

2024 USAID Partnering Experience Survey

Current, past, and prospective partners are able to complete this survey. The purpose of this survey is to understand the experience of organizations that are currently working with or hope to partner with USAID.

A Federal agency may not conduct or sponsor an information collection subject to the requirements of the Paperwork Reduction Act unless the information collection has a currently valid OMB Control Number. The approved OMB Control Number for this survey is 0412-0609 (expires 05/31/2025). Public reporting for this survey is estimated to be approximately 7 minutes per response.

All responses to this information collection are voluntary. **In free text fields, please do not provide any personally identifying information for yourself or others in your responses.**

Send comments regarding this burden estimate or any other aspect of this information collection, including suggestions for reducing this burden to USAID at IndustryLiaison@usaid.gov.

* Indicates required question

Section I: Organizational Information

Please tell us a bit more about your organization.

1. What best describes your organization? (select all that apply) *

Check all that apply.

- ☐ 8(a) Small Business
- ☐ Commercial Entity
- ☐ Faith-Based Organization
- ☐ For-Profit Organization
- ☐ Higher Education Institution
- ☐ Hub-Zone Small Business
- ☐ Local Entity/Community-Based Organization
- ☐ Locally Established Organization
- ☐ Minority-Owned Business
- ☐ Minority-Serving Institution
- ☐ Non-Profit Organization
- ☐ Service Disabled Veteran Owned Small Business
- ☐ Sole Proprietorship
- ☐ U.S. Small Business
- ☐ Woman-Owned Business
- ☐ Other: _____

2. If you are a U.S.-based Minority-Owned organization how do you identify your ethnicity?

Mark only one oval.

- ☐ Not applicable
- ☐ Asian-Pacific American Owned
- ☐ Black American Owned
- ☐ Indian Economic Enterprise
- ☐ Native American Owned
- ☐ Subcontinent Asian (Asian-Indian) American Owned
- ☐ Other than one of the proceeding

3. Where is your organization headquartered? (City and Country) *

4. How much funding does your organization manage on an annual basis? *

Mark only one oval.

- ☐ Less than \$1 million
- ☐ \$1 million to \$5 million
- ☐ \$5 million to \$15 million
- ☐ \$15 million to \$50 million
- ☐ \$50 million to \$250 million
- ☐ More than \$250 million

5. Does your organization currently work with USAID (select all that apply)? *

Check all that apply.

- ☐ Current USAID prime partner (currently receiving funding)
- ☐ Current USAID subcontractor/subrecipient (works with a USAID prime partner)
- ☐ Past USAID prime partner (received funding in the past)
- ☐ Past USAID subcontractor/subrecipient (received funding from a USAID prime partner in the past)
- ☐ Applied for USAID funding but have not worked with USAID
- ☐ Have not applied for funding and have never worked with USAID

Partnering Experience

6. I understand how to apply for USAID funding. *

Mark only one oval.

	1	2	3	4	5	
Strongly Disagree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Strongly Agree

7. I believe it is strategic for my organization to partner with USAID. *

Mark only one oval.

	1	2	3	4	5	
Strongly Disagree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Strongly Agree

8. I believe USAID's partnering processes have become more streamlined (made simpler, more efficient, or more effective) over the past year. *

Mark only one oval.

	1	2	3	4	5	
Strongly Disagree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Strongly Agree

9. I believe USAID supports diversity, equity, inclusion, and accessibility in its partnerships. *

Mark only one oval.

	1	2	3	4	5	
Strongly Disagree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Strongly Agree

10. I am satisfied with my experience in partnering with USAID. *

Mark only one oval.

	1	2	3	4	5	
Strongly Disagree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Strongly Agree

Additional Feedback

11. Please describe barriers you have encountered trying to work with USAID. If you have several, what do you think are the top three most critical to improving USAID's relationship with your organization?

12. Please describe any efforts by USAID that you have found to be the most helpful in partnering with the Agency.

13. Please describe how you have used WorkwithUSAID.gov to understand and partner with USAID.

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