Department of Health coalition funding survey

(*Please* repeat *as necessary*)

*Funding Program:_____

Contact information

*Contract or Program Manager:_____

Address:_____

Telephone:_____ *Email:_____

Coalition information

*Name:_____

*Funding amount and duration:_____

*Lead agency:_____

Address:____ _____

Lead agency contact information

(Please provide at least *one* form of contact information for the lead agency)

*Contact person:_____

Telephone:__ _____ Email:_____

Feel free to include any additional information you feel is relevant.

Please contact Alex Shapiro and Gena Gerstner with any questions.

(518) 474-2180

Thank you!

ECOLOGICAL MODEL

Centers for Disease Control and Prevention. 2011. Colorectal Cancer Control Program (CRCCP): Social Ecological Model. Retrieved from: http://www.cdc.gov/cancer/crccp/sem.htm

COALITION QUESTIONNAIRE

COALITION QUESTIONNAIRE

All responses must relate to the following program:

Please check the box that describes how your coalition feels about the following statements. Double click the box for the option to check.

	Strongly Agree	Agree	Not Sure	Disagree	Strongly Disagree
This coalition has a strong relationship with its funding agency.	☐	☐	☐	☐	☐
DOH funding is essential to the success of this program.	☐	☐	☐	☐	☐
A needs and assets assessment was conducted to establish a target population.	☐	☐	☐	☐	☐
This program is successful at reaching the target population.	☐	☐	☐	☐	☐
This coalition directly targets racial, ethnic or other underserved populations.	☐	☐	☐	☐	☐
This coalition is on target to meet its deliverables.	☐	☐	☐	☐	☐
The success of this program is measurable.	☐	☐	☐	☐	☐
This coalition utilizes a performance management system.	☐	☐	☐	☐	☐
Community members are a part of this coalition.	☐	☐	☐	☐	☐
Collaboration and partnerships are critical to the success of this program.	☐	☐	☐	☐	☐
This coalition collaborates with non-health focused partners.	☐	☐	☐	☐	☐
Partnerships with non-health focused partners are critical to the success of this program.	☐	☐	☐	☐	☐
This coalition is willing to form new partnerships.	☐	☐	☐	☐	☐
The gains of this coalition and program are sustainable.	☐	☐	☐	☐	☐

Which level of the ecological model does this program address? *(Check all that apply)*

☐Individual ☐Interpersonal ☐Organizational ☐Community ☐ Policy

What barriers or challenges has your program faced in meeting the contract objectives?

What makes your program successful?

COALITION PARTNERS

Please provide a list of coalition partners and identify their sector and sub sector in the community by utilizing the chart below. You may also provide a separate list of partners, but sectors must be identified.

Partner Sectors

Sector	Sub Sector 1 OR Sub Sector 2	
	Health Focused:	**Non-Health Focused:**
➢ Government • Federal • State • County • Municipal • Local • Tribal ➢ Non-Government ➢ Non Profit ➢ Community Based Organization	❖ Health Department ❖ Hospital ❖ Clinic ❖ Private Practice ❖ Providers ❖ Professional Association ❖ Other *(specify)*	❖ Professional Association ❖ Academia ❖ Business Groups ❖ Faith Based Organizations ❖ Financial Institute ❖ Housing ❖ Transportation ❖ Employers ❖ Public Safety ❖ Correctional Institute ❖ Other *(specify)*

Partner Organization: ***EXAMPLE***
Planned Parenthood Mohawk Hudson
Lead Contact
Name *Jane Smith*
Phone *(555) 555-5555*
Email *jane.smith@gmail.com*

Sector: *Non Profit*
☐ Other
Specify: _____

Sub Sector: *Clinic*
☐ Other
Specify: _____

1. Partner Organization: _____
Lead Contact
Name _____
Phone _____
Email _____

Sector: _____
☐ Other
Specify: _____

Sub Sector: _____
☐ Other
Specify: _____

2. Partner Organization: _____
Lead Contact
Name _____
Phone _____
Email _____

Sector: _____
☐ Other
Specify: _____

Sub Sector: _____
☐ Other
Specify: _____

3. Partner Organization: _____
Lead Contact
Name _____
Phone _____
Email _____

Sector: _____
☐ Other
Specify: _____

Sub Sector: _____
☐ Other
Specify: _____

4. Partner Organization: _____
Lead Contact
Name _____
Phone _____
Email _____

Sector: _____
☐ Other
Specify: _____

Sub Sector: _____
☐ Other
Specify: _____

PLEASE CONTINUE ADDING IF NECESSARY