

Attachment C

Guidance for Contracted Agency:

The City of Berkeley Community Funding program is requiring that that all agencies incorporate a program-specific Consumer Satisfaction Survey during the FY20-FY24 contract period. The survey shall be administered by your program staff and results entered in your regularly scheduled program reports using City Data Services. Agencies shall upload the survey tool into CDS in the program report. Each program is required to administer and report on the survey data at either the end of the program activities or the end of the program year, whichever comes first. Survey responses should only be provided for Berkeley residents captured in your total number of Berkeley persons served. If your program serves persons who are both Berkeley and non-Berkeley residents you may consider adding a question to the survey asking of the person is a Berkeley resident.

At minimum, all programs shall include **questions 1-4, and one or more** of the program-specific questions. You may choose the program specific questions that best fit your program.

Please contact your Contract Monitor if you have specific concerns or questions related to this based on your program. For example, if your agency works with families as a unit of care, rather than individuals, you may alter the text to best reflect your client base. For example, you may modify question 1 below to say "I am satisfied with the services my family received from this program." Please contact your Contract Monitor if you have questions or need additional guidance.

Sample instructional language to include in your survey:

Please rate how strongly you agree or disagree with each of the following statements. For statements that do not apply to your experience with our program, selected "Does Not Apply". If you do not understand the question, find the wording confusing, or are not sure how to reply, select the "I Do Not Understand This Question" option.

ALL PROGRAMS

Question	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Does Not Apply	I Do Not Understand This Question
1. I am satisfied with the services I have received from this program.							
2. This program's staff treated me with respect.							
3. This program helped me make progress towards my goals.							
4. This program met my needs.							

PROGRAM SPECIFIC QUESTIONS:

CHOOSE ONE OR MORE OF THE FOLLOWING TO INCORPORATE INTO YOUR PROGRAM SURVEY:							
Question	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Does Not Apply	I Do Not Understand This Question
5. As a direct result of participating in the program I have what I need to maintain my independence.							
6. As a direct result of participating in the program my overall health and wellness has improved.							
7. As a direct result of participating in the program I have what I need to remain housed.							
8. As a direct result of participating in this program my housing situation has improved.							
9. As a direct result of participating in the program I have an increased understanding of community resources and supports.							
10. As a direct result of participating in the program I have enhanced skills and/or knowledge.							
11. As a direct result of participating in the program I have what I need to achieve my educational goals.							

12. As a direct result of participating in the program I have what I need to reach my employment goals.							
13. As a direct result of participating in the program I feel more connected to my community.							
14. As a direct result of participating in the program I feel less isolated.							
15. As a direct result of participating in the program my legal rights have been protected.							
16. As a direct result of participating in the program I am better able to take care of my own needs.							
17. As a direct result of participating in this program I feel more financially secure.							
18. As a direct result of participating in the program I ... (PLEASE WORK WITH CITY STAFF TO IDENTIFY AGREED UPON LANGUAGE FOR YOUR PROGRAM)							
19. Is there anything else you would like to say about your experience with this program?							