

## QUESTIONNAIRE

### ROLES AND RESPONSIBILITIES OF NON-GOVERNMENTAL ORGANIZATIONS ACTIVE IN EMERGENCY RELIEF IN CANADA

#### PART A - RESPONDENT INFORMATION (for follow-up)

1. Date: \_\_\_\_\_
2. Name of Respondent: \_\_\_\_\_
3. Position of Respondent: \_\_\_\_\_
4. Respondent's Telephone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_
5. Respondent's Facsimile Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_
6. Respondent's E-mail Address: \_\_\_\_\_

#### PART B - GENERAL CONTACT INFORMATION

7. Full Name of organization: \_\_\_\_\_
8. Acronym (Also known as): \_\_\_\_\_
9. Type of NGO:  Independent  
 Canadian Organization of an International NGO  
 NGO Association  
 Other (specify) \_\_\_\_\_
10. Geographic Scope of Activity:  National  Provincial (specify)  Local  
 BC;  YK;  NT;  AB;  SK;  MA;  ON;  QC;  NB;  NS;  PI;  NF.
11. Telephone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_
12. Facsimile Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_
13. Toll Free Number: 1 (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_
14. TDD Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_
15. E-mail Address: \_\_\_\_\_
16. Website Address: \_\_\_\_\_
17. Headquarters Mailing Address

Street: \_\_\_\_\_

P.O. Box: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

**PART C - DETAILED OPERATIONAL INFORMATION**

18. a) Year Organization Founded: \_\_\_\_\_ b) Year Incorporated: \_\_\_\_\_

19. Operational Director of NGO: Name: \_\_\_\_\_

Position: \_\_\_\_\_

20. Other Key Emergency Personnel:

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Name: \_\_\_\_\_ Position: \_\_\_\_\_

21. Paid Staff working in Canada: \_\_\_\_\_

22. Volunteers working in Canada: \_\_\_\_\_

23. Overall Financial Summary (CDN) Year: \_\_\_\_\_

Private Donations/Fund Raising: \$ \_\_\_\_\_

Public Funds/Government Grants: \$ \_\_\_\_\_

Other (specify: \_\_\_\_\_): \$ \_\_\_\_\_

Total Annual Funding: \$ \_\_\_\_\_

If available, please note the percent of your total annual funding used for emergency relief in Canada: \_\_\_\_\_%

24. Mark all phases in which your organization provides emergency services.

Preparedness  Response  Recovery  Mitigation

25. Which of the following emergency services does your NGO provide?

Building supplies

On-site disaster mitigation

- |   |  |
|---|--|
| <input type="checkbox"/> Child care                     | <input type="checkbox"/> Personal services             |
| <input type="checkbox"/> Clothing                       | <input type="checkbox"/> Pet care                      |
| <input type="checkbox"/> Communications                 | <input type="checkbox"/> Provision of warnings         |
| <input type="checkbox"/> Emergency call centre          | <input type="checkbox"/> Registration and Enquiries    |
| <input type="checkbox"/> Evacuation assistance          | <input type="checkbox"/> Response information          |
| <input type="checkbox"/> Food                           | <input type="checkbox"/> Response operations           |
| <input type="checkbox"/> Financial donations            | <input type="checkbox"/> Search and Rescue             |
| <input type="checkbox"/> Fund raising                   | <input type="checkbox"/> Trauma and Stress Counselling |
| <input type="checkbox"/> Funds disbursement             | <input type="checkbox"/> Other?                        |
| <br>  | .....  |
| <input type="checkbox"/> Long term recovery assistance  | <input type="checkbox"/> Other?                        |
| <br>  | .....  |
| <input type="checkbox"/> Medical services and medicines | <input type="checkbox"/> Other?                        |
|   | .....  |

26. Membership Information:

a) # of Corporate Members: \_\_\_\_\_ b) # of Individual Members: \_\_\_\_\_

c) # of Other Members: \_\_\_\_\_

27. Aims (in 50 words or less describe the goals and mandate or mission of your NGO)

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28. Formal Agreements or Affiliations with other Organizations:

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

29. Publications

Title: \_\_\_\_\_ Frequency: \_\_\_\_\_ Cost: \_\_\_\_\_ CDN

Title: \_\_\_\_\_ Frequency: \_\_\_\_\_ Cost: \_\_\_\_\_ CDN

30. Conferences/Annual General Meetings (AGM)

Date: \_\_\_\_\_ Place: \_\_\_\_\_ # of Attendees: \_\_\_\_\_

Date: \_\_\_\_\_ Place: \_\_\_\_\_

31. Regional Information *(Please attach a list with the following information for each region)*

Region: \_\_\_\_\_

Contact: \_\_\_\_\_

Address: \_\_\_\_\_

Tel: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-mail: \_\_\_\_\_

Position: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Fax: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

32. Sample of Recent Emergency Relief Activities

Year: \_\_\_\_\_ Location: \_\_\_\_\_ Service: \_\_\_\_\_

Year: \_\_\_\_\_ Location: \_\_\_\_\_ Service: \_\_\_\_\_

Year: \_\_\_\_\_ Location: \_\_\_\_\_ Service: \_\_\_\_\_

**PART D - CLOSING QUESTIONS**

33. Please identify any other NGOs you feel should be contacted?

a) \_\_\_\_\_

b) \_\_\_\_\_

c) \_\_\_\_\_

34. Is there anything else about your NGO or the emergency services and programs you provide that you would like to add?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**THANK YOU FOR YOUR TIME AND ASSISTANCE**