

Nonprofit Community Partner Survey

Organization Information

Organization Name

Primary Contact Name

Email Address

Phone Number

Partnership Experience

How long have you partnered with us?

Please briefly describe your partnership with us.

What programs or initiatives have you partnered on?

Impact & Feedback

In your opinion, what impact has our partnership had in the community?

How can we improve our collaboration?

Are there any areas you would like to collaborate on in the future?

Additional Comments

Please share any additional comments or feedback.

