

## Coalition Survey

A Form For Prospective Partners to Complete

Please briefly describe your group. If possible, attach a copy of your mission statement or another statement describing your group.

- Mission or purpose:
- Size:
- Who constitutes membership:
- How members are selected:
- Major achievements:

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1. What relationship, if any, does your group have with the health department?
  2. How does your group make decisions, set priorities and plan activities?
  3. How do you ensure a diverse membership?

4. Where is your group in its life cycle? (Is it newly formed or well established? Does it have a strong identity? Is it expanding? Is there solid teamwork? Does the membership continually change? Are you in danger of disbanding?)
  
5. Has your group collaborated with other organizations? If yes, please list them.
  
6. If you have collaborated in the past, have you evaluated that effort? How well did it work? What were the challenges?
  
7. Do you see any opportunities, now or in the future, for collaborating with the health department and other groups? Which groups?
  
8. What questions would you ask in evaluating a collaborative effort?

**Thank you for taking the time to fill out this survey!**