

QUESTIONNAIRE

TO COLLECT DATA FOR THE 2008 CONSORTIUM DIRECTORY

Please send the following information by email to jlriach@aol.com or complete the form below and fax to 1-757-683-4515. If you would like an electronic version of the questionnaire, visit <http://www.acl.odu.edu> or call 1-757-683-3183.

Are you currently a member of the Association for Consortium Leadership (ACL)? If yes, what year did you join? If no, would you like to receive membership information? _____

Please Type or Print Clearly. Thank you.

1. NAME OF CONSORTIUM

(ABBREVIATION) _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
PHONE _____ FAX _____
EMAIL _____
WORLD WIDE WEB _____

2. CONSORTIUM ADMINISTRATIVE STAFF (NON-CLERICAL)

NAME	TITLE	% OF TIME DEVOTED
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. MEMBERS (List College/University/Business and City—Attach additional pages as need):

4. FUNDING:

Total Operating Budget \$ _____

Percent of Budget Generated by Dues _____ %

Percent of Budget from State Appropriation _____ %

Percent of Budget Generated by Grants _____ %

Percent of Budget Generated by Contributions _____ %

Percent of Budget Generated from Services _____ %

Percent of Budget Generated by Other Services _____ %

5. HISTORY:

Previous Names of Consortium and Years (if applicable) _____

Year Founded _____

Year Incorporated _____

Brief Mission Statement

6. GOVERNANCE: (for example, Board of Directors comprised of one representative from each institution)

7. CONSORTIUM ACTIVITIES (Please check all that apply):

<input type="checkbox"/> Access Programs	<input type="checkbox"/> Joint Faculty and Faculty Exchange
<input type="checkbox"/> Articulation	<input type="checkbox"/> Joint Purchasing
<input type="checkbox"/> Business and Industry Relationships	<input type="checkbox"/> K-16 Partnerships
<input type="checkbox"/> Community Development	<input type="checkbox"/> Library Cooperation
<input type="checkbox"/> Community-Based Learning	<input type="checkbox"/> Lifelong Learning
<input type="checkbox"/> Consulting Network	<input type="checkbox"/> Placement
<input type="checkbox"/> Continuing Education	<input type="checkbox"/> Policy Analysis
<input type="checkbox"/> Cross-Registration and Student Exchange	<input type="checkbox"/> Professional Development & Faculty Development
<input type="checkbox"/> Economic Development	<input type="checkbox"/> Public Relations
<input type="checkbox"/> Emergency Preparedness and Planning	<input type="checkbox"/> Publications
<input type="checkbox"/> Energy	<input type="checkbox"/> Research
<input type="checkbox"/> Environmental Programs	<input type="checkbox"/> Risk Management
<input type="checkbox"/> Financial Aid Development	<input type="checkbox"/> Seminars, Workshops, Conferences
<input type="checkbox"/> Government Liaison	<input type="checkbox"/> Substance Abuse Prevention Program
<input type="checkbox"/> Graduate Education	<input type="checkbox"/> Sustainability
<input type="checkbox"/> Grants	<input type="checkbox"/> Teacher Education and Licensure
<input type="checkbox"/> Information Technology	<input type="checkbox"/> Telecommunications
<input type="checkbox"/> International Programs	<input type="checkbox"/> Other (please specify)
<input type="checkbox"/> Joint Academic Courses and Programs	<input type="checkbox"/> Other (please specify)

MAJOR ACTIVITIES: (Please give a brief description of the four main activities of your organization).

ACTIVITY

Description _____

ACTIVITY

Description _____

ACTIVITY

Description _____

ACTIVITY

Description _____

