/A	<input type="text"/> (STRING (NUM)) d <input type="radio"/> DON'T KNOW o <input type="radio"/> N/A	<input type="text"/> (STRING (NUM)) d <input type="radio"/> DON'T KNOW o <input type="radio"/> N/A
f. Gave hiring preference to participants who complete the program	<input type="text"/> (STRING (NUM)) d <input type="radio"/> DON'T KNOW o <input type="radio"/> N/A	<input type="text"/> (STRING (NUM)) d <input type="radio"/> DON'T KNOW o <input type="radio"/> N/A	<input type="text"/> (STRING (NUM)) d <input type="radio"/> DON'T KNOW o <input type="radio"/> N/A	<input type="text"/> (STRING (NUM)) d <input type="radio"/> DON'T KNOW o <input type="radio"/> N/A	<input type="text"/> (STRING (NUM)) d <input type="radio"/> DON'T KNOW o <input type="radio"/> N/A	<input type="text"/> (STRING (NUM)) d <input type="radio"/> DON'T KNOW o <input type="radio"/> N/A	<input type="text"/> (STRING (NUM)) d <input type="radio"/> DON'T KNOW o <input type="radio"/> N/A

NO RESPONSE..... d

ALL

**D7. Please think about the five partners with whom you communicate most frequently regarding [Program Name]. For each of these partners, please indicate the partner's name and its organization type below.**

**MARK ONLY ONE FOR EACH PARTNER**

PARTNERS COMMUNICATED WITH MOST FREQUENTLY	INSTITUTION OF HIGHER EDUCATION	OTHER EDUCATION/ TRAINING PROVIDER	EMPLOYER	COMMUNITY-BASED ORGANIZATION	WORKFORCE DEVELOPMENT BOARDS OR AMERICAN JOB CENTERS	ECONOMIC DEVELOPMENT AGENCY	OTHER PARTNER <i>(specify)</i> <input data-bbox="1719 232 1959 280" type="text"/> (STRING (NUM))
1. <input data-bbox="134 342 422 391" type="text"/> (STRING (NUM))	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>
2. <input data-bbox="134 435 422 483" type="text"/> (STRING (NUM))	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>
3. <input data-bbox="134 527 422 576" type="text"/> (STRING (NUM))	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>
4. <input data-bbox="134 620 422 669" type="text"/> (STRING (NUM))	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>
5. <input data-bbox="134 712 422 761" type="text"/> (STRING (NUM))	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>

NO RESPONSE.....d

## E. EARLY CHALLENGES AND SUCCESSES

ALL

### E1. What, if any, challenges has [Program Name] experienced during implementation to date?

Please indicate up to three challenges.

MARK UP TO THREE ITEMS

- Difficulty recruiting participants.....1
- Difficulty engaging and retaining participants.....2
- Difficulty engaging and retaining partners.....3
- Difficulty engaging and retaining employers.....4
- Difficulty finding adequate staff.....5
- Difficulty providing supportive services.....6
- Difficulty providing referrals to program partners.....7
- Difficulty placing participants in jobs.....8
- Difficulty tracking participant data such as placements and retention.....9
- Difficulty sharing participant data across partners.....10
- Difficulty meeting federal reporting requirements.....11
- Funding limitations.....12
- Lack of or limited non-financial resources (such as space or equipment).....13
- Lack of staff availability or competing demands on time.....14
- Resistance from program staff to implement changes.....15
- Need for a more culturally appropriate program.....16
- Requests for programming changes by participants.....17
- No challenges have been experienced.....18
- Other (specify).....19

(STRING (NUM))

NO RESPONSE.....d



ALL

**E2. Please describe the biggest success [Program Name] has experienced during implementation.**

(STRING (NUM))

NO RESPONSE.....d

**This concludes the survey. Thank you very much for participating.**