Network Governance Questionnaire

Please return to: COA, 120 Wall Street, 11th Floor, New York, NY 10005

Organization ID#: ☐☐☐☐ Date: ☐☐-☐☐-☐☐

Organization Name: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

City: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ State: ☐☐

Instructions: Please answer each question by marking the circle ○ under or next to your response. Your individual answers will be treated confidentially. Use only a black or blue pen.

	STRONGLY AGREE	AGREE	NEITHER AGREE NOR DISAGREE	DISAGREE	STRONGLY DISAGREE	NOT SURE/NOT APPLICABLE
1. The network effectively conducts strategic/long-term planning.	○	○	○	○	○	○
2. The network's governing body (GB) effectively develops & approves network policies.	○	○	○	○	○	○
3. The network's GB establishes resource development targets and goals.	○	○	○	○	○	○
4. The network's GB regularly reviews fiscal summaries/financial reports.	○	○	○	○	○	○
5. The network's GB approves the network's annual budget.	○	○	○	○	○	○
6. As the network's GB, we review and formally accept the annual audit.	○	○	○	○	○	○
7. As a member of the GB, I participate in the network's quality/performance improvement process.	○	○	○	○	○	○
8. The network's GB annually evaluates the performance of the CEO/Executive Director.	○	○	○	○	○	○
The network's GB and the CEO/Executive Director have an effective working relationship.	○	○	○	○	○	○
10. At least annually, the network's GB assesses areas of risk to the network.	○	○	○	○	○	○
11. The network's GB regularly receives reports of immediate and ongoing risk impacting the network.	○	○	○	○	○	○
12. The network works in partnership with the community to improve services.	○	○	○	○	○	○
13. I received an orientation to my network GB responsibilities.	○	○	○	○	○	○
14. The network's GB membership is representative of the community it serves.	○	○	○	○	○	○

15. To your knowledge, within the last four years, have any of the following occurred? (*check all boxes that apply*)

○allegations or findings of professional misconduct ○financial malfeasance ○failure to comply with laws and regulations governing equal opportunity and workforce administration ○investigations by regulatory or other monitoring bodies which have identified significant problems at the organization

16. The space below is provided for any additional information that you wish to bring to the attention of the Council on Accreditation (COA) peer reviewers.

Thank you for taking time to complete the survey.

○ I would like to speak with a member of the Council on Accreditation (COA) peer review team at the time of the site visit.

Your name: _____ Your title: _____

Phone: (___) _____ Ext.: _____ Best time to call: _____