

Partner Organizations Survey

Start of Block: Default Question Block

Q1 NSF Engines: Activity-based Partner Organizations Survey Background

Innovations in science and engineering have enabled the United States to become a world-leading economy, powered by a well-trained scientific and technical workforce. To ensure the United States remains at the vanguard of competitiveness, the United States must rapidly expand its innovation capacity by leveraging the resources, creativity, and ingenuity of every region of the country. The [NSF Regional Innovation Engines \(NSF Engines\) program](#) aims to expand and accelerate scientific and technological innovation within the United States by catalyzing regional innovation ecosystems throughout every region of our Nation to create a future in which all sectors of the American population can participate in and benefit from advancements in scientific research and development equitably to advance U.S. global competitiveness and leadership.

This survey is designed to gather information from partner organizations that are actively participating or is involved in one or more programmatic activities associated with an NSF Engine. Any information—be it for internal use or public release (e.g. in the form of statistical summaries) - will be in a form that does not personally identify you or other respondents. The primary use of the data collected is to inform and enhance the NSF Engines program, so to allow NSF to better serve its community and stakeholders. Data collected from this intake questionnaire will be made available to the external evaluation team of each Engine awardee.

Questions regarding the survey can be directed to Enginesdata@nsf.gov.

Pursuant to 5 CFR 1320.5(b), an agency may not conduct or sponsor, and a person is not required to respond to an information collection unless it displays a valid OMB control number. The OMB control number for this collection is 3145-XXXX. Public reporting burden for this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions. Send comments regarding this burden estimate and any other aspect of this collection of information, including suggestions for reducing this burden, to: Suzanne H. Plimpton, Reports Clearance Officer, National Science Foundation, 2415 Eisenhower Ave., Suite W18200, Alexandria, VA 22314; telephone (703) 292-7556; or send email to splimpto@nsf.gov.

Q2 *[insert partner organization name]* has been identified as a partner organization in the *[insert programmatic activity name]* within the *[insert Engine Name]*.

Please indicate whether this information is correct.

- Yes, this information is correct
- No, this information is not correct

Skip To: End of Survey if answer option "No, this information is not correct" is selected in Q2

Q3 Please indicate whether *[insert partner organization name]* is the correct legal name of your organization.

- Yes, *[insert partner organization name]* is the correct legal name
 - No, *[insert partner organization name]* is not the correct legal name
-

Display This Question:

If answer option "No, [insert partner organization name] is not the correct legal name" is selected in Q3

Q4 Please provide the correct legal name of your organization.

Q5 Please provide your organization's Employer Identification Number (EIN).

- Employer Identification Number (EIN)

Q6 Please select which of the following best characterizes your organization.

- Foreign government
- Foreign industry
- Foreign institution of higher education
- Industrial association
- Local government
- Medical facility
- Non-profit
- Private foundation
- Quasi government
- State government
- US federal government
- US industry
- US institution of higher education
- Venture capitalist
- Other (please specify) _____

Display This Question:

If answer option "State government" is selected in Q6

Q7 You indicated that your organization is best characterized as the State government. Please specify which State you represent.

▼ [Dropdown list of US States and territories in alphabetical order]

Q8 Please indicate whether *[insert partner organization name]* received any funds from *[insert Engine name]* to carry out this activity.

- Yes, my organization received funds from *[insert Engine name]* to carry out this activity
- No, my organization did not receive any funds from *[insert Engine name]* to carry out this activity
-

Display This Question:

If answer option "Yes, my organization received funds from *[insert Engine name]* to carry out this activity" is selected in Q8

Q9 As of *[insert current date]*, please estimate (to the nearest thousand) how much money *[insert partner organization name]* has received from *[insert Engine name]* to carry out this activity.

End of Block: Default Question Block

Start of Block: Contributions

Q10 Did your organization provide any monetary or in-kind contributions to support *[insert programmatic activity name]*?

- Yes, my organization provided monetary or in-kind contributions to support this activity
- No, my organization did not provide any monetary or in-kind contributions to support this activity
-

Display This Question:

If answer option "Yes, my organization provided monetary or in-kind contributions to support this activity" is selected in Q10

Q11 Please indicate the type(s) of contributions your organization provided in support of this activity (select all that apply).

- My organization provided monetary contributions
- My organization provided in-kind contributions
- My organization did not provide any contributions

Display This Question:

If answer option "My organization provided monetary contributions" is selected in Q11

Q12 Please estimate the amount of monetary contributions (to the nearest thousand) your organization provided in support of this activity. Please enter 0 if none were provided.

- Unrestricted cash _____
- Restricted cash _____

Display This Question:

If answer option "My organization provided in-kind contributions" is selected in Q11

Q13 Please estimate the monetary value of the in-kind contributions your organization provided in support of this activity. Please enter 0 if no in-kind contributions were provided.

Equipment _____

Equipment access _____

Facility access _____

Personnel _____

Other in-kind contributions

Display This Question:
If answer option "Other in-kind contributions" is selected in Q13 and has a value greater than 0.

Q14 Please describe what kind of other in-kind contributions was provided by your organization in support of this activity.

End of Block: Contributions

Start of Block: Partners' contributions and interactions

Q15 Please think about the interactions that have taken place with other partner organizations in *[insert programmatic activity name]* over this past year and indicate how often each of the following items occurred.

| | Never | Rarely | Sometimes | Frequently | All the time |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Shared ideas | <input type="radio"/> |
| Sought feedback from | <input type="radio"/> |
| Shared infrastructure | <input type="radio"/> |
| Shared technology | <input type="radio"/> |
| Shared expenses | <input type="radio"/> |
| Shared personnel | <input type="radio"/> |
| Shared trade secrets | <input type="radio"/> |

End of Block: Partners' contributions and interactions
