

QUESTIONNAIRE FOR FNCFS AGENCIES

Agency name:

First and last name:

Position:

Email: Phone:

1. What were your FNCFS agency's total expenditures (\$) for fiscal year 2018–19?
2. What were your FNCFS agency's total revenues (\$) for fiscal year 2018–19?
3. Did you request CHRT-mandated funding? **(If no, go to question 4).** yes no
 - a. If yes, what amount was requested (\$)
 - b. Did you receive the amount (\$) requested? yes no
 - c. Why did you request funding? Select all that apply:

i. Maintenance	<input type="radio"/>
ii. Capital	<input type="radio"/>
iii. Prevention and programming services	<input type="radio"/>
iv. Salaries and benefits	<input type="radio"/>
v. Operating and maintenance	<input type="radio"/>
vi. Information technology (IT)	<input type="radio"/>
 - d. How was the funding used?
 - e. What were the results of the supplementary investments?

4. Do you collect data (qualitative or quantitative) on (select all that apply):

- a. Program performance
- b. Spending outcomes
- c. Other (please describe)

5. If you do collect data, how is it used (select all that apply)?

- a. Budgeting
- b. Program development
- c. Funding requests
- d. Other (please describe)

6. When you prepare your agency's budget, do you align spending to desired outcomes? For instance, if your goal is to improve child well-being, do you allocate funding to programs or activities specifically designed to promote that goal?

7. May IFSD contact you to discuss your FNCFS agency's work further? yes no

Thank you for completing this questionnaire. Kindly return the completed form to helaina.gaspard@ifsd.ca by October 16, 2019.