



BACKGROUND INFORMATION FORM FOR RESEARCH PARTNERSHIPS

Description: The Background Information Form is designed to collect descriptive background information about a research partnership.

Who should complete this form? This form should be completed by the director/co-director/leader of a research partnership.

Instructions: To complete this form, please **fill in the blank** or **check** (e.g., any of these marks are acceptable: or or) the most appropriate option for each question. Refer to the definitions provided below when completing this form.

Authors: King, G., Servais, M., Currie, M., Kertoy, M., Law, M., Rosenbaum, P., Specht, J., Willoughby, T., Forchuk, C., & Chalmers, H. (2003). *Background Information Form for Research Partnerships (BIFRP)*. Published at www.impactmeasure.org.

Definitions of Terms Used in this Form:

Partnership:	Any formal collaboration of individuals and/or organizations that has the goal of conducting research.
Community:	The primary target audience of the partnership's work related activities (a geographical area or a specific group of individuals).
Organization:	A formalized structure such as an agency or university.
Partner Organization:	An organization or group that is a formal member of a research partnership.
Individual Member:	A person who is a formal member of a partnership, but who does not represent an organization.
Partnership Member:	A person who represents a partner organization.

Date form completed:

Day	Month	Year				

Identify Your Research Partnership

1. Name of research partnership: _____

(Print clearly)

Questions About the Purpose of Your Partnership

2. Why was this partnership formed? Please check *all* that apply.

- To conduct a program of research/multiple projects
- To conduct a single project
- To provide infrastructure for externally funded projects
- Other (please specify) _____

3. **Briefly** describe the purpose/theme/mission of this partnership: _____

4. Please rank the following partnership functions according to priority to your partnership with 1 being the highest priority and 3 being the lowest priority.

Action	Description of Action	Ranked Priority
Knowledge Generation:	Activities that lead to increased knowledge (e.g., conducting research projects).	_____
Research Education and Training:	Formal education and informal training opportunities for the development of research skills.	_____
Knowledge Sharing:	Dissemination activities focused on enhancing the utilization of research concepts and evidence by community members.	_____

5. Please describe the approximate breakdown of time devoted to the following activities by the partnership as a whole:

Action	Percentage of Time on Activity
Knowledge Generation (research activities):	_____ % of time
Research Education and Training:	_____ % of time
Knowledge Sharing (dissemination activities):	_____ % of time

100% (total time)

6. Has the partnership **formally identified (i.e., in writing) how it intends to achieve its goals?**

- No Yes. Do these written plans include (please check *all* that apply):
- mission or vision statement
 - budget outlining projected expenses and funding sources
 - description of how services and resources provided by different partners will be brought together to achieve goals
 - timeline for the partnership
 - clearly defined roles and responsibilities for partners
 - plans for evaluating the partnership
 - short and long-term goals
 - specific activities to reach goals
 - other (please specify) _____
-

Questions About the Structure of Your Partnership

7. **How long** has your partnership been **in existence?** Please check *one* only.

- Less than 2 years 6 to 10 years 16 to 20 years
 2 to 5 years 11 to 15 years More than 20 years

8. What **types of partner organizations** are currently involved? Please check *all* that apply

- | | |
|---|--|
| <input type="checkbox"/> Advocacy group | <input type="checkbox"/> Medical practice or clinic |
| <input type="checkbox"/> Business/Industry | <input type="checkbox"/> Professional association (e.g., College of Occupational Therapists) |
| <input type="checkbox"/> Community-based organization, neighbourhood association, peer support or self-help group | <input type="checkbox"/> Recreation and leisure |
| <input type="checkbox"/> Government agency | <input type="checkbox"/> Religious organization |
| <input type="checkbox"/> Health planning body (e.g., health system, regional health planners) | <input type="checkbox"/> Research organization |
| <input type="checkbox"/> Health services agency | <input type="checkbox"/> School |
| <input type="checkbox"/> Hospital | <input type="checkbox"/> School board |
| <input type="checkbox"/> Labour organization | <input type="checkbox"/> Social services agency |
| <input type="checkbox"/> Managed care organizations or insurers | <input type="checkbox"/> University or university department |
| <input type="checkbox"/> Media | <input type="checkbox"/> Voluntary health organization (e.g., Cancer Society) |
| | <input type="checkbox"/> Other (please specify) _____ |
-

9. Did any of the **people and/or organizations** involved in this partnership **have a working relationship prior to** the development of **the partnership?** Please check *one* only.

- No Yes

10. a) What is the **breakdown of community versus university** partnership members?

_____ (% of partnership members that are community-based)

_____ (% of partnership members that are university-based)

11. Please **identify the roles/levels of participation of the partner groups**. Please check *all* that apply.

Role/Levels of Participation	Number of Partner Groups
<input type="checkbox"/> Passive: recipient of information from the partnership	_____ (#)
<input type="checkbox"/> Episodic: active participant in selected time-limited partnership activities (e.g., community forum)	_____ (#)
<input type="checkbox"/> Active: active participant in partnership activities in ongoing fashion	_____ (#)

12. Currently, **how many permanent/standing operational committees** are there in this partnership?

13. Currently, **how many time/task limited committees/work groups** are there in this partnership?

14. Does this partnership **have an Advisory Board**? Please check *one* only. No Yes

15. At this time, **how many sources of funding** currently are used to **support the infrastructure** of this partnership?

_____ (# of sources of funding)

16. **Where do the funds or in-kind contributions come from?** Please check *all* that apply.

Endowment

Sponsor

Grants

Other (please specify) _____

Resources from partner groups

17. **What portion of core partnership funds is provided by organizations in the partnership and what portion is provided by organizations external to the partnership?**

Portion of core funds provided by organizations in the partnership _____%

Portion of core funds provided by organizations external to the partnership _____%

Total core funds = 100 %

18. What portion of **project funds is provided** by organizations **in** the partnership and what portion is provided by organizations **external** to the partnership?

Portion of project funds provided by organizations **in** the partnership _____%

Portion of project funds provided by organizations **external** to the partnership _____%

Total project funds = 100 %

19. Has the partnership been **awarded any external funding** for partnership projects? **How much?**

- No Yes, _____ (#) grants worth \$ _____ .00 (Canadian dollars)
have been awarded since the beginning of this partnership.

20. What types of contributions do partner groups/individuals make? Please check **all** that apply.

- | | |
|---|---|
| <input type="checkbox"/> Access to students | <input type="checkbox"/> Support services (e.g., financial, computer, human resources, community relations) |
| <input type="checkbox"/> Cash | <input type="checkbox"/> Work space |
| <input type="checkbox"/> Equipment | <input type="checkbox"/> Other (please specify) _____ |
| <input type="checkbox"/> Office supplies | _____ |
| <input type="checkbox"/> Release time for investigators | _____ |
| <input type="checkbox"/> Staff (e.g., administrative) | _____ |

21. How would you classify **the geographic area** in which the partnership is **targeting its activities?** Please check **all** that apply.

- | | |
|--|--|
| <input type="checkbox"/> Major urban (population over 500,000) | <input type="checkbox"/> Small urban (from 15,000 to 49,999) |
| <input type="checkbox"/> Large urban (from 100,000 to 499,999) | <input type="checkbox"/> Town (from 3,000 to 14,999) |
| <input type="checkbox"/> Medium urban (from 50,000 to 99,999) | <input type="checkbox"/> Rural (population less than 3,000) |

22. Which of the following **best describes the geographic area** where **the partnership is targeting** its activities?

Activities	Scope
<input type="checkbox"/> Knowledge Generation (e.g., conducting research) <input type="checkbox"/> Not applicable to this partnership	<input type="checkbox"/> Local <input type="checkbox"/> National <input type="checkbox"/> Provincial <input type="checkbox"/> International
<input type="checkbox"/> Research Education and Training <input type="checkbox"/> Not applicable to this partnership	<input type="checkbox"/> Local <input type="checkbox"/> National <input type="checkbox"/> Provincial <input type="checkbox"/> International
<input type="checkbox"/> Knowledge Sharing (e.g., dissemination) <input type="checkbox"/> Not applicable to this partnership	<input type="checkbox"/> Local <input type="checkbox"/> National <input type="checkbox"/> Provincial <input type="checkbox"/> International

Questions About the People in Your Partnership

23. Please indicate the **types of roles** currently included in your partnership and the number of individuals in these roles. Please check *all* that apply.

Roles	Number of Individuals
<input type="checkbox"/> Investigators	_____ (#)
<input type="checkbox"/> Research/program coordinators, research assistants	_____ (#)
<input type="checkbox"/> Support staff (e.g., administrative assistant)	_____ (#)
<input type="checkbox"/> Community members involved in formal advisory or research roles	_____ (#)
<input type="checkbox"/> Students involved in research roles	_____ (#)
<input type="checkbox"/> Other (please specify): _____	_____ (#)
<input type="checkbox"/> Other (please specify): _____	_____ (#)

24. **How many** partner organizations and individual members **were formally involved** in your partnership **originally**?

_____ (# of partner organizations were originally involved)

_____ (# of individual members were originally involved)

25. Since this partnership was formed, **how many partner organizations have left** the partnership?

26. Since this partnership was formed, **how many new partner organizations have joined**? _____

27. Since this partnership was formed, **how many individual members have left** the partnership?

28. Since this partnership was formed, **how many new individual members have joined**? _____

29. Currently, **how many staff members does the partnership employ to support the partnership** (i.e., what is the number of paid employees)?

- | | | |
|------------------------------|--------------------------------|------------------------------------|
| <input type="radio"/> 0 | <input type="radio"/> 6 to 10 | <input type="radio"/> 16 to 20 |
| <input type="radio"/> 1 to 5 | <input type="radio"/> 11 to 15 | <input type="radio"/> More than 20 |

Questions About the Outputs of Your Partnership

30. In **which of the following formal ways** does the partnership **communicate externally** – to those not involved with the partnership (i.e., provide information, products, and services)? Please check **all** that apply.

- | | |
|--|--|
| <input type="checkbox"/> Advice/consultation
<input type="checkbox"/> Award to conduct research
<input type="checkbox"/> Communication (by email or letter)
<input type="checkbox"/> Curriculum-related product
<input type="checkbox"/> Flyer/brochure or invitation
<input type="checkbox"/> Journal article
<input type="checkbox"/> Media report <ul style="list-style-type: none"> <input type="checkbox"/> In a magazine or newspaper <input type="checkbox"/> On television or radio <input type="checkbox"/> On the internet <input type="checkbox"/> Measure, questionnaire, or survey
<input type="checkbox"/> Networking opportunity (at a conference, meeting or forum)
<input type="checkbox"/> Newsletter | <input type="checkbox"/> Presentation/workshop
<input type="checkbox"/> Training opportunity
<input type="checkbox"/> Written summary/report
<input type="checkbox"/> Information posted on a website
<input type="checkbox"/> Promotional items
<input type="checkbox"/> Non-traditional means of communication of research ideas (such as drama or music; please specify) _____

<input type="checkbox"/> Other (please specify) _____

_____ |
|--|--|

31. Does the partnership have a **mailing/distribution list**?

- No Yes

31a. What is the **size of your mailing/distribution list**?

_____ (# of internal addressees – partnership members)

_____ (# of external addressees – those not involved with the partnership)

32. **Considering all of the above types of information, products, and services, how often** does the partnership communicate externally?

- | | |
|--|---|
| <input type="checkbox"/> Daily
<input type="checkbox"/> Weekly
<input type="checkbox"/> Monthly
<input type="checkbox"/> Quarterly
<input type="checkbox"/> Semi-quarterly | <input type="checkbox"/> Yearly
<input type="checkbox"/> Never
<input type="checkbox"/> Other (please specify) _____
_____ |
|--|---|

33. Does the partnership **provide information through the Internet**?

- No Yes

33a. In which of the following ways is **information provided** (please check **all** that apply):

- website dedicated to the partnership
- web page/pages on the website of one of the partner groups

34. Please indicate the **number of journal articles and presentations** this partnership has produced **in the past year**:

Type of Product	Number in Past Year
Articles published in peer-reviewed journals presenting the <u>findings from the work of the partnership.</u>	_____ (#)
Community-based presentations of the <u>findings from the work of the partnership</u> (e.g., lunch seminar, class, drama).	_____ (#)
Presentations made at conferences of the <u>findings from the work of the partnership.</u>	_____ (#)

35. What are the **types of external requests received by the partnership in the past year** (i.e., why do people contact you)? Please **rank order** these requests to indicate what types of request you get the most (with 1 indicating the most requests, 2 indicating the second most requests, etc.). Please check and rank order **all** that apply.

- | | |
|---|--|
| _____ <input type="checkbox"/> Advice/Consultation (re: how to use, what to read, who to contact) | _____ <input type="checkbox"/> Permission (to use, modify, translate, reproduce) |
| _____ <input type="checkbox"/> Complete survey | _____ <input type="checkbox"/> Presentation |
| _____ <input type="checkbox"/> Compliment | _____ <input type="checkbox"/> Report |
| _____ <input type="checkbox"/> Copy of document or measure | _____ <input type="checkbox"/> Request for information or references |
| _____ <input type="checkbox"/> Educational opportunity | _____ <input type="checkbox"/> Request for services |
| _____ <input type="checkbox"/> Employment opportunity | _____ <input type="checkbox"/> Request to visit |
| _____ <input type="checkbox"/> Invitation (e.g., to sit on a committee, review journal article) | _____ <input type="checkbox"/> Other (please specify) _____ |
| _____ <input type="checkbox"/> Mailing (request to receive mailings, add to mailing list) | _____ |
| _____ <input type="checkbox"/> Meeting | _____ |

Acknowledgements

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