

Real Choice Community Grants Questionnaire

This survey is to be filled out by all Real Choice community grant project recipients. It will be used to examine commonalities that lead to success or failure in community projects in West Virginia and as a tool for future replication of your projects in other parts of the state. Please return this to Melina Danko by November 18, 2005. You may attach more paper if you need extra space.



Name of Project: _____

Project Coordinator: _____

Amount funded: _____

Number of years funded: _____

1. Please give a brief description of your project: _____

2. What were your goals? Did you accomplish them? _____

3. What were the immediate effects of your model project? _____

4. Were there any long term changes caused by your model project? If so, please describe. _____

5. What factors do you feel influenced the successes of your project? _____

6. What factors do you feel were barriers to the success of your project? _____

7. Did you form partnerships or collaborations with other groups/organizations? If so, who were they and what were their roles on this project? _____

8. Did you collaborate with other disability organizations in your area? If so, who were they and what were their roles on this project? _____

9. Did you leverage the funding that you received from Real Choice or leverage more funding to provide more services? If yes, please explain. _____

10. Did you have a planning/oversight committee? If yes, did it have consumer members and do you think that this was valuable? _____

11. What would you have done differently?

12. What did you learn from this project?

13. How do you plan to sustain this project?

14. What would you say are the keys to success in a model project? _____
