Evaluation of Strategies Used in TechHire and Strengthening Working Families Grant Programs

Grantee Survey

Westat

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Instructions

INTRODUCTION SCREEN 1

Welcome to the TechHire and Strengthening Working Families Initiative Grantee Survey!

Click here to proceed.

INTRODUCTION SCREEN 2

Your organization is the recipient of a [PRE-FILL BASED ON RESPONDENT ID NUMBER: TechHire or Strengthening Working Families (SWFI)] grant through the Employment and Training Administration (ETA) of the U.S. Department of Labor (DOL). DOL is sponsoring a national evaluation, which is being conducted by Westat and MDRC. This evaluation is studying all grantees across the country and examining the strategies they use to help youth and young adults gain employment in and advance in H-1B industries and occupations.

As part of the evaluation, we are asking grantees to complete a survey to help us better understand the program. This survey should take about 1 hour to complete. The survey will ask questions about your grant program's goals, partnerships, design, and outcomes. ***It may be necessary or helpful to have the original grant application and any modifications and quarterly reports submitted to DOL on hand while completing the survey.*** There are no right and wrong answers, and your opinions and experiences are extremely important. The information that you provide to us will be used to improve other DOL/ETA grant programs in the future.

Your participation in this survey is mandatory as per your grant requirement. Your responses will be kept private. The information that you provide will not be shared with other staff at your organization. The information that you provide will be combined with information provided by other grantees and aggregated. Your name will not be listed in any reports, and your responses will not be attributed to you. Thank you in advance for your assistance in completing this survey and providing important information to the study.

The survey should be completed by the person in charge of managing the grant program at the lead grantee organization, likely the Program Director or Program Manager. Note that this survey can be filled out by multiple respondents if it is helpful to share this section with anyone in your organization who might have in-depth knowledge of particular grant-funded training/education programs. If you have any questions as you complete this questionnaire, please call 1-xxx-xxx-xxxx or email us at xxxx@westat.com. Thank you in advance for your assistance completing this survey and providing important information to this study.

Click here to begin the survey.

Frequently Asked Questions and Answers

"What is the purpose of the survey?"

The purpose of the survey is to understand how grant programs such as yours are being implemented. We hope to identify best practices to help youth and young adults gain employment in and advance in H-1B industries and occupations.

"What information do you intend to collect?"

The survey will ask questions about your grant program's goals, partnerships, design, and outcomes.

"How did you get my name?"

We are contacting individuals who administer TechHire and Strengthening Working Families Initiative grant programs. Your name was provided to us by DOL/ETA.

"Who is conducting this survey?"

DOL is sponsoring a national evaluation, which is being conducted by Westat and MDRC.

"What happens if I don't participate?"

Your participation is mandatory as per your grant requirement. Your experiences and opinions are very important to the successful implementation of future grant programs, and it is helpful to have the full range of grantee experiences.

"Are my answers private?"

Your responses will be kept private. Access to data will be limited only to contractor staff directly working on the survey. All findings in any written materials or briefings will be presented at the aggregate level and it will not be possible to link specific responses to individual respondents in any way. Once the survey is completed, all data on each respondent will be destroyed.

"How long will this take?"

The length of the survey is different for different people, but it usually takes about 60 minutes. You can complete the survey at a time that is convenient for you. Please note, if you cannot complete the survey in one sitting, you can save it and complete it at a later date. You may also share the login credentials with appropriate individuals in your organization as you deem necessary in order to report accurate information. The information that you provide is critical to the success of the study.

"Who do I call if I have questions about the survey?"

Please call 1-xxx-xxx-xxxx or email us at xxxx@westat.com.

A. Respondent Contact Information

A1. We have the following contact information in our records. Please correct the information as needed.

a. Name of primary person completing this survey

[   ]

b. Job title

[   ]

c. Name of organization

[   ]

d. Phone

[   ]

e. Email

[   ]

f. Website

[   ]

A2. Name and title of person responsible for managing the grant (if different from survey respondent).

a. Name

[   ]

b. Job title

[   ]

B. Basic Information About the Grant

This section asks basic information about your grant and the types of industries and target populations you serve.

B1. Which of the following best describes your organization? (Select all that apply.)

☐ Workforce Investment Board (WIB) or workforce agency
☐ One-Stop Career Center (America's Job Centers)
☐ Local or state government agency
☐ Community college
☐ University
☐ Training provider
☐ Community-based organization
☐ Faith-based organization
☐ Union or labor/management association
☐ Other (Please specify)

_____

B2. Which of the following groups are target populations for your grant activities? (Select all that apply.)

☐ Youth/young adults
☐ Individuals with disabilities
☐ Individuals with limited English proficiency
☐ Individuals with a criminal record
☐ Unemployed individuals
☐ Dislocated workers
☐ Underemployed workers
☐ Incumbent workers
☐ Veterans or spouses of Veterans
☐ Parents in need of child care
☐ Other (Please specify)

_____

B3. Before the grant, which target populations did your organization have experience serving? (Select all that apply.)

☐ Youth/young adults
☐ Individuals with disabilities
☐ Individuals with limited English proficiency
☐ Individuals with a criminal record
☐ Unemployed individuals
☐ Dislocated workers
☐ Underemployed workers
☐ Incumbent workers
☐ Veterans or spouses of Veterans
☐ Parents in need of child care
☐ Other (Please specify)

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B4. Compared to your original proposal, has/have your target population(s)…

○ Remained the same **(GO TO B8)**
○ Changed

B5. We added the following target populations:

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B6. We dropped the following target populations:

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B7. Reasons for changes or additions:

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B8. From what type of geographic area are the participants drawn? (Select all that apply.)

- ☐ Within one city
- ☐ Within one county
- ☐ From multiple counties
- ☐ From multiple counties (across state lines)
- ☐ Entire state
- ☐ Multiple states
- ☐ Other (Please specify)

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B9. What are the industries of focus of your grant program activities? (Select all that apply.)

- ☐ Information Technology (including cyber security and broadband)
- ☐ Financial services
- ☐ Advanced Manufacturing
- ☐ Health Care
- ☐ Educational services
- ☐ Other (Please specify)

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[                         ]
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B10. Is this a new training program or an expansion/adaptation of a previously existing program?

- ○ New program
- ○ Expansion/adaptation of an existing program
- ○ Both a new program and an expansion/adaptation of an existing program

C. Partnerships

This section includes questions about the partners engaged in your grant and their roles.

C1. What types of organizations do you currently partner with for your grant? (Select all that apply.)

- ☐ Community college
- ☐ University
- ☐ Training provider
- ☐ Secondary education institution
- ☐ Employer or employer group
- ☐ Industry association
- ☐ Labor/management association
- ☐ Community-based organization
- ☐ Child care agency or organization
- ☐ Government agency (aside from state child care agency)
- ☐ Workforce Investment Board
- ☐ One-Stop Career Center (America's Job Centers)
- ☐ Correctional facility
- ☐ Other (Please specify)

C2. Are there any organizations that were included in your original proposal that are no longer part of your grant?

- ○ Yes
- ○ No **(GO TO C4)**

C3. Which organizations are no longer part of your grant, and why?

C4. Are there are any new organizations that have joined your program since your proposal?

- ○ Yes
- ○ No **(GO TO C6)**

C5. What are the new organizations, and why did they join your program?

C6. Are there any organizations in your program that have expanded their roles since the start of your grant?

○ Yes
○ No **(GO TO C8)**

C7. Which organizations expanded their roles, and why? How did the roles expand?

C8. Prior to this grant, did your organization work on other grants or programs with any of the <u>local Workforce Investment Board</u> partners that are part of this grant?

○ Yes
○ No
○ Not applicable, we do not have local Workforce Investment Board partners

C9. Prior to this grant, did your organization work on other grants or programs with any of the <u>education or training provider</u> partners that are part of this grant?

○ Yes
○ No
○ Not applicable, we do not have education or training provider partners

[IF TECHHIRE, SKIP TO C11, ELSE ASK C10]

C10. Prior to this grant, did your organization work on other grants or programs with any of the <u>child care program/provider</u> partners that are part of this grant?

○ Yes
○ No
○ Not applicable, we do not have child care program/provider partners

C11.Prior to this grant, did your organization work on other grants or programs with any of the <u>business-related nonprofit organization</u> partners that are partners in this grant?

- ○ Yes
- ○ No
- ○ Not applicable, we do not have business-related nonprofit organization partners

C12.Prior to this grant, did your organization work on other grants or programs with any of the <u>employers or employer group</u> partners that are partners in this grant?

- ○ Yes
- ○ No
- ○ Not applicable, we do not have employer partners

The next questions ask about specific ways in which partners have been involved in the program **<u>so far.</u>**

[IF C8 = NOT APPLICABLE, SKIP TO C14, ELSE ASK C13]

C13. How involved are or were the local <u>Workforce Investment Board partners</u> in each of the following   activities?

		Not involved at all	Somewhat involved	Very involved	Not applicable
a.	Writing of grant proposal	○	○	○	○
b.	Designing of the grant program	○	○	○	○
c.	Developing education or training curriculum	○	○	○	○
d.	Outreach and recruitment, referral, screening, or enrollment of participants	○	○	○	○
e.	Education delivery	○	○	○	○
f.	Training delivery	○	○	○	○
g.	Supportive service delivery	○	○	○	○
h.	Job placement services	○	○	○	○
i.	Giving advice and/or guidance to the grantee	○	○	○	○
j.	Providing participants with work opportunities for learning/training (e.g., on-the-job training, paid internship, paid work experience, apprenticeship)	○	○	○	○
k.	Recruitment or hiring of trained individuals	○	○	○	○
l.	Promoting regional collaboration for economic and/or workforce development	○	○	○	○

m. Other (Please specify)   ◯   ◯   ◯   ◯

[IF C9 = NOT APPLICABLE, SKIP TO C15, ELSE ASK C14]

C14.How involved are the <u>education or training provider partners</u> in each of the following activities?

	Not involved at all	Somewhat involved	Very involved	Not applicable
a. Writing of grant proposal	O	O	O	O
b. Designing of the grant program	O	O	O	O
c. Developing education or training curriculum	O	O	O	O
d. Outreach and recruitment, referral, screening, or enrollment of participants	O	O	O	O
e. Education delivery	O	O	O	O
f. Training delivery	O	O	O	O
g. Supportive service delivery	O	O	O	O
h. Job placement services	O	O	O	O
i. Giving advice and/or guidance to the grantee	O	O	O	O
j. Providing participants with work opportunities for learning/training	O	O	O	O
k. Hiring trained individuals	O	O	O	O
l. Promoting regional collaboration for economic and/or workforce development	O	O	O	O
m. Other (Please specify)	O	O	O	O

[IF TECHHIRE SKIP TO C16, ELSE ASK C15]

C15. How involved are the <u>child care agency or organization partners</u> in each of the following activities?

	Not involved at all	Somewhat involved	Very involved	Not applicable
a. Writing of grant proposal	O	O	O	O
b. Designing of the grant program	O	O	O	O
d. Outreach and recruitment, referral, screening, or enrollment of participants	O	O	O	O
g. Supportive service delivery	O	O	O	O
i. Giving advice and/or guidance to the grantee	O	O	O	O
l. Promoting regional collaboration for child care services supporting economic and/or workforce development	O	O	O	O
m. Other (Please specify)	O	O	O	O

[   ]

C16.How involved are the <u>business-related nonprofit organization partners</u> in each of the following activities?

	Not involved at all	Somewhat involved	Very involved	Not applicable
a. Writing of grant proposal	O	O	O	O
b. Designing of the grant program	O	O	O	O
c. Developing education or training curriculum	O	O	O	O
d. Outreach and recruitment, referral, screening, or enrollment of participants	O	O	O	O
e. Education delivery	O	O	O	O
f. Training delivery	O	O	O	O
g. Supportive service delivery	O	O	O	O
h. Job placement services	O	O	O	O
i. Giving advice and/or guidance to the grantee	O	O	O	O
j. Providing participants with work opportunities for learning/training	O	O	O	O
k. Hiring trained individuals	O	O	O	O
l. Promoting regional collaboration for economic and/or workforce development	O	O	O	O
m. Other (Please specify)	O	O	O	O

C17.How involved are the <u>employer or employer group partners</u> in each of the following activities?

	Not involved at all	**Somewhat involved**	**Very involved**	**Not applicable**
a. Writing of grant proposal	O	O	O	O
b. Designing of the grant program	O	O	O	O
c. Developing education or training curriculum	O	O	O	O
d. Outreach and recruitment, referral, screening, or enrollment of participants	O	O	O	O
e. Education delivery	O	O	O	O
f. Training delivery	O	O	O	O
g. Supportive service delivery	O	O	O	O
h. Job placement services	O	O	O	O
i. Giving advice and/or guidance to the grantee	O	O	O	O
j. Providing participants with work opportunities for learning/training	O	O	O	O
k. Hiring trained individuals	O	O	O	O
l. Promoting regional collaboration for economic and/or workforce development	O	O	O	O
m. Other (Please specify)	O	O	O	O

C18.How does your organization solicit feedback from <u>employers or employer group partners</u> to make adjustments and improve the program? (Select all that apply.)

☐ Surveys
☐ Focus groups
☐ Periodic in-person meetings
☐ Periodic phone calls
☐ Informal conversations
☐ Other (Please specify)

☐ Grant does not solicit feedback from employers

C19.In your opinion, how successful has your program been on supporting and strengthening partnerships with the following organizations?

		Very successful	**Successful**	**Not successful**	**Not applicable**
a.	Workforce Investment Board	O	O	O	O
b.	Education or training providers	O	O	O	O
c.	Child care agencies or organizations	O	O	O	O
d.	Business-related nonprofit organizations	O	O	O	O
e.	Employer or employer groups	O	O	O	O
f.	Other (Please specify)	O	O	O	O

C20.How difficult or easy has your experience been in the following areas?

		Very Difficult	**Difficult**	**Easy**	**Very easy**	**Not applicable**
a.	Accessing planned leveraged resources	O	O	O	O	O
b.	Engaging partners throughout the grant period	O	O	O	O	O
c.	Communicating with partners	O	O	O	O	O
d.	Coordinating with partners to facilitate outreach and recruitment, referral, screening, or enrollment of participants	O	O	O	O	O
e.	Working with partners to adjust to changing labor market demand and supply	O	O	O	O	O

C21. Which partnerships are <u>likely</u> to continue after the end of the grant?

		Will likely not continue	**Undecided**	**Will likely continue**	**Not applicable**
a.	Community college	O	O	O	O
b.	University	O	O	O	O
c.	Training provider	O	O	O	O
d.	Secondary education institution	O	O	O	O
e.	Employer or employer group	O	O	O	O
f.	Industry association	O	O	O	O
g.	Labor/management association	O	O	O	O
h.	Community-based organization	O	O	O	O
i.	Child care agency or organization	O	O	O	O
j.	Government agency (aside from state child care agency)	O	O	O	O
k.	Workforce Investment Board	O	O	O	O
l.	One-Stop Career Center (America's Job Centers)	O	O	O	O
m.	Correctional facility	O	O	O	O
n.	Other (Please specify)	O	O	O	O

C22. Were there any organizations that were not partners in the grant that would have been helpful to include?

O   Yes
O   No **(GO TO D1)**

C23. Which organizations should have been included, and why?

D. Outreach and Recruitment

This section includes questions about your strategies for outreach and recruitment to the target population for your grant.

D1. Do you use any of the following methods to recruit participants?

	Yes	No	If Yes, How effective is each method at recruiting suitable participants?		
			Effective	**Somewhat effective**	**Not effective**
a. TV or radio public service announcements	O	O	O	O	O
b. Toll-free informational hotlines	O	O	O	O	O
c. Direct mail campaigns	O	O	O	O	O
d. Distribution of flyers, posters, or other informational materials	O	O	O	O	O
e. Use of grantee/partner websites	O	O	O	O	O
f. Facebook, Twitter, other social media	O	O	O	O	O
g. Door-to-door outreach	O	O	O	O	O
h. In-person presentations in the community (e.g., at schools, neighborhood centers, libraries)	O	O	O	O	O
i. Other (Please specify)	O	O	O	O	O

D2. Do you receive referrals from any of the following sources?

	Yes	No	If Yes, How effective is each source at bringing in suitable referrals?		
			Effective	Somewhat effective	Not effective
a. Employers and employer groups	O	O	O	O	O
b. Workforce Investment Board or One-Stop Career Centers/AJCs	O	O	O	O	O
c. Education or training providers	O	O	O	O	O
d. Community-based organizations	O	O	O	O	O
e. Other government agencies (VR, TANF…)	O	O	O	O	O
f. Word of mouth	O	O	O	O	O
g. Other (please specify)	O	O	O	O	O

D3. Have you made any changes to your recruitment strategy since the start of the program?

O Yes
O No **(GO TO D5)**

D4. What changes have you made to your recruitment strategy?

D6. Please rate the extent to which the following issues have been challenges in achieving originally-proposed participant enrollment levels in the program.

	Not a challenge	Minor challenge	Moderate challenge	Major challenge
a. Low response to outreach efforts (including lack of interest)	O	O	O	O
b. Difficulty reaching the target population	O	O	O	O
c. Insufficient resources devoted to outreach and recruitment	O	O	O	O
d. Individuals are not available because of immediate need for employment	O	O	O	O
e. Many applicants are not meeting eligibility criteria	O	O	O	O
f. Availability of other training options in the community	O	O	O	O
g. Transportation or location problems	O	O	O	O
h. Problems with class schedules or off-hours availability of training	O	O	O	O
i. Applicants meet eligibility criteria but screening/assessment reveal that they are not a good fit	O	O	O	O
j. Applicants lose interest or motivation during the screening/assessment process and leave prior to enrollment	O	O	O	O
k. Insufficient child care options l. Available child care options do not mesh with class or training times	O	O	O	O
l. Insufficient referrals from workforce system partners	O	O	O	O
m. Insufficient referrals from employer partners	O	O	O	O
n. Insufficient referrals from community-based organization partners	O	O	O	O
o. Other (Please specify) _____	O	O	O	O

1.

E. Program Eligibility and Assessment

The next questions ask about the eligibility and suitability criteria applied to determine if someone should be enrolled in your grant program.

Program Eligibility

    E1. Does your program require applicants to have a high school diploma or GED?

    ○ Yes
    ○ No

    E2. Does your program require applicants to have a minimum reading and/or math grade level?

    ○ Minimum reading level only
    ○ Minimum math level only (GO TO E2b)
    ○ Both reading and math level minimums
    ⬤ No minimum reading or math requirements (GO TO E3)

    E2a. What is the minimum <u>reading</u> grade level your program requires?

    ○ 4th grade or equivalent
    ○ 5th grade or equivalent
    ○ 6th grade or equivalent
    ○ 7th grade or equivalent
    ○ 8th grade or equivalent
    ○ 9th grade or equivalent
    ○ 10th grade or higher

    [IF E2 = MINIMUM READING LEVEL ONLY, GO TO E3]

    E2b. What is the minimum <u>math</u> grade level your program requires?

    ○ 4th grade or equivalent
    ○ 5th grade or equivalent
    ○ 6th grade or equivalent
    ○ 7th grade or equivalent
    ○ 8th grade or equivalent
    ○ 9th grade or equivalent
    ○ 10th grade or higher

E3. Which of the following do you look at for determining financial eligibility? (Select all that apply.)

☐ Eligible for TANF
☐ Eligible for SNAP
☐ Eligible for SSI
☐ Eligible for WIOA
☐ Household income
☐ Personal income
☐ Personal earnings
☐ Other (Please specify)

☐ No financial eligibility criteria

E4. Does your program conduct any of the following background checks or screenings? (Select all that apply.)

☐ Drug test
☐ Background check for misdemeanors
☐ Background check for felonies
☐ Medical exam
☐ Other (Please specify)

☐ None of the above

E5. In addition to the eligibility criteria discussed above, does your program include an assessment of an applicant's general suitability for the program?

○ Yes
○ No **(GO TO E7)**

E5a. What are the three most important criteria used to determine if an applicant should be enrolled in the program?

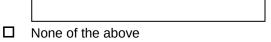| | Criterion 1 |
| Criterion 2 |
| Criterion 3 |

E6. What percentage of applicants who apply are found not eligible or not suitable for the program?

○ Less than 5 percent
○ 5 to 10 percent
○ 11 to 20 percent
○ 21 to 30 percent
○ 31 to 40 percent

○ 41 to 50 percent
○ More than 50 percent

Assessment

E7. Does your program include assessment of any of the following areas? (Select all that apply.)

☐ Prior work experience
☐ Prior education or training
☐ Supportive service needs (childcare, transportation)
☐ Career aptitude
☐ Career interest
☐ Job readiness or soft skills
☐ Motivation
☐ Computer skills
☐ Coding skills
☐ Other (Please specify)

☐ None of the above

E8. Does your program use any of the following tools in the assessment process? (Select all that apply.)

☐ TABE (Test of Adult Basic Education)
☐ WorkKeys
☐ ACCUPLACER
☐ COMPASS
☐ CASAS (Comprehensive Adult Student Assessment Systems)
☐ Other (Please specify)

☐ None of the above

E9. Among those applicants who enroll in your program, what percentage dropout before training begins?

○ Less than 5 percent
○ 5 to 10 percent
○ 11 to 20 percent
○ 21 to 30 percent
○ 31 to 40 percent
○ 41 to 50 percent
○ More than 50 percent

F. Training

This section asks about the types of training and education services provided by your program.

F1. Relative to your original proposal, have your occupational areas…

○ Remained the same **(GO TO F2)**
○ Changed

F1a. We added the following occupational areas:

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F1b. Reason for additions:

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F1c. We dropped the following occupational areas:

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F1d. Reason:

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F2. What types of training does your program offer? (Select all that apply.)

☐ On-the-job training
☐ Paid work experience
☐ Paid internship
☐ Registered Apprenticeship
☐ Accelerated training (e.g., "bootcamps")
☐ Competency-based training
☐ Distance learning and technology-based training
☐ Incumbent worker training
☐ Classroom occupational training
☐ Other (Please specify)

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F3. What types of credentials can be earned by program participants? (Select all that apply.)

☐ High school diploma/GED
☐ Associate's degree
☐ Industry recognized/specific certification
☐ Bachelor's degree
☐ Other (Please specify)

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☐ None

F4. Which of the following factors describe the range of trainings options offered by your program? (Select all that apply.)

☐ We offer trainings that result in industry-recognized certifications or credentials
☐ We offer trainings that help participants get onto a career pathway that allows for future advancement
☐ We offer trainings that result in stackable certifications or credentials
☐ We offer trainings that result in portable certifications or credentials
☐ We offer trainings with multiple entry/exit points to accommodate participants of different skill levels
☐ Other (Please specify)

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F5. Public transportation to our training locations is readily available from:

○ Everywhere in our target geographic area
○ Almost everywhere in our target geographic area (~ 75 percent)
○ Roughly half our target geographic area
○ Limited number of places in our target geographic area (~ 25 percent)
○ Nowhere in our target geographic area

F6. Does the training program accommodate different participants' schedules in any of the following ways? (Select all that apply.)

☐ Evening or weekend schedule is available
☐ Some training can be done online
☐ Same material is provided on different days of the week
☐ Training is self-paced
☐ Other (Please specify)

[   ]

F7. Have any of the following areas been a challenge for your training programs?

Issues	Not a challenge	Minor challenge	Moderate challenge	Major challenge
a. Finding appropriate curriculum	○	○	○	○
b. Having enough qualified faculty or instructors	○	○	○	○
c. Having the proper training facilities or equipment	○	○	○	○
d. Finding applicants with the basic skills required	○	○	○	○
e. Retention of participants in the training programs	○	○	○	○
f. Placing training completers into jobs	○	○	○	○
g. Other (Please specify)	○	○	○	○

[   ]

F8. Which of the following most closely represents your policy for individuals who are in need of basic skills classes?

○ We do not accept them in our program
○ We provide basic skills instruction in the program, integrated into the training classes
○ We provide basic skills instruction in the program, in classes taken independently of the training class and offered by our program
○ We provide basic skills instruction in the program, in classes taken independently of the training class and offered by partner organizations
○ Other (Please specify)

[   ]

G. Support Services

This section asks about support services that your program may provide to help participants deal with barriers to school, training, and finding and keeping a job.

G1. Does your organization and/or any of your partners provide the following support services, either directly or on a referral basis to participants?

Assistance provided	Provide directly	Make referrals	Both provide directly and make referrals	Not provided
a. Coaching and/or mentoring	O	O	O	O
b. Peer support	O	O	O	O
c. Child care	O	O	O	O
d. Transportation	O	O	O	O
e. Housing	O	O	O	O
f. Legal assistance	O	O	O	O
g. Financial counseling	O	O	O	O
h. Work-related supplies and expenses (uniforms, tools, licensing fees)	O	O	O	O
i. Emergency assistance	O	O	O	O
j. Food assistance (other than SNAP)	O	O	O	O
k. Medical Care	O	O	O	O
l. Mental health assistance	O	O	O	O
m. Other (Please specify)	O	O	O	O

G2. When are support services available to participants? (Select all that apply.)

☐ After participants enroll in the program, but before training begins
☐ While participants are receiving the training
☐ After participants have completed the training program
☐ Other (Please specify)

G3. Did you leverage additional (non-grant) funds to pay for support services?

O   Yes
O   No

G4. Are there limits on the amount of support services you can provide to participants?

O   Yes, there is a limit on funds spent per participant
O   Yes, there is a limit on funds spent on any one service for any one participant
O   Yes, there is a limit on funds spent on any one service across all participants
O   No, there are no spending limits per participant or per services
O   Other (Please specify)

[ ]

G5. How adequate is each support service to meet the needs of participants?

  [AUTOPOPULATE WITH CATEGORIES SELECTED IN G1]

Assistance provided	More than adequate	Adequate	Less than adequate
a. Coaching and/or mentoring	O	O	O
b. Peer support	O	O	O
c. Child care	O	O	O
d. Transportation	O	O	O
e. Housing	O	O	O
f. Legal assistance	O	O	O
g. Financial counseling	O	O	O
h. Work-related supplies and expenses (uniforms, tools, licensing fees)	O	O	O
i. Emergency assistance	O	O	O
j. Food assistance (other than SNAP)	O	O	O
k. Medical Care	O	O	O
l. Mental health assistance	O	O	O
m. (populate from G1.m)	O	O	O

[ ]

[ONLY ASK REMAINING QUESTIONS IN SECTION IF SWFI]

G6.   Which of the following barriers to access to child care does your program address? (Select all that apply.)

☐   Lack of information about child care options and/or help finding care
☐   Lack of child care slots
☐   Mismatch of schedule/demands of education and training programs and the available child care options
☐   Mismatch of the schedule/demands of employment and the available child care options
☐   Challenges affording care
☐   Challenges with location/transportation
☐   Challenges with the supply of care that meets participants' specific needs
☐   Other (Please specify)

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☐   None of the above

G7. Which of the following best describes your program's child care support? (Select all that apply.)
☐   We provide free or low cost child care directly
☐   We provide referral to existing child care services in the community
☐   We provide vouchers or subsidies directly
☐   We provide help to access vouchers or subsidies for child care
☐   Other (Please specify)

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☐   None of the above

G8. What funds does your program leverage to support child care costs? (Select all that apply.)

☐   Child Care Development Black Grant
☐   DOL/ETA Grant
☐   WIOA
☐   TANF
☐   Head Start/Early Head Start
☐   State funds
☐   Local funds
☐   Other (Please specify)

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☐   None of the above

G9. Which of the following best describes to what extent your child care costs are covered for participants?

☐ The full cost of care is covered
☐ Part of the cost of care is covered
☐ None of the cost of care is covered
☐ Other (Please specify)

> [   ]

G10.Is training scheduled at times that require off-hours child care, such as evenings and weekends?

○ Yes
○ No

G11.Is training offered at locations that are at or close by child care?

○ Yes
○ No

H. Job Placement

H1. Which of the following job placement services does your program provide to participants? (Select all that apply.)

☐ Job search assistance (e.g., resume building, interview preparation)
☐ Soft skills/workplace readiness instruction
☐ Career counseling
☐ Identify job openings/providing job listings
☐ Meet with employers to identify job openings for graduates
☐ Develop hiring agreements with employers
☐ Operate or refer participants to job fairs
☐ Other (Please specify)

H2. Does your program provide the following post-placement and retention services to participants?

			If Yes, over what time period after placement?		
Post-placement and retention services	**Yes**	**No**	**30 days**	**60 days**	**90 days or longer**
a. In-person meetings with participant	○	○	○	○	○
b. Phone calls to participant	○	○	○	○	○
c. Emails to participant	○	○	○	○	○
d. Social media (e.g., Facebook, LinkedIn)	○	○	○	○	○
e. Phone calls or meetings with employer	○	○	○	○	○
f. Retention incentives or gift cards	○	○	○	○	○
g. Other (Please specify)	○	○	○	○	○

H3. How easy or difficult is it for your organization to collect the data required for grant reporting?

○ Very easy
○ Somewhat easy
○ Neutral (or varies a lot across data items)
○ Somewhat difficult
○ Very difficult

H4. How satisfied have employers been with hiring program completers?

○ Very satisfied
○ Generally satisfied
○ Not satisfied

○   Don't know

I. Outputs and Outcomes

This section asks about your program's overall goals and progress to date.

I1. **For each of the numeric outcome goals in your grant proposal, to what extent do you expect that your goal will be met by the completion of your grant? If you expect that you will exceed or fall short, please give a reason or context.**

	Expect to exceed	Expect to meet	Expect to fall short	Reasons or context
a. Number enrolled in training or education	O	O	O	
b. Number completed training or education	O	O	O	
c. Number received degrees or credentials	O	O	O	
d. Number of unemployed who obtain employment	O	O	O	
e. Number of incumbent workers who advance into a new position	O	O	O	
f. Median earnings levels for participants	O	O	O	

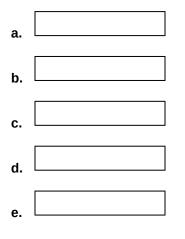**I2.** **How does the program collect employment outcome data for program participants? (Select all that apply.)**

☐ Survey of participants
☐ Follow-up calls/meetings with participants
☐ Follow-up with employers
☐ State data/ UI wage records
☐ Other (Please specify)

☐ Do not collect

I3. For how long after completion of the program do you track employment outcomes of participants?

- ◯ Up to 3 months
- ◯ Up to 6 months
- ◯ Up to 9 months
- ◯ Up to 1 year
- ◯ More than 1 year
- ◯ Do not track

[IF SWFI, CONTINUE TO I4. ELSE, SKIP TO I6.]

I4. List the systems-level outcome goals that you proposed in your original grant application.

a. [   ]

b. [   ]

c. [   ]

d. [   ]

e. [   ]

I5. For each of the systems level goals in your grant proposal, to what extent do you expect that your goal will be met by the completion of your grant? If you expect that you will exceed or fall short, please give a reason or context.

	Expect to exceed	Expect to meet	Expect to fall short	Reasons or context
a. (populate from I4a.)	◯	◯	◯	[ ]
b. (populate from I4b.)	◯	◯	◯	[ ]
c. (populate from I4c.)	◯	◯	◯	[ ]
d. (populate from I4d.)	◯	◯	◯	[ ]
e. (populate from I4e.)	◯	◯	◯	[ ]

I6. Were any additional goals established for this grant program?

○ Yes
○ No **(GO TO SECTION J)**

I7. **Please list the additional outcomes goals established for this grant program.**

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J. Leveraged Resources

This section includes questions about the resources you leveraged for your grant.

J1.   Indicate the amount (in dollars) you proposed to leverage in your grant proposal.

☐

J1a. How much of the planned leveraged resources (in dollars) were in the form of a financial contribution or grant from your organization?

☐

J1b. How much of the planned leveraged resources (in dollars) were in the form of a financial contribution or grant from a partner organization?

☐

J1c. How much of the planned leveraged resources were "in kind" donations from your own organization?

☐

J1d. How much of the planned leveraged resources were "in kind" donations from a partner organization?

☐

J2.   What kinds of in-kind donations have you leveraged?

☐   Curriculum/training materials
☐   Equipment/facilities
☐   Mentors or tutors
☐   Scholarships/tuition assistance
☐   Staff/instructors
☐   Work experience and/or internship positions for participants
☐   Transportation
☐   Student support other than tuition (e.g., books, fees for exams)
☐   Supportive services
☐   Other (Please specify)

☐   None

J3. What share of the leveraged resources have you been able to obtain for grant activities as of September 30, 2018? Your best guess is fine.

	None	Less than half	More than half	All or almost all
a. Financial contribution or grant from your organization	O	O	O	O
b. Financial contribution or grant from partner organizations	O	O	O	O
c. In-kind donation from your organization	O	O	O	O
d. In-kind donation from partner organizations	O	O	O	O

J4. Are you on track to meet your original goals for leveraged resources?

O Yes
O No

J4a. Are these leveraged funds coming from the planned sources listed in your grant proposal?

O Yes
O No

J5. Did you leverage any money that you did not anticipate?

O Yes
O No **(GO TO SECTION K)**

J5a. Please explain.

_____

K. Systems Level Activities

[ONLY ASK IF SWFI]

This section asks about the system-level activities undertaken during the grant period to increase access to child care and how these activities were structured to meet the grant's objectives.

K1. Which of the following systems-level activities to increase access to child care are you implementing using grant funds? (Select all that apply.)

☐ Coordination with existing child care services
☐ Referral to child care services using a child care navigator
☐ Providing training to program staff on systems issues
☐ Mapping of child care services available to meet participant needs
☐ Co-locating child care with training
☐ Development of a working group or steering committee
☐ Providing consultation to employers on the child care needs of low- and middle-skilled workers
☐ Providing funds to cover gaps when participants do not qualify for other programs
☐ Providing funds to cover gaps created by the need for non-standard hours care
☐ Development of materials (written or online) for parents
☐ Use of braided funding
☐ Use of data systems to track referrals
☐ Educating participants on how to evaluate child care quality
☐ Other (Please specify)

K2. In your opinion, how successful have your systems level activities been in achieving each of the following <u>so far</u>?

		Very successful	Successful	Somewhat successful	Not successful	Not applicable
a.	Increasing access to training and child care for low-income and working parents	O	O	O	O	O
b.	Leveraging funds to pay for child care services	O	O	O	O	O
c.	Coordinating with existing child care referral and education services	O	O	O	O	O
d.	Preventing families already in child care from losing care	O	O	O	O	O
e.	Increasing the quality of child care	O	O	O	O	O
f.	Improving coordination between workforce development services and child care service providers	O	O	O	O	O
g.	Improving collaboration among training providers, employers, and child care service providers	O	O	O	O	O
h.	Streamlining referrals through data systems	O	O	O	O	O
i.	Leveraging place-based initiatives	O	O	O	O	O
j.	Other (Please specify)	O	O	O	O	O

L. Sustainability and Future Plans

This section asks about the efforts underway to continue your grant activities after the end of the grant period.

L1. Is there are a formal sustainability plan for the training program once the grant has expired?

○ Yes
○ No, but we have plans to develop a sustainability plan **(GO TO L5)**
○ No, and we don't have any plans to develop a sustainability plan **(GO TO L5)**

L2. When was the sustainability plan developed?

○ Prior to receiving the grant
○ During the first year of the grant
○ During the second year of the grant
○ During the third year of the grant

L3. Which components of the program will be sustained? (Select all that apply.)

☐ Participant recruitment
☐ Job training
☐ Supportive services
☐ Job placement
☐ Partnerships
☐ Other (Please specify)

L4. Once the grant period ends, what funding source(s) will sustain the program? (Select all that apply.)

☐ Federal funding
☐ State or local government funding
☐ Employer funding
☐ Union funding
☐ Foundational funding
☐ Other (Please specify)

L5. How much of a challenge are each of the following to sustaining your training program beyond the grant period?

		Not a Challenge	Minor challenge	Moderate challenge	Major challenge
a.	Changes in the target industry	O	O	O	O
b.	Insufficient funding	O	O	O	O
c.	Insufficient partner support	O	O	O	O
d.	Lack of interest in H1-B occupations	O	O	O	O
e.	Lack of qualified eligible participants	O	O	O	O
f.	Unfavorable economic conditions	O	O	O	O
g.	Too many new low- to mid-skilled H1-B workers	O	O	O	O
h.	Lack of resources within your organization (e.g., budget, staff, equipment, space)	O	O	O	O
i.	Not producing enough trained workers	O	O	O	O
j.	Not producing workers with the right skill mix	O	O	O	O
k.	Other (Please specify)	O	O	O	O

M. Implementation Challenges, Facilitators, and Lessons Learned

This section asks about your overall impressions of what you have been able to accomplish with your grant and any improvements you would suggest to DOL/ETA.

M1. Have the local economic conditions created challenges in achieving program goals?

○ Yes
○ No **(GO TO M2)**

    M1a. Please explain how the location economic conditions created challenges.

    [text box]

M2. How does your current program implementation progress compare to what was proposed in your original grant timeline?

○ Ahead of what was originally scheduled
○ On schedule
○ Behind original schedule

M3. How has employer demand for training completers compared to the number of program completers?

○ Employer demand is less than the number of program completers
○ Employer demand is about the same as the number of program completers
○ Employer demand is more than the number of program completers

M4. How much of a challenge have the following areas been for program implementation?

		Not a Challenge	Minor challenge	Moderate challenge	Major challenge
a.	Producing interest in the program among the target population	○	○	○	○
b.	Recruiting eligible participants	○	○	○	○
c.	Meeting enrollment goals	○	○	○	○
d.	Achieving target graduation/ completion rates	○	○	○	○
e.	Enabling participants to earn credentials	○	○	○	○
f.	Matching graduates with available jobs	○	○	○	○
g.	Increasing earnings for graduates	○	○	○	○
h.	Job retention	○	○	○	○
i.	Creating opportunities for career ladders	○	○	○	○
j.	Meeting employer/industry needs	○	○	○	○

k. Trainee satisfaction	O	O	O	O
l. Forming partnerships	O	O	O	O
m. Other (Please specify)	O	O	O	O

[   ]

M5. Have changes been made to the program to address these challenges?

O   Yes
O   No **(GO TO M6)**

M5a.   Please describe the changes made.

[   ]

M6. What are your program's three biggest accomplishments in implementing the grant?

[   ]

M7. What are the main lessons learned from implementing your grant?

[   ]

M8. If there is anything else about your grant that you would like to convey that was not covered in this survey, or you would like to explain your responses further, please enter your comments below.

[   ]

On behalf of DOL, thank you very much for taking the time to complete this survey.

Click here to submit the survey.