

OMB No.: 1290-0NEW  
Expiration Date:

# America's Promise Job-Driven Grant Program Evaluation

## Partner Network Survey

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. Public reporting burden for this collection of information is estimated to average 20 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The obligation to respond to this collection is voluntary. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to [Chiefevaluationoffice@DOL.gov](mailto:Chiefevaluationoffice@DOL.gov) and reference the OMB Control Number 1290-XXXX. Comments can also be mailed to: U.S. Department of Labor, Chief Evaluation Office, 200 Constitution Ave., NW, S-2312, Washington, DC 20210. Note: Please do not return the completed interview guide (cite form or other applicable reporting mechanism) to the email or mailing address.

*DATE*

**FREQUENTLY USED FILLS**

In the boxes below, please list fills that are repeated frequently in your questionnaire requirements. These must come from a single source (whether from a preload or a question). The fills specified here do not need to be specified in the fill condition box each time they appear in a question.

Fill	Source / Condition	First Used at Question #:
[PARTNER ORGANIZATION]	SAMPLE LOAD	INTRODUCTION
[GRANTEE]	SAMPLE LOAD	INTRODUCTION
[PROGRAM NAME]	SAMPLE LOAD	INTRODUCTION

## INTRODUCTION

In January 2017, the U.S. Department of Labor (DOL) provided \$110 million to 23 grantees for the America's Promise Job-Driven Training Grants program. America's Promise aims to create or expand regional partnerships. These partnerships will identify the needs of specific industry sectors relying on the H-1B visa program to hire skilled foreign workers and prepare the domestic workforce for middle- and high-skilled, high-growth jobs in those sectors. Recognizing the opportunity to learn from grantee experiences, DOL is conducting an evaluation that will rigorously measure the success of America's Promise and identify practices associated with stronger regional coordination, employer engagement, and worker outcomes. DOL has asked Mathematica Policy Research and its research partner, Social Policy Research Associates (SPR), to assist with the study.

You are being asked to complete this survey because (FILL: [GRANTEE]/ [PARTNER ORGANIZATION] was identified as [FILL: the lead America's Promise grantee/a representative of a partner organization working with the America's Promise grantee, [GRANTEE]]. Lead grantees and representatives from partner organizations are asked to complete this survey to provide information about their own organizations, relationships with the grantee and other collaborating organizations, and program implementation. The length of this survey is different for different people, but on average, it should take about 20 minutes to complete.

Your participation in this survey is important and will help us understand more about the partnerships implementing America's Promise-funded programs, including [PROGRAM NAME]. Please provide responses for your organization, [PARTNER ORGANIZATION]. If you represent a specific branch or program within your organization that is engaged with the America's Promise partnership rather than the organization as a whole, please provide information about that branch or program rather than the organization as a whole. If you are unsure of how to answer a question, please give the best answer you can rather than leaving it blank.

Your responses will be kept private and used only for research purposes. They will be combined with the responses of other staff and reported in the aggregate. No individual names will be reported. Participation in the survey is completely voluntary and you may choose to skip any question.

If you have any questions about the survey, please contact the team at Mathematica by emailing [FILL EMAIL]@mathematica-mpr.com or calling ###-###-#### (toll-free).

Please read and answer the statement below and then click the "Submit Page and Continue" button at the bottom of the page to begin the survey.

ALL

**i1. I have read the introduction and understand that the information I provide will be kept private and used only for research purposes. My responses will be combined with the responses of other staff and no individual names will be reported.**

I agree with the above statement and will complete the survey.....1

I do not agree with the above statement and will not complete the survey.....0

GO TO END  
SCREEN 1 (Decline)

NO RESPONSE.....M

SOFT CHECK: IF i1=0; You have indicated that you will not complete the survey. Please check that this is correct and either keep your answer or change your answer below.

*To keep your answer without making changes, click the "Submit Page and Continue" button.*

HARD CHECK: IF i1=NO RESPONSE; Please indicate whether you agree to complete the survey and click the "Submit and Continue" button.

**A. YOUR ORGANIZATION**

The first questions are about your organization, [FILL: [GRANTEE]/ [PARTNER ORGANIZATION ]], and its relationship with [PROGRAM NAME].

ALL
FILL: [GRANTEE]/ [PARTNER ORGANIZATION FROM ORG_NAME]

**A1. Which of the following best describes your organization?**

*Select only one*

- Small business.....1 GO TO A2a
  - Disadvantaged business.....2 GO TO A2a
  - Other private, for-profit business.....3 GO TO A2a
  - Employer or industry group.....4 GO TO A2a
  - Community or two-year college.....5
  - Four-year college or university.....6
  - For-profit educational or vocational institution.....7
  - Workforce development agency/workforce development board (WDB).....8
  - Economic development agency.....9
  - Chamber of Commerce.....11
  - Nonprofit organization.....12
  - Trade association.....13
  - Utility.....14
  - Military.....15
  - State government.....16
  - Local government.....17
  - Tribal government.....18
  - Other (*Specify*).....99
- Specify  (STRING 255)
- NO RESPONSE.....M

SOFT CHECK: IF A1=99 AND A1 Specify=EMPTY; Please specify what best describes your organization.  
*To continue to the next question, click the "Submit and Continue" button below.*

**A2. What are the main activities your organization conducts or provides as part of the partnership with [Program Name]?**

*Var Select all that apply*

- Provide basic skills or job readiness training..... 1
  - Provide on-the-job training..... 2
  - Provide incumbent worker training..... 3
  - Provide vocational education..... 4
  - Provide academic education..... 5
  - Assist with job placement..... 6
  - Mentor participants..... 7
  - Recruit participants..... 8
  - Fund/award scholarships to participants..... 9
  - Establish agreements with employers to use program participants as first source of new hires..... 10
  - Develop curriculum..... 11
  - Create new certificate programs..... 12
  - Assist with the transfer of existing certifications/credentials/licenses..... 13
  - Market activities to increase awareness of the partnership and [Program Name]..... 14
  - Conduct career or academic assessments of participants..... 15
  - Provide supportive services to participants, such as transportation or child care..... 16
  - Other (*Specify*)..... 99
- Specify  (STRING 60)
- NO RESPONSE..... M

**SOFT CHECK: IF A2 Other=1 AND A2 Specify=EMPTY; Please specify the main activities your organization conducts in general.**

*To continue to the next question, click the "Submit and Continue" button below.*

**PROGRAMMER SKIP BOX.A2**  
 IF A2=1, 2, 3, 4, 5, 6, 7, 8, 10, 17, 18 OR 99 (Provides direct services), GO TO A3, ELSE GO TO A4

A1=1- 4 (EMPLOYER PARTNER)

**A2a. What are the main activities your organization conducts or provides as part of the partnership with [Program Name]?**

*Var* Select all that apply

- Work-based learning opportunities (OJT, apprenticeships, internships, job shadowing)..... 1
- Incumbent worker referrals to the program.....2
- Advancement opportunities for incumbent workers.....3
- Incumbent worker training.....4
- Training for other participants.....5
- Trainers or adjunct faculty.....6
- Hiring preferences for program graduates.....7
- Feedback on the quality of graduates (job candidates and hired workers).....8
- Mock job interviewing with participants.....9
- Tuition reimbursement for participants or pay during training hours.....10
- In-kind contributions.....11
- Other (*Specify*).....12

Specify  (STRING 60)

NO RESPONSE.....M

SOFT CHECK: IF A2a Other=1 AND A2a Specify=EMPTY; Please specify the main activities your organization conducts in general.

*To continue to the next question, click the "Submit and Continue" button below.*

PROGRAMMER SKIP BOX.A2a

IF A2a=1, 2, 3, 4, 5, 7, 8, 9, 10 OR 99 (Provides direct services), GO TO A3, ELSE GO TO A4

A2=1, 2, 3, 4, 5, 6, 7, 8, 10, 17, 18 OR 99 (Provides direct services)

OR

A2a=1, 2, 3, 4, 5, 7, 8, 9, 10 OR 99 (Provides direct services)

**A3. Approximately how many [PROGRAM NAME] participants does your organization currently serve or plan to serve each year? Your best estimate is fine.**

PARTICIPANTS

(RANGE 1-10,000)

NO RESPONSE.....M

SOFT CHECK: IF A3 GT 1,000; You indicated that this program serves or plans to serve [fill A3] participants per year. Please check that this is correct and either keep your answer or change your answer below.

*To continue to the next question, click the "Submit and Continue" button below. .*

SOFT CHECK: IF A3 LT 10; You indicated that this program serves or plans to serve [fill A3] participants per year. Please check that this is correct and either keep your answer or change your answer below.

*To continue to the next question, click the "Submit and Continue" button below.*

SOFT CHECK: IF A3=NO RESPONSE; Your response to this question is important. Please provide a response and continue. Your best estimate is fine.

*To continue to the next question, click the "Submit and Continue" button below.*



ALL

**A4. Which of the following in-kind resources is your organization contributing to [PROGRAM NAME] for the current grant program year?**

*Select all that apply*

- Staff time..... 1
  - Office space..... 2
  - Volunteers..... 3
  - Office supplies..... 4
  - Program materials..... 5
  - Computer/Internet, telephone, or fax service..... 6
  - Information..... 7
  - Transportation..... 8
  - Other (*Specify*)..... 99
- Specify  (STRING 150)
- Not contributing any in-kind resources..... 97
  - NO RESPONSE..... M

SOFT CHECK: IF A4 Other=99 AND A4 Specify=EMPTY; Please specify the in-kind resources your organization is contributing to the program this fiscal year.

*To continue to the next question, click the "Submit and Continue" button below.*

SOFT CHECK: IF A4=97 AND A4=1-8, 99; You have indicated that your organization is contributing one or more in-kind resources this year, but have also indicated that your organization is not contributing any in-kind resources. Please select either all in-kind resources that apply or "Not contributing any in-kind resources."

*To continue to the next question, click the "Submit and Continue" button below.*

PROGRAMMER SKIP BOX.A4  
IF A1=1-4, GO TO A6, ELSE GO TO A5

A1 NE 1-4

**A5. Approximately how much America’s Promise grant funding for [PROGRAM NAME] did your organization receive this fiscal year, if any? Your best estimate is fine. If your organization did not receive funding for [PROGRAM NAME] this fiscal year, please answer \$0.**

AMOUNT OF FUNDING RECEIVED

(RANGE 0-1,000,000)

- Don't know.....d  
 NO RESPONSE.....M

SOFT CHECK: IF A5 GT \$500,000; You indicated that your organization received [fill A6] for this program this fiscal year. Please check your answer and keep or change your response.

*To continue to the next question, click the “Submit and Continue” button below.*

SOFT CHECK: IF A5 LT \$500; You indicated that your organization received [fill A6] for this program this fiscal year. Please check your answer and keep or change your response.

*To continue to the next question, click the “Submit and Continue” button below.*

SOFT CHECK: IF A5=NO RESPONSE; Your response to this question is important. Please indicate how much funding your organization received for this program this fiscal year. Your best estimate is fine. Enter 0 if you did not receive any funding.

*To continue to the next question, click the “Submit and Continue” button below.*

HARD CHECK: IF VALUE ENTERED AT A5 GT 0 AND A5=d; You said that you organization received [fill A5 amount] for this program this fiscal year, but checked the box indicating that you don't know how much funding your organization received. Please provide only one response and continue. Your best guess for the amount received is fine.

ALL
IF A1 NE 1-4 FILL employers

**A6. We are interested in the number of years of experience your organization has had with several activities.**

**Please enter the number of years of experience your organization has had with each activity as of the spring 2018.**

Enter "0" if no experience or less than 1 year of experience.

Your best estimate is fine.

	Years of experience	Does not engage in activity	Don't Know
a. Providing career and technical education/training programs	<input type="text"/>	97 <input type="radio"/>	98 <input type="radio"/>
b. Engaging in regional workforce partnerships	<input type="text"/>	97 <input type="radio"/>	98 <input type="radio"/>
c. Engaging [employers] in sector strategies	<input type="text"/>	97 <input type="radio"/>	98 <input type="radio"/>
d. Implementing customer-centered design in provision of direct participant services	<input type="text"/>	97 <input type="radio"/>	98 <input type="radio"/>
e. Participating in workforce partnerships as an employer	<input type="text"/>	97 <input type="radio"/>	98 <input type="radio"/>

**B. PERSPECTIVES ON GOALS AND RELATIONSHIPS IN THE PARTNERSHIP**

The next questions are about the goals of the [PROGRAM NAME] partnership and the relationships across the partnership members.

**PARTNER GOALS**

ALL

[PROGRAM NAME] FROM PROGRAM NAME

**B1. In your own words, what are the main goals of the [PROGRAM NAME] partnership? (Limit: 1,000 characters)**

(STRING 1000)

NO RESPONSE.....M

**SOFT CHECK: IF B1=NO RESPONSE; Your response to this question is important. Please indicate in your own words the main goals of the partnership.**

*To continue to the next question, click the "Submit and Continue" button below.*

ALL

[PROGRAM NAME] FROM PROGRAM NAME

**B2. Do you or someone else from your organization currently serve on a steering, implementation, advisory, governance, or some other committee for [PROGRAM NAME]?**

Yes..... 1

No..... 0

NO RESPONSE.....M

ALL
[ROSTER OF ORGANIZATIONS] from PRTNR_ORGS
[PROGRAM NAME] from PROGRAM NAME

**B3. Below is a list of organizations identified as part of your [PROGRAM NAME] partnership.**

**First, please indicate if your organization, (FILL: [GRANTEE]/ [PARTNER ORGANIZATION]), worked with each [PROGRAM NAME] partner prior to the beginning of the [PROGRAM NAME] grant in 2017. Next, please indicate the frequency of communication between you and each organization.**

	Did your organization previously work with this partner prior to the America's Promise grant for [PROGRAM NAME]?			FREQUENCY OF COMMUNICATION		
	YES	NO	DON'T KNOW	We do not communicate at all	We communicate infrequently (a few times each month)	We communicate regularly (every day or nearly every day)
[ROSTER OF ORGANIZATIONS]	1 <input type="radio"/>	0 <input type="radio"/>	98 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
	1 <input type="radio"/>	0 <input type="radio"/>	98 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
	1 <input type="radio"/>	0 <input type="radio"/>	98 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
	1 <input type="radio"/>	0 <input type="radio"/>	98 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
	1 <input type="radio"/>	0 <input type="radio"/>	98 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
	1 <input type="radio"/>	0 <input type="radio"/>	98 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
	1 <input type="radio"/>	0 <input type="radio"/>	98 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>

**SOFT CHECK: IF ANY ROWS ARE EMPTY; You have missed [FILL MISSING ROWS]. Please provide a response and continue.**  
*To continue to the next question, click the "Submit and Continue" button below.*

**SOFT CHECK: IF COLUMN 1 = M AND COLUMN 2 = 1-3 OR (COLUMN 1 = 1, 0 AND COLUMN 2 = M) FOR ANY ROWS: You have completed one column but not the other for some rows. Please complete both columns for each organization listed.**  
*To continue to the next question, click the "Submit and Continue" button below.*

ALL
[ROSTER OF ORGANIZATIONS] from PRTNR_ORGS
[PROGRAM NAME] FROM PROGRAM NAME

**B4. Below is a list of organizations identified as part of your [PROGRAM NAME] partnership. Which [PROGRAM NAME]-related services does your organization, (FILL: [GRANTEE]/ [PARTNER ORGANIZATION]), coordinate with or collaborate on with each organization?**

PROGRAMMER: CODE ALL THAT APPLY

*Select all that apply per row*

	Grant oversight	Program development	Program participant recruitment and referrals	Education and training	Job search and placement assistance	Academic and career counseling	Case management	Supportive services	Make referrals to partner organization	Receive referrals from partner organization	We do not collaborate with this organization on any of these services
[ROSTER OF ORGANIZATIONS]	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>	10 <input type="checkbox"/>	97 <input type="checkbox"/>
	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>	10 <input type="checkbox"/>	97 <input type="checkbox"/>
	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>	10 <input type="checkbox"/>	97 <input type="checkbox"/>
	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>	10 <input type="checkbox"/>	97 <input type="checkbox"/>
	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>	10 <input type="checkbox"/>	97 <input type="checkbox"/>
	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>	10 <input type="checkbox"/>	97 <input type="checkbox"/>
	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>	10 <input type="checkbox"/>	97 <input type="checkbox"/>
	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>	10 <input type="checkbox"/>	97 <input type="checkbox"/>
	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>	10 <input type="checkbox"/>	97 <input type="checkbox"/>

**SOFT CHECK: IF ANY ROWS ARE EMPTY; You have missed [FILL MISSING ROWS]. Please provide a response and continue. To continue to the next question, click the "Submit and Continue" button below.**

ALL

[PROGRAM NAME] FROM PROGRAM NAME

**B5. In your opinion, are there other training or support services providers that should be participating in the partnership but are not? If so, please share them here. (Limit: 250 characters)**

Provider name (STRING 250)

Provider name (STRING 250)

Provider name (STRING 250)

Provider name (STRING 250)

Provider name (STRING 250)

Check here if there are no other training or support services providers .....97

NO RESPONSE.....M

**SOFT CHECK: IF B5=NO RESPONSE; Your response to this question is important. Please indicate whether there other training or support services providers that should be participating in the partnership but are not.**

*To continue to the next question, click the "Submit and Continue" button below.*

**HARD CHECK: IF VALUE ENTERED AT B5 FOR AT LEAST ONE PROVIDER AND B5=97; You listed at least one provider, but also indicated that there are no other training or support services providers that should be participating, but are not. Please provide only one response and continue.**

ALL

[PROGRAM NAME] FROM PROGRAM NAME

**B6. In your opinion, are there other employers that should be participating in the partnership, but are not? If so, please share them here: (Limit: 250 characters)**

Employer name (STRING 250)

Employer (STRING 250)

Employer (STRING 250)

Employer (STRING 250)

Employer (STRING 250)

Check here if there are no other employers.....97

NO RESPONSE.....M

**SOFT CHECK: IF B6=NO RESPONSE; Your response to this question is important. Please indicate whether there other employers that should be participating in the partnership but are not.**

*To continue to the next question, click the "Submit and Continue" button below.*

**HARD CHECK: IF VALUE ENTERED AT B6 FOR AT LEAST ONE PROVIDER AND B6=97; You listed at least one employer, but also indicated that there are no other employers that should be participating, but are not. Please provide only one response and continue.**



ALL

**B7. On average, please describe the frequency of collaboration among each organizational level across partner organizations.**

	Often	Sometimes	Rarely	Never	Don't know
a. Between administration/organization leaders across partner organizations	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	98 <input type="radio"/>
b. Frontline staff/mid-level supervisors to frontline staff/mid-level supervisors across partner organizations	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	98 <input type="radio"/>
c. Administration/organization leaders to frontline staff/mid-level supervisors across partner organizations	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	98 <input type="radio"/>

**SOFT CHECK: IF ANY ROWS ARE EMPTY; You have missed this question. Please provide a response and continue.**

*To continue to the next question, click the "Submit and Continue" button below.*

ALL

[PROGRAM NAME] FROM PROGRAM NAME

**B8. To what extent do you disagree or agree with each of the following statements about the status of the collaboration among [PROGRAM NAME] partner organizations?**

PROGRAMMER: CODE ONE PER ROW

*Select one per row*

	Strongly disagree	Disagree	Agree	Strongly agree
a. We started our collaborative effort because we wanted to do something about an important problem	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
b. The process we are engaged in is likely to have a real impact on the problem	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
c. The organizations involved in our program include those organizations affected by the issue	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
d. Participation is not dominated by any one group or sector	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
e. Our partner organizations have access to credible information that supports problem solving and decision making	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
f. Partner organizations agree on what decisions will be made by the group	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
g. Partner organizations agree to work together on this issue	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
h. Organizations involved in our program have set ground rules and norms about how we will work together	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
i. We have a method for communicating the activities and decisions of the group to all partner organizations	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
j. There are clearly defined roles for partner organizations	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>

	Strongly disagree	Disagree	Agree	Strongly agree
k. Partner organizations are more interested in getting a good decision for the program than improving the position of their own organization	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
l. Staff who participate in program meetings are effective liaisons between their home organizations and the group	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
m. Partner organizations trust each other sufficiently to honestly and accurately share information, perceptions, and feedback	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
n. Partner organizations are willing to let go of an idea for one that appears to have more merit	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
o. Partner organizations are willing to devote whatever effort is necessary to achieve the program's goals	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
p. Divergent opinions are expressed and listened to	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
q. The openness and credibility of the decision-making process helps partner organizations set aside doubts and skepticism	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
r. Partner organizations set aside vested interests to achieve our common goal	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
s. Partner organizations have an effective decision-making process	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
t. Partner organizations are effective in obtaining the resources they need to accomplish their objectives	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
u. The time and effort of the collaborative is directed toward achieving our goals rather than keeping the collaboration in business	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>

**SOFT CHECK: IF ANY ROWS ARE EMPTY; You have missed this question. Please provide a response and continue.**

*To continue to the next question, click the "Submit and Continue" button below.*

ALL

[PROGRAM NAME] FROM PROGRAM NAME

**B9. Indicate the degree to which you disagree or agree with each of the following statements as they relate to [PROGRAM NAME]:**

PROGRAMMER: CODE ONE PER ROW

*Select one per row*

	Strongly disagree	Disagree	Agree	Strongly agree	Does not apply/ don't know
a. Partners have developed a set of aligned goals and shared mission.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	98 <input type="radio"/>
b. Partners work together to identify skill gaps in the local workforce and how they might be addressed.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	98 <input type="radio"/>
c. Communication and collaboration across partners are strong and frequent.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	98 <input type="radio"/>
d. Partners are actively engaged in the selection of career pathways.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	98 <input type="radio"/>
e. Partners are actively engaged in the design of the program and training opportunities.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	98 <input type="radio"/>
f. Partners have identified and leveraged existing resources to meet the needs of program participants.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	98 <input type="radio"/>
g. Data on participant outcomes are accessible to all program partners.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	98 <input type="radio"/>
h. Partners are actively engaged in the hiring of qualified program participants.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	98 <input type="radio"/>
i. A real-time method of collecting feedback from employers is used and results are shared across partners.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	98 <input type="radio"/>
j. Partners have developed customer-centered education and training programs appropriate for diverse populations.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	98 <input type="radio"/>
k. Services provided to participants are coordinated across multiple partners.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	98 <input type="radio"/>
l. Partners have developed an infrastructure to sustain continued collaboration following the conclusion of the grant.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	98 <input type="radio"/>
m. Structures developed through this partnership may be replicated across other sectors.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	98 <input type="radio"/>

**SOFT CHECK: IF ANY ROWS ARE EMPTY; You have missed this question. Please provide a response and continue.**

*To continue to the next question, click the "Submit and Continue" button below.*

**C. END OF SURVEY**

ALL
[PROGRAM NAME] FROM PROGRAM NAME

**C1. Thank you for your participation in this survey. If there is anything else that you would like to tell us about your work on the [PROGRAM NAME] program or about the partnership as a whole, please share it here. (Limit: 1,000 characters)**

(STRING 1000)

NO RESPONSE.....M

GO TO END SCREEN 2 FOR THOSE WHO COMPLETE THE SURVEY.

[END SCREEN 1: END OF SURVEY FOR THOSE WHO OPT OUT IN THE FIRST SCREEN]

**Please click the “Submit Survey” button so that we have a record of your desire not to participate. This selection will result in your removal from our contact list. Thank you for your time.**

[END SCREEN 2: END OF SURVEY FOR RESPONDENTS]

**Thank you for completing the America’s Promise Partner Network Survey!  
Please click the “Submit Survey” button to submit your completed survey.  
Please note, you will not be able to make any changes after you click “Submit Survey.”**