United Way of Greater Niagara

Needs Assessment: Agency Profile

1. General Information about the 2010 United Way of Greater Niagara County Needs Assessment

Dear Program Director:

Welcome to the comprehensive online needs assessment for Niagara County.

This is the first survey and we are asking ONLY program directors or program coordinators to complete the agency profile survey.

After completion of the agency profile survey we are kindly asking you to complete for this week the following two survey modules: Recreation Programs for Youth and Educational/Vocational Services.

Anyone who needs assistance with completing the online survey please contact the Department of Social Work at Niagara University (716) 286-8520 or ReNU Niagara (716) 205-0289 between 8:30 am and 4:30 pm Monday –Thursday. We will be glad to assist you!

If you prefer to complete printed versions of the three surveys you can download and print the pdf files attached to the email that provided the links to the online surveys. Printed versions are also available at the following offices: United Way of Greater Niagara, ReNU, Department of Social Work Niagara University. Please call for assistance in obtaining a printed copy.

Please mail the completed printed surveys to:

Dr. Clementine U. M. Laverman
Department of Social Work, P.O. Box 1942
Niagara University, NY 14109-1942
United Way of Greater Niagara

Needs Assessment: Agency Profile

2. Part A: Agency Information

The information you provide in this part of the survey will only be reported in aggregated form thus not associated with your particular agency. The information you provide online will be encrypted.

1. Name and contact information of the person completing the needs assessment

   Name: [Blank]
   Email Address: [Blank]
   Phone Number: [Blank]

2. What is the name of your Agency or Organization

   Name: [Blank]
   Address: [Blank]
   City/Town: [Blank]
   ZIP: [Blank]
   Email Address: [Blank]
   Phone Number: [Blank]

3. Type of Agency or Organization

   □ Private, Non Profit
   □ Private, For Profit
   □ Joint Government/Non profit
   □ Unit of Federal Government
   □ Unit of County Government
   □ Unit of State Government
   □ Unit of City Government
   □ Faith-based Organization
   □ Other
4. Does your Agency or Organization have offices in more than one location in Niagara County?

☐ no
☐ yes

5. The Agency or Organization has an office in the following locations, check all that apply.

☐ Niagara Falls  ☐ Pendleton  ☐ Hartland
☐ Town of Niagara  ☐  ☐ Royalton
☐ Wheatfield  ☐ Lewiston/Youngstown/Porter  ☐ Tonawanda
☐ North Tonawanda  ☐ Somerset/Baker  ☐ Lockport
☐ Wilson
United Way of Greater Niagara

Needs Assessment: Agency Profile

3. Part B: Listing of all Agency/Organizational Programs

If your agency/organization provides different programs at this location please provide us with the names of the different programs your agency/organization provide.

The data you provide in this section will not be part of the report. It provides the researcher with the ability to check who needs to be asked to completed the survey.

1. Does your agency/organization provide more than one program at this location?
   ○ no  ○ yes

2. List the programs at this location.

   Name: ________________________
   Name: ________________________
   Name: ________________________
   Name: ________________________
   Name: ________________________
   Name: ________________________
   Name: ________________________
   Name: ________________________
   Name: ________________________
   Name: ________________________
   Name: ________________________
   Name: ________________________
   Name: ________________________
   Other: ________________________
3. Email addresses of Program Directors/Coordinators of specific programs in your agency.

email address:

email address:

email address:

email address:

email address:

email address:

email address:

email address:

email address:

email address:

email address:

other:
United Way of Greater Niagara

Needs Assessment: Agency Profile

4. Part C: Specific Program Information

This section consists of questions related to the population a specific program serves, census data related to the program, information about accessibility etc.

The data you provide in this section will be reported in aggregate form. The data will NOT be linked to your specific agency.

1. The name of the Program:

2. Please identify the population(s) this program serves at this location. Check all that apply.

☐ Birth through age 5
☐ Adults
☐ Only Men

☐ Ages 6-12
☐ Seniors
☐ Other:

☐ Ages 13-18
☐ Only Women

Other (please specify)

3. Approximately, how many persons does this program serve at this location in a year?

4. Are you required to accept all clients who are eligible for service in this program?

☐ no
☐ yes
5. Comments

1. Feel free to provide any additional information about the services your agency/program provide.
Needs Assessment: Agency Profile

6. THANK YOU!!

It is expected that your participation with the county wide assessment of services may help agencies and organizations to respond to the populations in need of services. We realize that it is a lengthy but comprehensive survey. When the overall response is solid this data that may serve us all well. You will be provided with the preliminary results of the survey you just completed.

A heartfelt thank you for your time and effort to complete the survey.
Carol G. Houwaart-Diez
President of United Way of Greater Niagara