

**CREATING ASSETS, SAVINGS & HOPE (CASH)
UNITED WAY OF BUFFALO & ERIE COUNTY
FINANCIAL EDUCATION SURVEY**

Thank you for agreeing to participate in this examination of financial education programs being offered within Buffalo & Erie County. We appreciate your assistance with this important project.

1. CONTACT INFORMATION

Name: _____
 Organization: _____
 Address: _____
 Phone: _____ Fax: _____
 Title/Position: _____
 Email: _____

2. DESCRIPTION OF ORGANIZATION

Please provide a general description of your agency including:

Mission: _____

 Hours of Operation: _____

 Typical Clients: _____

 General Eligibility Criteria: _____

3. Thinking about your organization, please indicate which of the following services you provide to clients:

<input type="checkbox"/> Advocacy	<input type="checkbox"/> Case Management	<input type="checkbox"/> Childcare Assistance	<input type="checkbox"/> Clothing
<input type="checkbox"/> Counseling	<input type="checkbox"/> Education	<input type="checkbox"/> GED Training	<input type="checkbox"/> Housing
<input type="checkbox"/> Immigration	<input type="checkbox"/> Job Training	<input type="checkbox"/> Legal Services	<input type="checkbox"/> Life Skills
<input type="checkbox"/> Medical Services	<input type="checkbox"/> Mental Health Services	<input type="checkbox"/> Parenting	<input type="checkbox"/> Personal Needs
<input type="checkbox"/> Public Benefits	<input type="checkbox"/> Referral	<input type="checkbox"/> Resource Linkage	<input type="checkbox"/> Shelter
<input type="checkbox"/> Spiritual Services	<input type="checkbox"/> Substance Treatment	<input type="checkbox"/> Support Groups	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Transportation	<input type="checkbox"/> Veterans' Services	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____

FINANCIAL EDUCATION PROGRAMMING

In the section below, we are interested in learning about the different financial education programs currently being offered by your organization. For one of your financial education workshops, trainings, or seminars currently offered (i.e. within the last year), please provide the title, description, information about target audience, and topics covered in the session. **Please complete the additional shortened survey form for each of the additional financial education workshops, trainings or seminars you currently offer.**

4. Name of Training/Workshop/Seminar:

5. General Description of Training/Workshop/Seminar:

Please check the box below if a topic is currently covered in this training

6. Basic Banking:

<input type="checkbox"/> Cash
<input type="checkbox"/> Savings Accounts
<input type="checkbox"/> Savings Clubs
<input type="checkbox"/> Debit
<input type="checkbox"/> Electronic Bill Pay
<input type="checkbox"/> Electronic Funds Transfer (EFT) / Direct Deposit
<input type="checkbox"/> Banking Safety
<input type="checkbox"/> Other _____

7. Personal Finance:

<input type="checkbox"/> Goal Setting
<input type="checkbox"/> Money Management
<input type="checkbox"/> Budgeting/Spending Plan
<input type="checkbox"/> Other _____

8. Asset Building:

<input type="checkbox"/> Child Savings
<input type="checkbox"/> College Financial Aid
<input type="checkbox"/> College Savings
<input type="checkbox"/> Foreclosure Prevention
<input type="checkbox"/> Home Ownership
<input type="checkbox"/> Individual Development Accounts (IDAs)/ Matched Savings Accounts
<input type="checkbox"/> Vehicle Purchase
<input type="checkbox"/> Other _____

9. Credit:

<input type="checkbox"/> Rebuilding Credit
<input type="checkbox"/> Credit Fraud
<input type="checkbox"/> Credit Reports
<input type="checkbox"/> Credit Ratings
<input type="checkbox"/> Other _____

10. Consumer Protection:

<input type="checkbox"/> Internet Safety
<input type="checkbox"/> Medical Fraud
<input type="checkbox"/> Reverse Mortgage
<input type="checkbox"/> Taxpayer Rights
<input type="checkbox"/> Financial Scams
<input type="checkbox"/> Gambling Protections
<input type="checkbox"/> Insurance Products
<input type="checkbox"/> Identity Theft
<input type="checkbox"/> Other _____

11. Investment:

<input type="checkbox"/> 401 k / 403 b
<input type="checkbox"/> Pensions
<input type="checkbox"/> Individual Retirement Accounts (IRA)/ Roth IRAs
<input type="checkbox"/> Investor Education
<input type="checkbox"/> Other _____

12. Starting Your Own Business:

<input type="checkbox"/> Entrepreneurship
<input type="checkbox"/> Women’s Entrepreneurship
<input type="checkbox"/> Minority Entrepreneurship
<input type="checkbox"/> Grants
<input type="checkbox"/> Other _____

Now, we’d like to know more about the training’s target audience, when it is offered, how it is funded, and whether clients secure certification through their participation.

13. Target Audience for Training:

(Please select all applicable answer choices)

<input type="checkbox"/> Children (0-12)	<input type="checkbox"/> Adolescents (13-17)	<input type="checkbox"/> Young Adults (18-25)	<input type="checkbox"/> Adults (26-59)
<input type="checkbox"/> Senior Citizens (60+)	<input type="checkbox"/> English Learners / ESL	<input type="checkbox"/> Immigrants	<input type="checkbox"/> Refugees
<input type="checkbox"/> Disabled Populations	<input type="checkbox"/> Foster Care	<input type="checkbox"/> Unemployed	<input type="checkbox"/> No Target Audience
<input type="checkbox"/> Low- Literacy	<input type="checkbox"/> Low-Moderate Income	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

14. When is the training typically offered?

Weekly Monthly Quarterly Bi-Annually Annually As Needed

Other _____

15. How long is the training? (Please specify if it is multiple days or sessions)

16. What are your primary funding sources for the training?

17. Are there any client fees associated with the training?

Yes (How Much? _____) No

18. Following the training, do your clients secure any kind of certification?

Yes No

If yes, please indicate certifications:

Now, we'd like to know about your training facilitators and partnerships.

19. Are the trainers:

Internal Staff External Staff Both

If you work with a staff from a different organization, please identify their primary organization.

20. Do your trainers possess any special certifications related to this training?

Yes No

If yes, what certifications do they hold?

21. Beyond trainers, do you collaborate with any other organizations to provide this training?

OTHER COMMENTS

In the following section, please answer each question as fully as possible.

22. Do you currently provide any one-on-one financial assistance to clients?

Yes No

23. Please identify any financial education trainings, workshops, or seminars which you have offered in the past but do not currently offer:

24. Do you refer clients to any other agencies for financial education training topics you do not cover?

Yes No

If yes, what are these topics and where do you refer clients?

25. Using your knowledge of your clients, are there any financial education topics for which training is needed but not currently offered by you or another organization in the community?

Yes No

If yes, what are these topics?

26. Thinking about your organization, are there challenges you face in providing financial education trainings, workshops, and seminars?

Yes No

If yes, what are these challenges?

27. Thinking about your experiences, what barriers do your clients face related to receipt of financial education?

28. Is there anything else you would like to tell us about your clients, organization, or needs in our community related to financial education?

29. Are you interested in joining the Creating Assets, Savings & Hope (CASH) Financial Education Committee?

Yes No

30. May we contact you in the future for any follow-up?

Yes No

Thank you for taking the time to respond to this questionnaire.

As a reminder, if you have other training programs in addition to the one you just filled in our survey about, please refer to the additional shortened survey attachments which are just a small selection of the initial survey.

Please return the completed survey to:

**Justin Moscati
Community Engagement Coordinator
Creating Assets, Savings & Hope (CASH)
United Way of Buffalo & Erie County
742 Delaware Avenue
Buffalo, NY 14209
Fax: 887-2770**