

IC Instrument Information

A few important things to note:

- The IAF aims to make the experience of taking a grantee perception survey as easy and low-burden as possible for its grantees. The online survey will be available in multiple languages, the survey period will span five weeks, and the contractor will make available a PDF of all survey questions so that respondents can aggregate responses before entering them online. Please pages 2-21 of this document for a list of these questions. Respondents will be able to save their responses and return to their survey later, and the contractor will have two staff members available to help respondents with any questions that arise during the survey period. In addition, the contractor will collect optional feedback from survey respondents so that the IAF can make improvements to future grantee perception surveys.
- The IAF has not yet contracted a contractor to carry out the survey. While we expect the survey to look like very similar to what you see in the following pages, some formatting and wording may change slightly. This will not constitute a significant change in the ICR.
- The survey is divided into two main components:
 - Pages 2-17 include questions that are standard questions asked of grantees from all participating funders. The IAF will be able to compare how they perform against others on these questions.
 - Pages 18-21 include custom questions that are of strategic importance to the IAF but which grantees from other funders may not be asked.

Inter-American Foundation

IAF 2023 Grantee Perception Survey

Confidentiality Policy:

*[Contractor] has surveyed more than [#] grantees of over [#] foundations and always treats responses as **completely confidential**:*

- *We **do not** report or share individual results or identifying characteristics with the Inter-American Foundation.*
- *We **will not** share the names of grantees that did or did not respond to the survey with the Inter-American Foundation.*
- *We only report average results to funders. Your response will be averaged with other responses to protect the identity of all individual respondents.*
- *We read all written comments submitted by grantees and work to remove any potentially identifying details. We then share the anonymized comments with the Inter-American Foundaton. We do **not** ever identify respondents, so please be candid.*

If you'd like to learn more about how [Contractor] shares results with funders and how funders use it to improve their work, [Contractor adds link to further information]

Please respond online by [DUE DATE]

Please respond to as many questions as possible. Previous respondents have found that this survey takes approximately 30 minutes to complete.

Your response is very important and will help the Foundation improve its ability to work with grantees.

Please feel free to contact [Name] at [Contractor] with any questions:

Toll Free: [Contractor Support Staff Phone]

Email: [Contractor Email]

Thank you for your participation in this study.

[Contractor Website]

6. Overall, how would you rate the Foundation's impact on your local community?

<input type="checkbox"/>	1	2	3	4	5	6	7
Don't know	No impact	←—————→					Significant positive impact

ABOUT YOUR FUNDING

7. Describe the recent grant from the Foundation about which you are responding.

a. Was the funding you received restricted to a specific use?

- Yes, this funding was restricted to a specific use (e.g. supported a specific program, project, capital need, etc.)
- No, this funding was not restricted to a specific use (i.e. general operating, core support)

b. Total number of years of approved funding for this grant: _____ years + _____ months

c. Total funding committed in U.S. dollars for this grant:
(Please include the full multi-year value committed for this grant)

\$, , , .00

8. Which of the following best describes the pattern of your organization's funding relationship with the Foundation? (Please check **only one**)

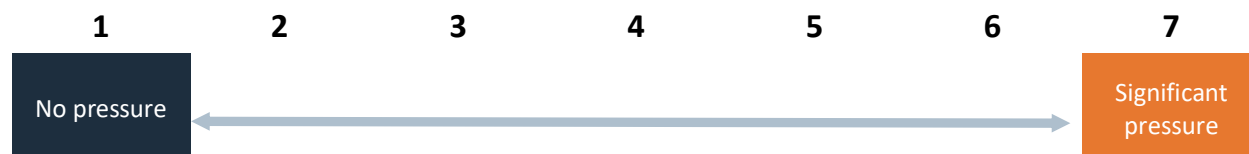
- This is the first grant my organization has received from the Foundation
- My organization has received consistent funding from the Foundation in the past
- My organization has received inconsistent funding from the Foundation in the past
- Don't know

GRANT SELECTION

9. Did you submit a proposal to the Foundation for this grant?

- Yes
- No (skip to question 12)
- Don't know (skip to question 12)

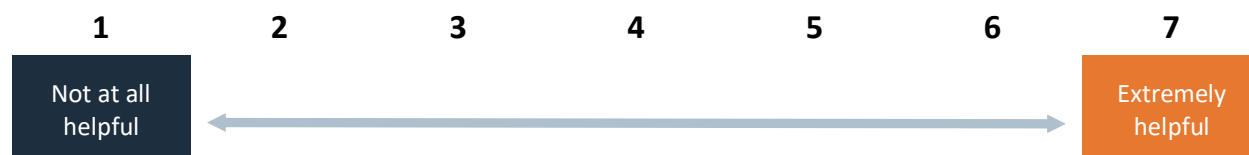
10. As you developed your grant proposal, how much pressure did you feel to modify your organization's priorities in order to create a grant proposal that was likely to receive funding?



11. How much time elapsed from the submission of the grant proposal to clear **commitment** of funding?

- Less than 3 months
- 4 months – 6 months
- 7 months – 12 months
- More than 12 months
- Don't know

12. How helpful was participating in the Foundation's selection process in strengthening the organization/program funded by the grant?



GRANT REPORTING AND EVALUATION

13. Have you participated in a reporting or evaluation process related to your grant from the Foundation?

When answering this question please consider the following definitions:

- “Reporting” – The Foundation’s standard oversight, monitoring, and grant reporting.
- “Evaluation” – formal activities *beyond reporting* undertaken by the Foundation to assess or learn about a grant, a program, or the Foundation’s efforts.

Please **check only one**:

- We have participated in a **reporting** process only
- We have participated in an **evaluation** process only (skip to question 16)
- We have participated in **both** a reporting and an evaluation process
- We have participated in **neither** a reporting nor an evaluation process (skip to question 19 on next page)
- Don’t know (skip to question 19 on next page)

14. At any point have you had a substantive discussion with the Foundation about the report(s) you or your colleagues submitted as part of the **reporting process**?

- Yes
- No
- Don't know

15. To what extent was the Foundation’s **reporting process**:

	Not at all	←—————→						To a great extent	Don't know/N/A
Straightforward	1	2	3	4	5	6	7	<input type="checkbox"/>	
Adaptable, if necessary, to fit your circumstances	1	2	3	4	5	6	7	<input type="checkbox"/>	
Relevant, with questions and measures pertinent to the work funded by this grant	1	2	3	4	5	6	7	<input type="checkbox"/>	
A helpful opportunity for you to reflect and learn	1	2	3	4	5	6	7	<input type="checkbox"/>	

Only for respondents that indicate participating in an evaluation process.

16. Who was **primarily** responsible for carrying out the **evaluation**? (Please check **only one**)

- Evaluation staff at the Foundation
- Evaluation staff at your organization
- External evaluator, chosen by the Foundation
- External evaluator, chosen by your organization
- Don’t know

17. To what extent did the **evaluation**:

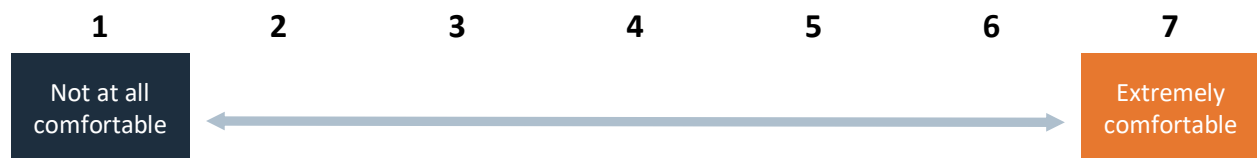
	Not at all							To a great extent	Don't know/N/A
Incorporate input from your organization in the design of the evaluation	1	2	3	4	5	6	7	<input type="checkbox"/>	
Result in your organization making changes to the work that was evaluated	1	2	3	4	5	6	7	<input type="checkbox"/>	
Generate information that you believe will be useful for other organizations	1	2	3	4	5	6	7	<input type="checkbox"/>	

18. Did the Foundation provide financial support for the **evaluation**?

- Yes, the evaluation's costs were **fully funded** by the Foundation
- Yes, the evaluation's costs were **partially funded** by the Foundation
- No, the evaluation's costs were **not funded** by the Foundation
- Don't know

INTERACTIONS WITH THE FOUNDATION

19. How comfortable do you feel approaching the Foundation if a problem arises?



20. How often do/did you have contact with your primary contact during this grant?

- Monthly or more often
- Once every few months
- Yearly or less often

21. Who most frequently initiated the contact you had with your primary contact during this grant?

- Most frequently initiated by your primary contact
- Most frequently initiated by you
- Initiated with equal frequency by your primary contact and you
- Don't know

22. Did the Foundation conduct a site visit during the selection process or during the course of this grant?

- Yes
- No
- Don't know

23. Please estimate the total number of hours you and your staff spent on each of the following activities related to this grant from the Foundation.

a. Grant proposal creation and selection process:

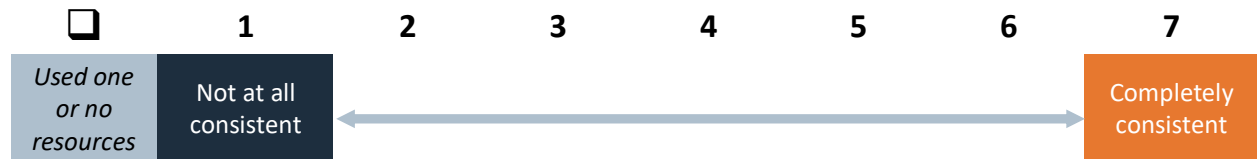
_____ hours OR Did not occur

b. Foundation-required grant monitoring, reporting, and evaluation:

_____ hours OR Did not occur

24. How consistent was the information provided by different communication resources, both personal and written, that you used to learn about the Foundation?

<input type="checkbox"/>	1	2	3	4	5	6	7
Used one or no resources	Not at all consistent						Completely consistent



25. Please comment on the quality of the Foundation's processes, interactions, and communications. (You are not limited in the length of your response.)

26. Has your main contact at the Foundation changed in the past six months?

Yes No Not applicable

YOUR FUNDER'S IMPACT ON YOUR ORGANIZATION AND YOUR FIELD

27. Please indicate all types of non-monetary assistance, if any, you received (from staff or a third party paid for by the Foundation) associated with this funding. Please note the Foundation may or may not provide any of the following types of assistance.

No other assistance was provided.

MANAGEMENT ASSISTANCE**We received:**

- | | |
|-------------------------------------|--------------------------|
| General management advice | <input type="checkbox"/> |
| Strategic planning | <input type="checkbox"/> |
| Financial planning/accounting | <input type="checkbox"/> |
| Development of performance measures | <input type="checkbox"/> |

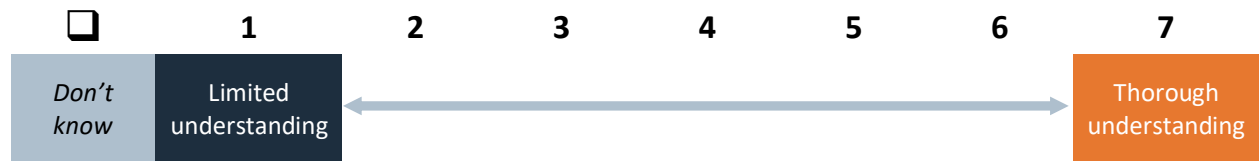
FIELD-RELATED ASSISTANCE**We received:**

- | | |
|---------------------------------------|--------------------------|
| Encouraged/facilitated collaboration | <input type="checkbox"/> |
| Insight and advice on your field | <input type="checkbox"/> |
| Introductions to leaders in the field | <input type="checkbox"/> |
| Provided research or best practices | <input type="checkbox"/> |
| Provided seminars/forums/convenings | <input type="checkbox"/> |

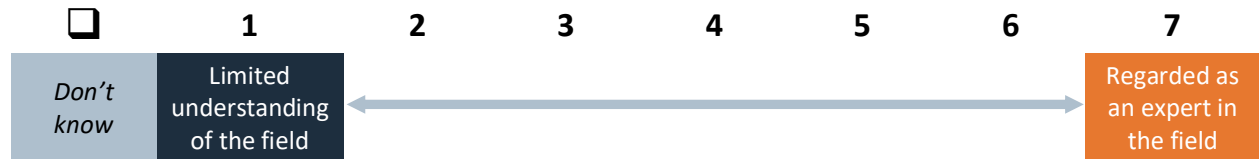
OTHER ASSISTANCE**We received:**

- | | |
|-----------------------------------------------|--------------------------|
| Board development/governance assistance | <input type="checkbox"/> |
| Information technology assistance | <input type="checkbox"/> |
| Communications/marketing/publicity assistance | <input type="checkbox"/> |
| Use of the Foundation's facilities | <input type="checkbox"/> |
| Staff/management training | <input type="checkbox"/> |
| Fundraising support | <input type="checkbox"/> |
| Diversity, equity, and inclusion assistance | <input type="checkbox"/> |

28. How well does the Foundation understand your organization's strategy and goals?



29. How well does the Foundation understand the field in which you work?



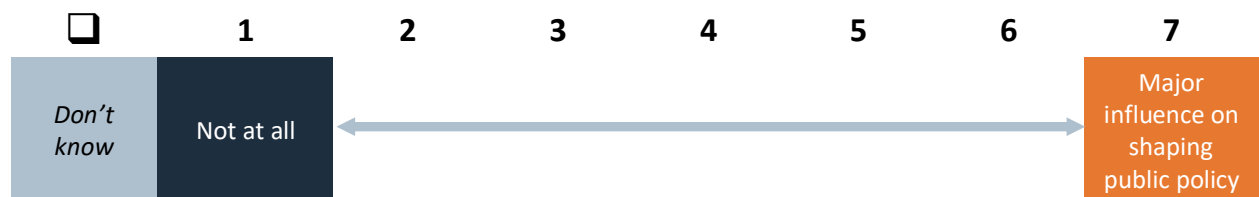
30. How well does the Foundation understand the local community in which you work?



31. To what extent has the Foundation advanced the state of knowledge in your field?



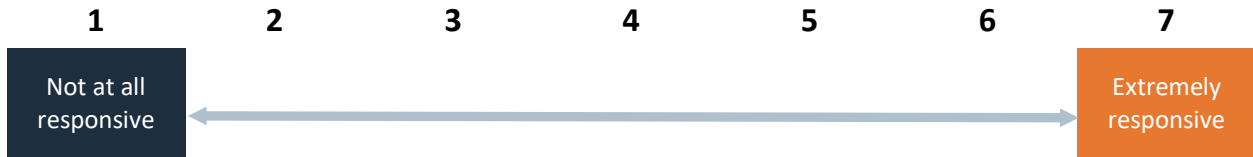
32. To what extent has the Foundation affected public policy in your field?



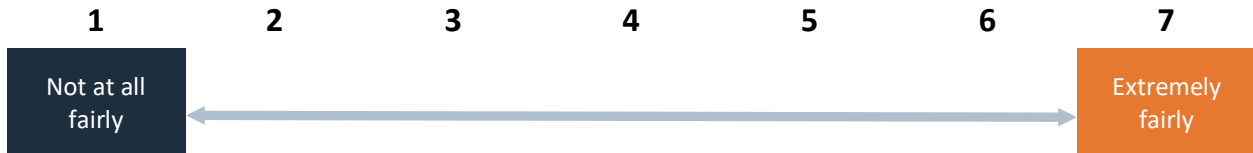
33. Please comment on the impact the Foundation is having on your field, community, or organization. (You are not limited in the length of your response.)

OTHER IMPRESSIONS

34. Overall, how responsive was Foundation staff?



35. Overall, how fairly did the Foundation treat you?

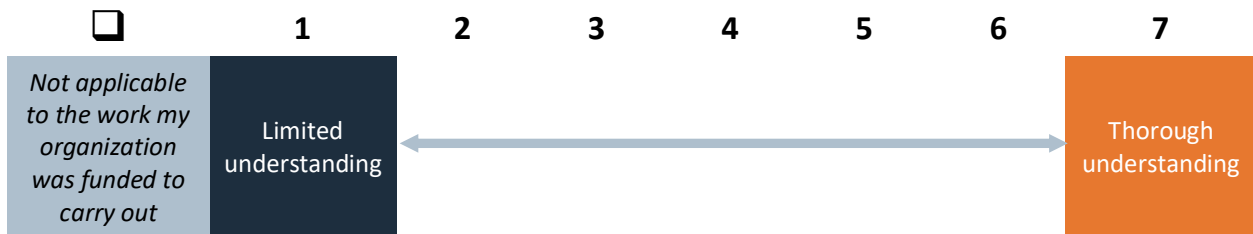


36. What specific improvements would you suggest that would make the Foundation a better funder? (You are not limited in the length of your response.)

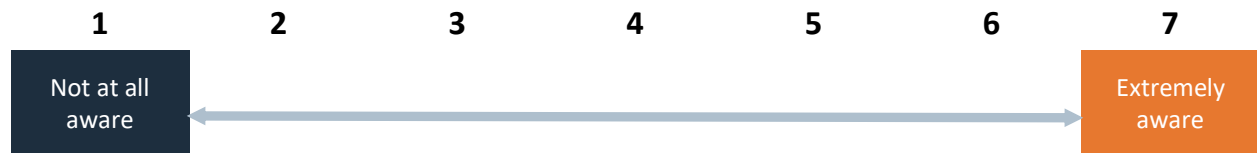
37. At any point during the application or the grant period, did the Foundation and your organization exchange ideas regarding how your organization would assess the results of the work funded by this grant?

- Yes No Don't know

38. How well does the Foundation understand the social, cultural, or socioeconomic factors that affect your work?



39. How aware is the Foundation of the challenges that your organization is facing?



40. Overall, how transparent is the Foundation with your organization?



41. To what extent is the Foundation open to ideas from grantees about its strategy?

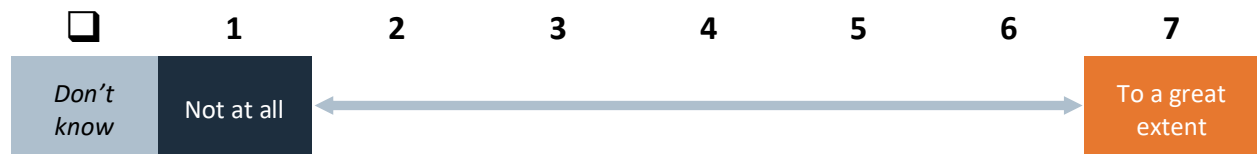


In the following questions, we use the term “beneficiaries” to refer to those your organization seeks to serve through the services and/or programs it provides. Beneficiaries are often called end users, clients, or participants.

42. How well does the Foundation understand your intended beneficiaries’ needs?



43. To what extent do the Foundation’s funding priorities reflect a deep understanding of your intended beneficiaries’ needs?



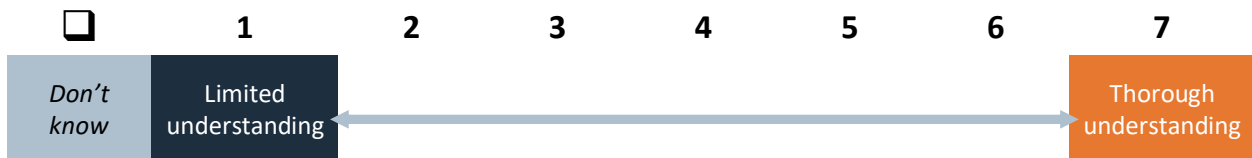
44. To what extent did the Foundation exhibit each of the following during this grant:

	Not at all	Somewhat					To a great extent
Trust in your organization's staff	1	2	3	4	5	6	7
Candor about the Foundation's perspectives on your work	1	2	3	4	5	6	7
Respectful interaction	1	2	3	4	5	6	7
Compassion for those affected by your work	1	2	3	4	5	6	7

45. If you have ever requested support from the Foundation to help strengthen your organization, how did you determine what specific support to ask for? (Check all that apply)

- Not applicable** – I have never requested support from the Foundation to strengthen my organization
- Based on what the Foundation told your organization to request
- Based on what your organization believes the Foundation would be willing to fund
- Based on what your organization needs
- Based on the results of an assessment or evaluation

46. How well do you understand the way in which the work funded by this grant fits into the Foundation's broader efforts?



INTER-AMERICAN FOUNDATION – ADDITIONAL QUESTIONS

(Pages 18-21 to be added here)

DEMOGRAPHICS

47. What is your position? (Please check only one)

- Executive Director/CEO
- Other Senior Management
- Project Director
- Development Director
- Other Development Staff

Volunteer

48. Please select the option that represents how you describe yourself: **(Please check only one)**

Male

Female

Transgender, non-binary, or another gender identity

Prefer not to say

49. Are you Hispanic or Latino?

No, not Hispanic or Latino

Yes, Hispanic or Latino

50. What is your race? *Select one or more.*

American Indian or Alaska Native

Asian

Black or African American

Native Hawaiian or Other Pacific Islander

White

IMPACT OF COVID-19

At this time of uncertainty due to the COVID-19 pandemic, the Inter-American Foundation wants to hear from you. As grantees, you are in a unique position to provide important insight to [Foundation Long] about your challenges, needs, and circumstances at this critical moment.

1. As a result of the COVID-19 pandemic has your organization experienced – or is it experiencing – any of the following:

	Yes, this has or is happening	No, but I expect this to happen	No, and I don't expect this to happen	Don't know/ N/A
Moved to a virtual working environment at one or more location(s) or facility(ies)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shifted staff from other services or projects to COVID-19 management efforts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Halted or delayed some services or projects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Added new services or projects to focus on a COVID-19 response	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reduced staff levels (e.g., conducted layoffs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Re-allocated funding from existing services or projects to focus on a COVID-19 response	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tapped into reserves (e.g., rainy day fund, board designated reserves, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Experienced an increase in the demand for your programs and services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Experienced a decrease in demand for your programs and services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Experienced a decrease in earned revenue (e.g., fee for service, contracts, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Experienced a decrease in contributed revenue (e.g., foundation grants, individual donations, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Experienced reduced capacity (e.g., staff or volunteer absences)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. So that we can communicate your comments to your funder immediately, **we will share all responses to the following question verbatim**, rather than read through them to remove any identifying information in your written response. Please consider this as you comment and if you want [Foundation Short] to be able to identify your organization, please use your organization name in your response. Otherwise, we will not connect your response to your or your organization's name when we share comments with the funder.

As a result of COVID-19, what are the biggest challenges facing your organization or those you serve? (You are not limited in the length of your response)

3. What are your **other funders** doing to support your organization’s efforts to respond to the impact of COVID-19? (Please only select one option)

Experienced the following forms of supports:

	Yes	No
Converting restricted grant to unrestricted funding	<input type="checkbox"/>	<input type="checkbox"/>
Accelerating payment schedules on grants	<input type="checkbox"/>	<input type="checkbox"/>
Increasing size of current grants	<input type="checkbox"/>	<input type="checkbox"/>
Providing supplemental grants	<input type="checkbox"/>	<input type="checkbox"/>
Extending the timeframe of current grant(s) without penalty	<input type="checkbox"/>	<input type="checkbox"/>
Allowing goals of current grant(s) to shift	<input type="checkbox"/>	<input type="checkbox"/>
Waiving or making reporting deadlines flexible	<input type="checkbox"/>	<input type="checkbox"/>
Communicating one-on-one with you about the effect of COVID-19 on your organization	<input type="checkbox"/>	<input type="checkbox"/>
Providing helpful information about their responses to COVID-19	<input type="checkbox"/>	<input type="checkbox"/>
Other (please describe):	<input type="checkbox"/>	<input type="checkbox"/>

4. So that we can communicate your comments to your funder immediately, **we will share all responses to the following question verbatim**, rather than read through them to remove any identifying information in your written response. Please consider this as you comment and if you want IAF to be able to identify your organization, please use your organization name in your response. Otherwise, we will not connect your response to your or your organization’s name when we share comments with the funder.

Please describe how funders can best support your organization and those you serve in the coming weeks and months. (You are not limited in the length of your response)

5. Do any of the following characteristics describe your experience of IAF's response to COVID-19?

[Foundation Short]'s response...

	Strongly disagree	Slightly disagree	Neither agree nor disagree	Slightly agree	Strongly agree	N/A
Is clear	1	2	3	4	5	<input type="checkbox"/>
Is rapid enough to allow the continuation of our most important work	1	2	3	4	5	<input type="checkbox"/>
Addresses ways in which this crisis can disproportionately affect historically vulnerable or marginalized populations	1	2	3	4	5	<input type="checkbox"/>
Allows my organization to address the needs of those who are at greater risk as a result of COVID-19	1	2	3	4	5	<input type="checkbox"/>
Communicates a willingness to hear from my organization	1	2	3	4	5	<input type="checkbox"/>

INTER-AMERICAN FOUNDATION – BACKGROUND QUESTIONS

Please choose a recent grant from Inter-American Foundation (referred to as “the IAF” and “the Foundation”) to keep in mind when answering the survey. Choose a grant you know well. If your organization received other grants from the IAF for which you were not the main contact, other members of your organization may have been asked to fill out the survey for those separate grants.

A. Which of the following best describes your organization? *(Please check only one.)*

- Base group:** a grantee organization that is also the beneficiary of the grant
- Grassroots support group:** a grantee organization that implements the grant to serve other beneficiaries
- Co-funding partner:** a grantee organization or foundation that co-funds grants with the IAF to support other base or grassroots support groups

B. What country is your organization based in? *(please select one)*

- | | |
|----------------------------------------------|----------------------------------------------------------------|
| <input type="checkbox"/> Antigua and Barbuda | <input type="checkbox"/> Honduras |
| <input type="checkbox"/> Argentina | <input type="checkbox"/> Jamaica |
| <input type="checkbox"/> Barbados | <input type="checkbox"/> Mexico |
| <input type="checkbox"/> Belize | <input type="checkbox"/> Nicaragua |
| <input type="checkbox"/> Bolivia | <input type="checkbox"/> Panama |
| <input type="checkbox"/> Brazil | <input type="checkbox"/> Paraguay |
| <input type="checkbox"/> Chile | <input type="checkbox"/> Peru |
| <input type="checkbox"/> Colombia | <input type="checkbox"/> Saint Lucia |
| <input type="checkbox"/> Costa Rica | <input type="checkbox"/> Saint Vincent and the Grenadines |
| <input type="checkbox"/> Dominican Republic | <input type="checkbox"/> Trinidad and Tobago |
| <input type="checkbox"/> Ecuador | <input type="checkbox"/> Uruguay |
| <input type="checkbox"/> El Salvador | <input type="checkbox"/> United States |
| <input type="checkbox"/> Guatemala | <input type="checkbox"/> Other <i>(please specify)</i> : _____ |
| <input type="checkbox"/> Haiti | |

INTER-AMERICAN FOUNDATION – ADDITIONAL QUESTIONS

C. C1. Have you participated in any of the following grantee sharing opportunities? (*If “Yes” is selected for any of the options below, please display them in C2. If “No” is selected, do not show in C2, but show them in C3.*)

	<i>Yes</i>	<i>No</i>
Grantee exchange within your own country	<input type="checkbox"/>	<input type="checkbox"/>
Grantee exchange across countries	<input type="checkbox"/>	<input type="checkbox"/>
Special events involving non-IAF grantees as well as IAF grantees	<input type="checkbox"/>	<input type="checkbox"/>
Written stories or case studies shared in the IAF journal or website	<input type="checkbox"/>	<input type="checkbox"/>

C2. Please rate the usefulness of the following grantee sharing opportunities in which you have participated. (*1 = Not at all useful, 7 = Extremely useful*)

	<i>Not at all useful</i>							<i>Extremely useful</i>
	1	2	3	4	5	6	7	7
Grantee exchange within your own country	1	2	3	4	5	6	7	7
Grantee exchange across countries	1	2	3	4	5	6	7	7
Special events involving non-IAF grantees as well as IAF grantees	1	2	3	4	5	6	7	7
Written stories or case studies shared in the IAF journal or website	1	2	3	4	5	6	7	7

C3. How useful would it be for you to participate in the following grantee sharing opportunities? (*1 = Not at all useful, 7 = Extremely useful*)

	<i>Not at all useful</i>							<i>Extremely useful</i>
	1	2	3	4	5	6	7	7
Grantee exchange within your own country	1	2	3	4	5	6	7	7
Grantee exchange across countries	1	2	3	4	5	6	7	7
Special events involving non-IAF grantees as well as IAF grantees	1	2	3	4	5	6	7	7
Written stories or case studies shared in the IAF journal or website	1	2	3	4	5	6	7	7

D. Please rate how strongly you agree or disagree with the following statements according to your experience utilizing the Interim Monitoring Tool (IMT).

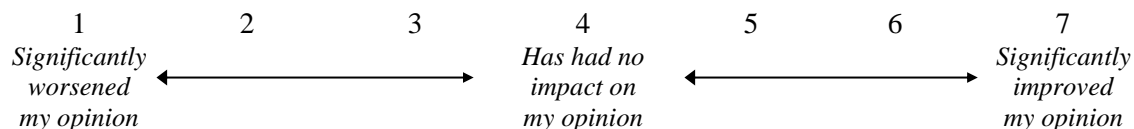
(1 = Strongly disagree, 4 = Neither agree nor disagree, 7 = Strongly agree)

	<i>Strongly disagree</i>			<i>Neither agree nor disagree</i>		<i>Strongly agree</i>	
The IMT is useful for my organization	1	2	3	4	5	6	7
My organization continues to use the IMT for projects other than those funded by the Foundation	1	2	3	4	5	6	7
The information collected by the IMT is useful in understanding whether my organization is achieving the specific results of the work funded by the grant	1	2	3	4	5	6	7
The information collected by the IMT is useful in justifying decisions and activities to local stakeholders	1	2	3	4	5	6	7
The information collected by the IMT is useful in identifying other challenges or opportunities that were not clear beforehand	1	2	3	4	5	6	7
The information collected by the IMT is useful in seeking and obtaining support from other local or international sources	1	2	3	4	5	6	7

E. Please rate the usefulness of the following forms of support the IAF has provided to help you obtain financial or non-financial assistance from other sources. (1 = Not at all useful, 7 = Extremely useful)

	<i>N/A – I have not used/received this type of support</i>	<i>Not at all useful</i>						<i>Extremely useful</i>
The IAF's reputation to lend credibility to your efforts	<input type="checkbox"/>	1	2	3	4	5	6	7
Suggested funders you should contact	<input type="checkbox"/>	1	2	3	4	5	6	7
Introductions to other potential funders in person, or via email, letter, or telephone	<input type="checkbox"/>	1	2	3	4	5	6	7
Funded specialized fundraising expertise for your organization as part of the grant	<input type="checkbox"/>	1	2	3	4	5	6	7

F. How has working with the IAF affected your opinion of the United States?



G. Please describe the biggest difference between IAF and other international development organizations or agencies with which you are familiar. *(You are not limited in the length of your response.)*

- I am not familiar with any other international development organizations or agencies. *(Skip to question 49.)*

ON ISSUES RELATED TO MIGRATION

H. Are the communities participating in your grant activities currently facing migration to other places in your country or outside your country?

- Yes
 No *(please proceed to question 49)*
 Don't know *(please proceed to question 49)*

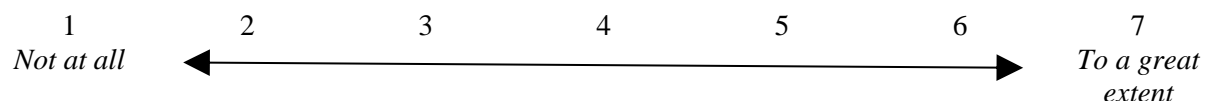
I. Which destinations best describe where migrants from your communities migrate?

- Somewhere else in my home country
 Mexico
 The United States
 Other countries *(please specify):* _____
 Don't know

J. Please check the reasons you are aware of that people have given for migrating: *(please check all that apply)*

- Violence
 Reuniting with family member(s) in the United States
 Reuniting with family member(s) in other countries
 Lack of economic opportunity
 Other, *(please specify):* _____
 Don't know

K. To what extent, if at all, has your relationship with the IAF empowered you to address these issues related to migration?



L. Please explain why or why not:
