



# Governance Questionnaire

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

Organisation ID#

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Date:

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Organisation Name:

City:

Province:

*Instructions:* Please answer each question by marking the circle  under or next to your response. Your individual answers will be treated confidentially and presented in the aggregate to organisational leadership. Use only a black or blue pen.

	STRONGLY AGREE	AGREE	NEITHER AGREE NOR DISAGREE	DISAGREE	STRONGLY DISAGREE	NOT APPLICABLE
1. As a member of the governing body (GB), we effectively conduct/participate in long-term planning.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. As the GB, we effectively develop & approve policies.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. As the GB, we establish resource development targets and goals.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. We regularly review fiscal/financial reports.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. We approve the organisation's annual budget.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. As the GB, we review and formally accept the annual audit.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. As a member of the GB, I review and provide input regarding the organisation's quality improvement activities/ initiatives.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. As a member of the GB, we receive information on the organisation's program outcomes and outcomes for persons served.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. The organisation's GB and the CEO/Executive Director have an effective working relationship.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. At least annually as members of GB, we assess areas of risk to the organisation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. We receive quarterly reports of immediate and ongoing risk within the organisation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. The organisation collaborates with the community to advocate for issues of mutual concern.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. I received an orientation as to my GB responsibilities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. The organisation's GB is representative of the community it serves.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. To your knowledge, within the last four years, have there been <input type="checkbox"/> allegations or findings of professional misconduct, <input type="checkbox"/> financial malfeasance, <input type="checkbox"/> failure to comply with laws and regulations governing equal opportunity and workforce administration, or <input type="checkbox"/> investigations by regulatory or other monitoring bodies which have identified significant problems at the organisation						

16. The space below is provided for comments/information that you wish to call to the attention of 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. However, I understand that they may not contact me if evidence presented during the site visit does not require additional input.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Best time to call: \_\_\_\_\_