

Attachment C: Grantee Survey

Reentry Employment Opportunities (REO) Evaluation

June 2019

INTRODUCTION

This research team is evaluating the Reentry Employment Opportunities (REO) Grants program on behalf of the U.S. Department of Labor (DOL). As part of the evaluation, we are asking REO grantees to complete a brief survey about their program. Your participation will help DOL better understand how these programs function. Your participation in this survey is voluntary; refusal to participate will not result in a penalty or affect your employment with [name organization]. You may also discontinue participation in the survey at any time without penalty from DOL or your employer.

The survey covers several topics, including the organizational and administrative structure of your program, program features, partnerships, and challenges and successes. The survey findings are part of an implementation study that will help us better understand how programs across the country have implemented REO. We will use the results from the survey for research purposes only and, after removing your name and contact information, we will provide the results to DOL in a public- or restricted-use data file. Your name will never be used in any report written for the project.

Although there are no direct benefits to you from participating in this survey, your participation will contribute to the knowledge of how these programs work and may help similar programs learn how to provide better services. The risks of participating are small as there is a small risk of a breach of privacy; however, strong precautions will be taken to protect your information.

The survey should take about 20 minutes to complete. Please answer each question to the best of your knowledge. 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. If your [GRANT YEAR] [GRANT TYPE] grant operates in more than one location, please answer the questions for all locations.

If you have any questions or concerns as you complete this survey, please contact Jillian Stein [toll-free] at Mathematica at 1-888-XXX-XXXX or [STUDY EMAIL ADDRESS].

A. GRANTEE CHARACTERISTICS

ALL

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

AP_A1.

A1. Organization (grantee's) name:

[DROPDOWN WITH LIST OF GRANTEES THAT FILTERS AS USER STARTS TYPING. ALLOW PEOPLE TO ENTER A NAME NOT IN THE DROPDOWN LIST]

_____ (STRING 60)

AP_A2.

A2. REO program name:

_____ (STRING 60)

AP_A3.

A3. Primary contact person's name:

_____ (STRING 60)

AP_A4.

A4. Primary contact person's title:

_____ (STRING 60)

COMMUNITY BASED ORGANIZATIONS

AP_A6.

A5. We are interested in your organization's experiences with a variety of activities.

Please enter the number of years of experience your organization has had with each type of activity.
Your best estimate is fine.

A5a. Providing education or training programs

|_|_| YEARS EXPERIENCE

LESS THAN 1 YEAR EXPERIENCE.....0

DON'T KNOW.....d

A5b. Engaging employers in sector strategies

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

|_|_| YEARS EXPERIENCE

LESS THAN 1 YEAR EXPERIENCE.....0

DON'T KNOW.....d

A5c. Providing services to justice-involved individuals. By justice-involved, we mean people who have been involved in the juvenile or adult justice system including people who were formerly incarcerated.

|_|_| YEARS EXPERIENCE

LESS THAN 1 YEAR EXPERIENCE.....0

DON'T KNOW.....d

COMMUNITY BASED ORGANIZATIONS

YB_3.
A6. Which entities currently provide funding to support your REO program? The REO program serves young adults and adults with current or previous involvement with the criminal justice system. Please include only entities that provide at least 10 percent of your REO program funding.

If your organization currently receives funds from more than one REO grant, please answer this survey thinking only about the [GRANT TYPE] funds you were awarded in [GRANT YEAR].

CODE ALL THAT APPLY

- DEPARTMENT OF LABOR (DOL).....1
- DEPARTMENT OF JUSTICE (DOJ).....2
- OTHER FEDERAL GOVERNMENT AGENCIES3
- STATE DEPARTMENT OF LABOR.....4
- OTHER STATE GOVERNMENT AGENCIES.....5
- LOCAL GOVERNMENT AGENCIES.....6
- FOUNDATIONS.....7
- INDIVIDUAL OR CORPORATE DONORS.....8
- CHARITABLE OR RELIGIOUS ORGANIZATIONS.....9
- OTHER ORGANIZATIONS.....10

B. PROGRAM CHARACTERISTICS

COMMUNITY BASED ORGANIZATIONS ONLY FOR ALL OF SECTION B

The next questions ask you to think about your REO program and not your overall organization. If your organization currently receives funds from more than one REO grant, please answer this survey thinking only about the [GRANT TYPE] funds you were awarded in [GRANT YEAR].

AP_A7.

B1. Did [Program Name] exist in some form before receiving your [GRANT YEAR] REO grant funds? That is, did your organization offer the core services offered through the REO grant before receiving the REO grant funds?

YES..... 1
 NO..... 0 GO TO B3

COMMUNITY BASED ORGANIZATIONS

NEW.

B2. Does your REO program serve an entirely urban/suburban community, and entirely rural community, or a community that is a mix of both urban/suburban and rural?

ENTIRELY URBAN/SUBURBAN..... 1
 ENTIRELY RURAL..... 2
 BOTH URBAN/SUBURBAN AND RURAL..... 3

COMMUNITY BASED ORGANIZATIONS

AP_A8.

B3a. Think about all of the staff who currently work for your REO program, and indicate the number of staff that work in each position.

Please consider only the staff who are considered REO program staff, including subcontractors, who have at least some time designated specifically for your REO program.

Please enter "0" if you don't have staff in the position for REO.

	NUMBER
a. Project/program director	_ _
b. Case manager(s)	_ _
c. Job coach/ job developer/ employment specialist(s)	_ _
d. GED/secondary education instructor(s)	_ _
e. Vocational training instructor(s)	_ _
f. Mentoring coordinator(s)	_ _
g. Other (SPECIFY)	_ _
_____ (JOB TITLE) (STRING 60)	[DISPLAY SUM TOTAL]

COMMUNITY BASED ORGANIZATIONS

[FOR EACH TYPE OF POSITION INDICATED IN B3A, ASK:]

B3b. [Do/Does] your [FILL POSITION] work on REO only or do they work on REO and on other projects?

- REO ONLY.....1
- A MIX OF REO AND OTHER PROJECTS.....2

COMMUNITY BASED ORGANIZATIONS

NEW.
B4. Which of the following characteristics does your organization find most valuable in a REO program case manager?

By personal involvement in the justice system, we mean they have been involved in the juvenile or adult justice system such as people who were formerly incarcerated.

SELECT THE TOP THREE RESPONSES

- PRIOR PERSONAL INVOLVEMENT WITH THE JUSTICE SYSTEM.....1
- PRIOR EXPERIENCE WORKING WITH PEOPLE WITH CRIMINAL JUSTICE INVOLVEMENT.....2
- QUALITY AND/OR LENGTH OF PAST WORK EXPERIENCE.....3
- FAMILIARITY WITH NEIGHBORHOOD AND COMMUNITY.....4
- ABILITY TO MANAGE COMPETING PRIORITIES.....5
- NUMBER OF YEARS OF CASE MANAGEMENT EXPERIENCE.....6
- FAMILIARITY WITH SERVICES IN THE COMMUNITY.....7
- GOOD COMMUNICATION SKILLS.....8
- ABILITY TO WORK EFFECTIVELY IN A COLLABORATIVE WORK ENVIRONMENT.....9
- GOOD CRITICAL THINKING SKILLS.....10
- ABILITY TO WORK EFFECTIVELY WITH PEOPLE FROM DIVERSE BACKGROUNDS AND WITH DIVERSE PERSPECTIVES.....11
- WILLINGNESS TO BE A STRONG ADVOCATE FOR PARTICIPANTS.....12
- WILLINGNESS TO FOSTER SELF-SUFFICIENCY IN PARTICIPANTS.....13
- SOME OTHER CHARACTERISTIC? (PLEASE SPECIFY).....14

(STRING 60)

NEW.
B5. Which of the following characteristics does your organization find most valuable in staff who generate and/or connect participants to job opportunities?

SELECT THE TOP THREE RESPONSES

- PRIOR PERSONAL INVOLVEMENT WITH THE JUSTICE SYSTEM.....1
 - PRIOR EXPERIENCE WORKING WITH PEOPLE WITH CRIMINAL JUSTICE INVOLVEMENT.....2
 - CONNECTIONS TO LOCAL EMPLOYERS OR THE LOCAL BUSINESS COMMUNITY.....3
 - FAMILIARITY WITH NEIGHBORHOOD AND COMMUNITY.....4
 - ABILITY TO MANAGE COMPETING PRIORITIES.....5
 - NUMBER OF YEARS OF JOB DEVELOPER EXPERIENCE.....6
 - GOOD COMMUNICATION SKILLS.....7
 - ABILITY TO WORK EFFECTIVELY IN A COLLABORATIVE WORK ENVIRONMENT.....8
 - GOOD CRITICAL THINKING SKILLS.....9
 - QUALITY AND/OR LENGTH OF PAST WORK EXPERIENCE.....10
 - ABILITY TO WORK EFFECTIVELY WITH PEOPLE FROM DIVERSE BACKGROUNDS AND WITH DIVERSE PERSPECTIVES.....11
 - WILLINGNESS TO BE A STRONG ADVOCATE FOR PARTICIPANTS.....12
 - WILLINGNESS TO FOSTER SELF-SUFFICIENCY IN PARTICIPANTS.....13
 - SOME OTHER CHARACTERISTIC? (PLEASE SPECIFY).....14
- _____ (STRING 60)

COMMUNITY BASED ORGANIZATIONS

NEW.
B6. What portion of your REO program staff members have been personally involved with the justice system before being employed at your organization?

By personally involved in the justice system, we mean they have been involved in the juvenile or adult justice system including people who were formerly incarcerated.

- ZERO.....0
- MORE THAN ZERO BUT LESS THAN A THIRD.....1
- BETWEEN ONE THIRD AND TWO THIRDS.....2
- MORE THAN TWO THIRDS BUT NOT ALL.....3
- ALL.....4

COMMUNITY BASED ORGANIZATIONS

YB_24a.
B7. Next, we have some questions about how you enroll individuals into your program. Which of the following is a source of referrals to your program?

	Yes	No
Courts	1	0
Probation or parole officers or corrections agencies	1	0
Another justice agency (please specify)	1	0
_____ (STRING 60)		
Outreach that other agencies do in the community	1	0
Word-of-mouth referrals from people in the community or former participants	1	0
Community outreach conducted by your site	1	0
Self-referrals or walk-ins	1	0
Another source of referrals (please specify)	1	0
_____ (STRING 60)		

COMMUNITY BASED ORGANIZATIONS

(IF B7 ANY =1 THEN DISPLAY ONLY THOSE RESPONSES IN B8)

YB_24b.

B8. Of the referral sources you identified above, which has provided the largest number of referrals to your program?

	Yes	No
Courts	1	0
Probation or parole officers or corrections agencies	1	0
Another justice agency (FILL FROM B7))	1	0
Outreach that other agencies do in the community	1	0
Word-of-mouth referrals from people in the community or former participants	1	0
Community outreach conducted by your site	1	0
Self-referrals or walk-ins	1	0
Another source of referrals (FILL FROM B7)	1	0

COMMUNITY BASED ORGANIZATIONS

YB_26.

B9. Which of the following are part of your application screening process?

- INTERVIEW WITH STAFF MEMBER.....1
- APPLICATION FORM.....2
- PERSONAL STATEMENT.....3
- EDUCATION LEVEL ASSESSMENT.....4
- ASSESSMENT OF PRIOR WORK EXPERIENCE.....5
- DRUG TESTING.....6
- RISK/NEEDS ASSESSMENT (PLEASE SPECIFY).....7
- BASIC SKILLS ASSESSMENT.....8
- SCREENING PROCEDURES TO GAUGE COMMITMENT TO PROGRAM.....9
- CRIMINAL RECORD REVIEW.....10
- NONE OF THE ABOVE.....11
- OTHER (PLEASE SPECIFY).....12

(STRING 60)

C. PARTNERSHIPS

COMMUNITY BASED ORGANIZATIONS ONLY FOR ALL OF SECTION C

NEW.
C1. Does your organization have formal agreements with any of the following partner types? Formal agreements may include memorandum of understanding or subcontracts.

- INSTITUTIONS OF HIGHER EDUCATION.....1
- JUVENILE JUSTICE AGENCIES.....2
- OTHER CORRECTIONS AGENCIES (PLEASE SPECIFY).....3

- LEGAL SERVICE PROVIDERS.....4
- OTHER EDUCATION OR TRAINING PROVIDERS.....5
- EMPLOYERS.....6
- COMMUNITY-BASED ORGANIZATIONS.....7
- WORKFORCE DEVELOPMENT BOARDS OR AMERICAN JOB CENTERS....8
- ECONOMIC DEVELOPMENT AGENCIES.....9
- OTHER (PLEASE SPECIFY).....10
- _____ (STRING 60)
- NO FORMAL AGREEMENTS EXIST.....11 SKIP TO SECTION D

COMMUNITY BASED ORGANIZATIONS

IF ORGANIZATION HAS ANY PARTNERSHIPS (IF C1 ANY =1 THEN DISPLAY ONLY SELECTED RESPONSES IN C2)

NEW.
C2. Which of these partnerships are newly established as a result of the REO grant?

- INSTITUTIONS OF HIGHER EDUCATION.....1
- JUVENILE JUSTICE AGENCIES.....2
- OTHER CORRECTIONS AGENCIES3
- LEGAL SERVICE PROVIDERS.....4
- OTHER EDUCATION/TRAINING PROVIDERS.....5
- EMPLOYERS.....6
- COMMUNITY BASED ORGANIZATIONS.....7
- WORKFORCE DEVELOPMENT BOARDS OR AMERICAN JOB CENTERS....8
- ECONOMIC DEVELOPMENT AGENCIES.....9
- [FILL FROM C1_10]10
- NO PARTNERSHIPS WERE NEWLY ESTABLISHED AS A RESULT OF THE REO GRANT.....11

TTW SITES ONLY

IF ORGANIZATION HAS ANY PARTNERSHIPS (IF C1 ANY = 1 THEN DISPLAY ONLY SELECTED RESPONSES IN C3)

NEW.

C3. Which of your REO partners are part of the Career Pathways Collaborative (CPC)?

INSTITUTIONS OF HIGHER EDUCATION.....1
JUVENILE JUSTICE AGENCIES.....2
OTHER CORRECTIONS AGENCIES.....3
LEGAL SERVICE PROVIDERS.....4
OTHER EDUCATION/TRAINING PROVIDERS.....5
EMPLOYERS.....6
COMMUNITY BASED ORGANIZATIONS.....7
WORKFORCE DEVELOPMENT BOARDS OR AMERICAN JOB CENTERS.....8
ECONOMIC DEVELOPMENT AGENCIES.....9
[FILL FROM C1_10].....10

COMMUNITY BASED ORGANIZATIONS

IF ORGANIZATION HAS ANY PARTNERSHIPS (IF C1 ANY=1 THEN DISPLAY ONLY SELECTED RESPONSES IN C4)

AP_D3.

C4. Please indicate which partners engaged in each type of program development and support activities with your REO program.

	Provided guidance on program strategies and goals	Provided referrals to REO program	Provided services and/or in-kind resources
a. <i>(If C1_1= 1)</i> Institutions of higher education	1	2	3
b. <i>(If C1_2= 1)</i> Juvenile justice agencies	1	2	3
c. <i>(If C1_3= 1)</i> Other corrections agencies	1	2	3
d. <i>(If C1_4= 1)</i> Legal service providers	1	2	3
e. <i>(If C1_5= 1)</i> Other education or training providers	1	2	3
f. <i>(If C1_8= 1)</i> Workforce development boards or American Job Centers	1	2	3
g. <i>(If C1_9= 1)</i> Economic development	1	2	3
h. <i>(If C1_10= 1)</i> [FILL FROM C1]	1	2	3
i. <i>(If C1_6= 1)</i> Employers	1	2	3
j. <i>(If C1_7= 1)</i> Community-based organizations	1	2	3

D. PROGRAM SERVICES

COMMUNITY BASED ORGANIZATIONS ONLY FOR ALL OF SECTION D

Next, we would like to ask you some questions about the different types of services your REO program offers to its participants.

D1. For the following questions, please answer thinking only of services offered through the REO program. Please do not include services offered through other funding sources.

COLUMNS 2, 3, AND 4 ONLY DISPLAY IF
"YES" SELECTED IN COLUMN 1

Which of the following services are offered as part of the REO program ...	YES/NO	[IF YES] YES—offered by [ORGANIZATION NAME	[IF YES] YES—offered by partner	[IF YES] Offered by both
<i>YCC_B1.</i>				
Employment-related activities				
1. Career assessment or interest inventory	1	2	3	4
2. Resume writing workshops	1	2	3	4
3. Mock interviews by industry professionals	1	2	3	4
4. Referral to programs at American Job Center (also known as One Stops)	1	2	3	4
5. Work readiness training*	1	2	3	4
6. Group or individual job shadowing	1	2	3	4
7. <i>Paid</i> internships	1	2	3	4
8. <i>Unpaid</i> internships	1	2	3	4
9. On-the-job training (OJT)*	1	2	3	4
10. Apprenticeship	1	2	3	4
11. Occupational skills training	1	2	3	4
12. Courses that lead to an industry-recognized credential	1	2	3	4
13. Preparation for a certification exam	1	2	3	4
14. Other workforce or job related training (SPECIFY) _____ (STRING (NUM))	1	2	3	4
<i>YCC_B1.</i>				
Education-related activities				
15. GED preparation	1	2	3	4
16. High school diploma program	1	2	3	4
17. College entrance exams preparation courses	1	2	3	4
18. Financial aid planning assistance	1	2	3	4
19. Other education-related service (SPECIFY) _____ (STRING (NUM))	1	2	3	4
<i>YCC_B1.</i>				
Legal services				
20. Diversion services	1	2	3	4
21. Eviction services	1	2	3	4

*source YB34

COLUMNS 2, 3, AND 4 ONLY DISPLAY IF
"YES" SELECTED IN COLUMN 1

Which of the following services are offered as part of the REO program ...

- 22. Securing driver's licenses or other forms of identification (for example, birth certificates, Social Security cards, etc.)
 - 23. Creating and/or modifying child support orders
 - 24. Helping parents obtain and retain custody of their children
 - 25. Helping victims of domestic violence by obtaining protective and restraining orders
 - 26. Other legal services
- _____ (STRING (NUM))

YES/NO	[IF YES] YES—offered by [ORGANIZATION NAME	[IF YES] YES—offered by partner	[IF YES] Offered by both
1	2	3	4
1	2	3	4
1	2	3	4
1	2	3	4
1	2	3	4

YCC_B1.
Financial and needs related support services

- 27. Pay court fees or fines (SPECIFY)
- _____ (STRING (NUM))
- 28. Pay costs related to credential attainment for individual participants, such as certification exam fees
 - 29. Purchase work clothes or uniforms, or work-related equipment (for example, drafting tools, personal computer)
 - 30. Cover transportation costs to the program or to court
 - 31. Provide housing assistance
 - 32. Pay for or provide subsidized child care
 - 33. Provide wages or stipends to participants enrolled in your REO program
 - 34. Provide incentives to participants enrolled in your REO program
 - 35. Other financial and needs related support services
- _____ (STRING (NUM))

1	2	3	4
1	2	3	4
1	2	3	4
1	2	3	4
1	2	3	4
1	2	3	4
1	2	3	4
1	2	3	4
1	2	3	4
1	2	3	4
1	2	3	4

YCC_B1.
Health and well-being support services

- 36. Health care services or referrals
 - 37. Applying for public benefits (Medicaid, Supplemental Nutrition Assistance Program [SNAP], etc.)
 - 38. Substance abuse counseling or treatment
 - 39. Psychological counseling
 - 40. Other health and well-being services
- _____ (STRING (NUM))

1	2	3	4
1	2	3	4
1	2	3	4
1	2	3	4
1	2	3	4

YCC_B1.
Other support services

- 41. Individualized Career Plan (ICP) or Individualized Development Plan (IDP)
- 42. Individual or group mentoring
- 43. Financial literacy courses

1	2	3	4
1	2	3	4
1	2	3	4

COLUMNS 2, 3, AND 4 ONLY DISPLAY IF
"YES" SELECTED IN COLUMN 1

Which of the following services are offered as part of the REO program ...

44. Conflict resolution

45. Other support services

_____ (STRING (NUM))

YCC_B1.

Follow-up services

46. Tracking progress made by participants in employment and training after program exit

47. Assisting participants in planning and implementing next career steps that lead to upward mobility after program exit

48. Case management after program exit

49. Assistance in securing better-paying jobs after program exit

50. Referrals to peer support groups after program exit

51. Other follow-up services after program exit

_____ (STRING (NUM))

YES/NO	[IF YES] YES—offered by [ORGANIZATION NAME	[IF YES] YES—offered by partner	[IF YES] Offered by both
1	2	3	4
1	2	3	4
1	2	3	4
1	2	3	4
1	2	3	4
1	2	3	4
1	2	3	4
1	2	3	4
1	2	3	4

COMMUNITY BASED ORGANIZATIONS

NEW.
D2. Please indicate whether your REO program uses any of the following assessments for (1) screening, (2) developing or updating Individual Development Plans (IDPs), or (3) you don't use any assessments in your REO program.

Which of the following assesments are used in your REO program?

Columns 2 and 3 only display if "yes" selected in column 1

	Yes/ No	[IF YES DISLAY] YES—used for screening	[IF YES DISLAY] YES—used to develop or update an IDP
Risk-assessment models			
a. Risk Needs Responsivity	1	2	3
b. Dynamic Risk and Needs Assessment	1	2	3
c. Integrated Risk and Employment Strategy	1	2	3
d. Resource Allocation and Service Matching	1	2	3
e. Other risk assessment model (PLEASE SPECIFY) _____ (STRING (NUM))	1	2	3

COMMUNITY BASED ORGANIZATIONS

NEW.
D3. Which of the following case management models are used in your REO program?

- YOUTH POSITIVE DEVELOPMENT.....1
- MOTIVATIONAL INTERVIEWING.....2
- COGNITIVE BEHAVIORAL THERAPY AND COACHING.....3
- THINKING FOR A CHANGE.....4
- TRAUMA-INFORMED CARE.....5
- TRANSITIONS FROM JAIL TO COMMUNITY.....6
- OTHER CASE MANAGEMENT MODEL (PLEASE SPECIFY).....7
- _____ (STRING 60)

COMMUNITY BASED ORGANIZATIONS

NEW.

D4. Which of the following employment models are used in your REO program?

- SUPPORTED EMPLOYMENT.....1
 - EMPLOYER DRIVEN MODEL FOR JUSTICE INVOLVED INDIVIDUALS.....2
 - SECTORAL EMPLOYMENT AND TRAINING MODEL.....3
 - ACTIVE CAREER EXPLORATION MODEL.....4
 - READY4WORK.....5
 - ALLIANCE FOR CAREER PATHWAYS FRAMEWORK.....6
 - TRANSITIONS TO SUCCESS.....7
 - OTHER EMPLOYMENT AND TRAINING MODEL (PLEASE SPECIFY).....8
-
- (STRING 60)

COMMUNITY BASED ORGANIZATIONS

AP_E1.

D5. Please indicate the extent to which your program has experienced any of the following challenges.

CODE ONE RESPONSE IN EACH ROW

How challenging are each of the following ...	NOT CHALLENGING AT ALL	SOMEWHAT CHALLENGING	VERY CHALLENGING	NOT APPLICABLE
Participant-related challenges				
a. Recruiting participants	1	2	3	n
b. Engaging and retaining participants	1	2	3	n
c. Participant transportation to the program (NEW)	1	2	3	n
d. Participants' rearrest or reincarceration (NEW)	1	2	3	n
Staff-related challenges				
e. Finding staff with necessary experience	1	2	3	n
f. Staff turnover	1	2	3	n
g. Staff availability or competing demands on time	1	2	3	n
Challenges related to partners and employers				
h. Engaging and retaining partners	1	2	3	n
i. Sharing participants' data across partners	1	2	3	n
j. Engaging and retaining employers	1	2	3	n
k. Placing participants in jobs	1	2	3	n
Challenges related to service delivery				
l. Providing or giving access to high quality employment-related activities	1	2	3	n
m. Providing or giving access to high quality education-related activities	1	2	3	n
n. Providing or giving access to high quality legal services	1	2	3	n
o. Providing or giving access to high quality financial support services	1	2	3	n
p. Providing or giving access to high quality health and well-being support services	1	2	3	n
q. Providing or giving access to other important services (SPECIFY)	1	2	3	n
_____ (STRING (NUM))				
Other challenges				
r. Tracking participants' data, such as placements and retention	1	2	3	n
s. Meeting federal reporting requirements	1	2	3	n
t. Funding limitations	1	2	3	n
u. Lack of or limited nonfinancial resources (such as space or equipment)	1	2	3	n
v. Need for a more culturally appropriate program	1	2	3	n
w. Other (SPECIFY)	1	2	3	n
_____ (STRING (NUM))				

COMMUNITY BASED ORGANIZATIONS

IF [B2= 3 (PROGRAM SERVES RURAL AND SUBURBAN/URBAN COMMUNITIES)] AND [D5 ANY = 2 OR 3]
 FILL ANSWER CATEGORIES FROM D5 IF D5 = 2 OR 3

NEW.

D6. Are any of the challenges you mentioned more problematic for rural populations?

[FILL FROM D5 IF ANSWER = 2 OR 3]

IF YES (PLEASE EXPLAIN WHY OR HOW).....1

_____ (STRING (NUM))

NO.....0

COMMUNITY BASED ORGANIZATIONS

NEW.

D7. Since you received your REO grant, how much, if any, has your organization experienced the following:

CODE ONE RESPONSE PER ROW

	NOT AT ALL	A LITTLE	A LOT
a. Increased capacity to serve justice-involved individuals	1	2	3
b. Increased capacity to provide employment and training services	1	2	3
c. Stronger relationships with local criminal justice system	1	2	3
d. Stronger relationships with education or training institutions	1	2	3
e. Stronger relationships with local employers willing to hire people with criminal records	1	2	3
f. Other (PLEASE SPECIFY) _____ (STRING (NUM))	1	2	3

E. QUESTIONS FOR INTERMEDIARIES

INTERMEDIARIES ONLY FOR ALL OF SECTION E

NEW.

E1. What is the total number of REO subgrants your organization has awarded?

|_|_| SUBGRANTEES

ALL INTERMEDIARIES

NEW.

E2. Please provide the name, city, and state for each of your subgrantees.

DISPLAY ROWS BASED
ON E1

	SUBGRANTEE'S NAME	SUBGRANTEE'S CITY	SUBGRANTEE'S STATE
a. Subgrantee 1			
b. Subgrantee 2			
c. Subgrantee 3			
d. Subgrantee 4			
e. Subgrantee 5			
f. Subgrantee 6			
g. Subgrantee 7			
h. Subgrantee 8			
i. Subgrantee 9			
j. Subgrantee 10			

ALL INTERMEDIARIES
FILL FROM E2

YB_4b.

E3. What is the *total* annual operating budget for each of your subgrantee's REO program? Please include all funding sources. Your best estimate is fine.

	TOTAL ANNUAL OPERATING BUDGET	
a. Subgrantee 1	\$ _ _ , _ _ _ _ _ , _ _ _ _ _	Amount
b. Subgrantee 2	\$ _ _ , _ _ _ _ _ , _ _ _ _ _	Amount
c. Subgrantee 3	\$ _ _ , _ _ _ _ _ , _ _ _ _ _	Amount
d. Subgrantee 4	\$ _ _ , _ _ _ _ _ , _ _ _ _ _	Amount
e. Subgrantee 5	\$ _ _ , _ _ _ _ _ , _ _ _ _ _	Amount
f. Subgrantee 6	\$ _ _ , _ _ _ _ _ , _ _ _ _ _	Amount
g. Subgrantee 7	\$ _ _ , _ _ _ _ _ , _ _ _ _ _	Amount
h. Subgrantee 8	\$ _ _ , _ _ _ _ _ , _ _ _ _ _	Amount
i. Subgrantee 9	\$ _ _ , _ _ _ _ _ , _ _ _ _ _	Amount
j. Subgrantee 10	\$ _ _ , _ _ _ _ _ , _ _ _ _ _	Amount

ALL INTERMEDIARIES

FILL FROM E2

NEW.

E4. Please indicate the types of communities served by each subgrantee's REO program.

	URBAN/SUBURBAN	RURAL
a. Subgrantee 1	1	2
b. Subgrantee 2	1	2
c. Subgrantee 3	1	2
d. Subgrantee 4	1	2
e. Subgrantee 5	1	2
f. Subgrantee 6	1	2
g. Subgrantee 7	1	2
h. Subgrantee 8	1	2
i. Subgrantee 9	1	2
j. Subgrantee 10	1	2

ALL INTERMEDIARIES

ALL INTERMEDIARIES

NEW.

E5. Do all of your subgrantees operate a similar program model?

YES..... 1
NO..... 0

ALL INTERMEDIARIES

NEW.

E5a. Did you specify the model that subgrantees are supposed to use?

YES..... 1
NO..... 0

ALL INTERMEDIARIES

NEW.

E6. Other than the requirements set by DOL, do you require your subgrantees to follow a specific intake or screening process?

YES..... 1
NO..... 0

ALL INTERMEDIARIES

NEW.

E7. Are all of your program's subgrantees part of the same organization?

YES..... 1
NO..... 0

ALL INTERMEDIARIES

IF E7 = 0 (NO) FILL FROM E2

NEW. E8. Did your organization have a relationship with any of the following subgrantees before receiving the REO grant?

Please select all subgrantees with which a partnership existed before receiving the REO grant.

[Empty box for selection]

- SUBGRANTEE 1.....1
SUBGRANTEE 2.....2
SUBGRANTEE 3.....3
SUBGRANTEE 4.....4
SUBGRANTEE 5.....5
SUBGRANTEE 6.....6
SUBGRANTEE 7.....7
SUBGRANTEE 8.....8
SUBGRANTEE 9.....9
SUBGRANTEE 10.....10

ALL INTERMEDIARIES

NEW. E9. Does your organization offer technical assistance to subgrantees on the following topics?

[Empty box for selection]

- PLANNING START-UP ACTIVITIES.....1
HIRING AND RETAINING STAFF.....2
OBTAINING ADDITIONAL FUNDING TO SUPPORT THE PROGRAM.....3
WORKING WITH LOCAL JUVENILE AND/OR CRIMINAL JUSTICE SYSTEM PARTNERS.....4
WORKING WITH WORKFORCE PARTNERS.....5
WORKING WITH EDUCATION PARTNERS.....6
WORKING WITH OTHER TYPES OF PARTNERS.....7
RECRUITING AND ENROLLING PARTICIPANTS.....8
RETAINING PARTICIPANTS.....9
IMPLEMENTING THE PROGRAM MODEL.....10
PROVIDING SPECIFIC TYPES OF DIRECT SERVICES.....11
CONDUCTING FOLLOW-UP ACTIVITIES.....12
COLLECTING DATA AND OBTAINING DATA FROM PARTNERS.....13
GENERATING AND USING REPORTS FOR PERFORMANCE MANAGEMENT.....14
OTHER TECHNICAL ASSISTANCE(SPECIFY).....15

(STRING 60)

ALL INTERMEDIARIES

AP_E1.

E10. Please indicate the extent to which your subgrantees have experienced any of the following challenges.

CODE ONE RESPONSE IN EACH ROW

How challenging are each of the following?	NOT CHALLENGING AT ALL	SOMEWHAT CHALLENGING	VERY CHALLENGING	NOT APPLICABLE
Participant-related challenges				
a. Recruiting participants	1	2	3	n
b. Engaging and retaining participants	1	2	3	n
c. Participant transportation (NEW)	1	2	3	n
d. Participants' rearrest or reincarceration (NEW)	1	2	3	n
Staff-related challenges				
e. Finding staff with necessary experience	1	2	3	n
f. Staff turnover	1	2	3	n
g. Staff availability or competing demands on time	1	2	3	n
Challenges related to partners and employers				
h. Engaging and retaining partners	1	2	3	n
i. Sharing participants' data across partners	1	2	3	n
j. Engaging and retaining employers	1	2	3	n
k. Placing participants in jobs	1	2	3	n
Challenges related to service delivery				
l. Providing or giving access to high quality employment-related activities	1	2	3	n
m. Providing or giving access to high quality education-related activities	1	2	3	n
n. Providing or giving access to high quality legal services	1	2	3	n
o. Providing or giving access to high quality financial support services	1	2	3	n
p. Providing or giving access to high quality health and well-being support services	1	2	3	n
q. Providing or giving access to other important services (SPECIFY)	1	2	3	n
_____ (STRING 60)				
Other challenges				
r. Tracking participants' data, such as placements and retention	1	2	3	n
s. Meeting federal reporting requirements	1	2	3	n
t. Funding limitations	1	2	3	n
u. Lack of or limited nonfinancial resources (such as space or equipment)	1	2	3	n
v. Need for a more culturally appropriate program	1	2	3	n
w. Other (SPECIFY)	1	2	3	n
_____ (STRING (NUM))				

ALL INTERMEDIARIES

IF [E4 ANY =1 AND 2 (PROGRAM SERVES RURAL AND URBAN/SUBURBAN COMMUNITIES)] AND [E10 ANY = 2 OR 3]

POPULATE E11 WITH LIST OF ITEMS = 2 OR 3 IN E10

NEW.
E11. Are any of the challenges you mentioned more problematic for your subgrantees serving rural populations?

[POPULATE E11 WITH LIST OF ITEMS = 2 OR 3 IN E10]

[IF YES] (PLEASE EXPLAIN WHY OR HOW).....1

_____(STRING (NUM))

NO.....0