

Instrument 1: Survey Invitee Template

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB number for this information collection is 0970-0XXX and the expiration date is XX/XX/XXXX.

Survey Invitee Template

Introduction: As part of its study of the *Child Welfare Community Collaborations to Strengthen and Preserve Families* (CWCC) initiative, Abt Associates will administer a voluntary Annual Collaboration Survey in [enter Month of survey administration] to staff from your organization and partner organizations. The purpose of this survey is to gather information from leaders and staff involved in [Grant name]¹ to learn how grantees receiving funding under CWCC are approaching their collaborative work. The survey includes questions about seven factors that influence successful collaboration (context; members; process; communication; function; resources; and leadership), as well as perceptions of current and future success of [Grant name].

Request: We need your help to identify the individuals involved in [Grant name] who should be invited to voluntarily complete the Annual Collaboration Survey. To capture a wide range of perspectives about collaborative processes, it is important to send the survey invitation to both leaders and staff from your organization and partner organizations, including: staff providing/delivering services, individuals who are part of implementation teams, members of steering/advisory committees, and anyone who is salaried or providing an in-kind donation of time to the project. The responses on this template will be kept private to the extent permitted by law.

Instructions: Completion of this template is voluntary and will take approximately one hour. Please use the template below to provide the name, organization, email address, and telephone number for each individual who should be invited to voluntarily complete the Annual Collaboration Survey. When selecting individuals to include on the template, consider whether they have enough familiarity or knowledge of [Grant name] to answer the survey items.

If you have any questions while completing the template, please email CWCCEvalTA@abtassoc.com.

Name	Organization	Email Address	Telephone Number

¹ Throughout this document, wherever terms are in brackets, the grantee's own term will replace the bracketed terms in order to facilitate comprehension. Potential terms include: partnership, collaboration, coalition, collective impact, collaborative, collective, program, or project.

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Please add additional rows as needed.

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