Welcome to the BC–Alberta Social Economy Survey!

This survey is part of BALTA’s “Mapping the Social Economy” project, designed to capture the scope and characteristics of the social economy in BC and Alberta.

The purpose of the mapping project is to identify and characterize social economy organizations (including social enterprises, non-profits, co-operatives, etc.) that are contributing to the social economy sector in both BC and Alberta. Through this research we will compile a comprehensive inventory of social economy organizations and actors that will be available for various analytic and research purposes, will profile the social economy sector with government and the public, and will provide valuable information to practitioners, academics and policy makers with the aim to strengthen the social economy in western Canada.

Thank you for your participation.

The survey should take approximately 10-15 minutes to complete.

Reminder: you will need your organization’s financial statements from the past year in order to complete the survey.
Participant Consent

The BALTA Social Economy Survey is housed on a secure website. All information provided will be kept strictly confidential and transferred to a database maintained at Athabasca University in Alberta. Access to survey information will be restricted to BALTA partners for research purposes only. At no time will any specific information be attributed to any individual or organization unless your permission has been obtained beforehand. All data will be securely and confidentially held for 3 years after the completion of the project.

*All information collected in this questionnaire is protected by the provisions of the FOIP (Freedom of Information and Protection of Privacy) Act.*

If you have any questions about the BALTA Social Economy Survey or would like further information, please contact:

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Copies of all research reports will be published and housed with BALTA. You can obtain a copy of the survey results or any reports by contacting the BALTA Project Coordinator, Stuart Wulff at: swulff@uniserve.com or 250.723.2296.

You are not compelled to participate in this research project. Participation is voluntary and you are free to withdraw from participation at any time without prejudice. If you choose not to participate in this research project, this information will also be maintained in confidence. Not all questions may apply to your organizations and you may also choose to leave any particular question unanswered for any reason. By filling out this survey, you are agreeing to participate. If you have any concerns or complaints please contact Dr. Hal Weinberg, Director, Office of Research Ethics at hal_weinberg@sfu.ca or 778.782.6593.

*I have read the above information and consent to participate in the BALTA Social Economy Survey.*

☐ I agree  
☐ I do not agree
1. Name of Organization
___________________________________

2. Name of Contact Person (and position within the organization)
   (Name)___________________________________
   (Position)___________________________________

3. Email Address
________________________

4. Mailing Address
___________________________________
___________________________________
   Postal code* __________________ (Format: V5H2K7) *required

5. Telephone Number
   (___) - (___-___) ext (_____)

6. Incorporation/Constitution year ______

7. Organization’s Web Page Address ________________ (URL ex.: www.organization.ca)

8. a) Does your organization have more than one establishment in Alberta and/or BC?
   Note: The establishment is an organizational unit (like a main office, branch or regional office) for which distinct financial statements are held.
   Yes [ ]    No [ ]

   Is yes, how many? ___

   b) What geographic area does your establishment serve? (check all that apply)
   [ ] neighbourhood/local community
   [ ] city/town
   [ ] region (county/regional district)
   [ ] province
   [ ] national
   [ ] international
   [ ] non applicable
   [ ] Other (please specify)

   If you selected other, please specify:
   ____________________________________________
9. Does your establishment have a membership base?
   Yes ☐   No ☐

   If yes, how many members do you have? _______

10. How many persons are on your organization’s board of directors?
   Total _____ (Please enter numeric value only)
   Women _____ (Please enter numeric value only)

11. What is the legal form of your establishment/organization? (check all that apply)
   ☐ not-for-profit organization
   ☐ not-for-profit corporation
   ☐ foundation
   ☐ society
   ☐ co-operative
   ☐ association
   ☐ for profit organization/corporation
   ☐ Other (please specify)

   If you selected other, please specify
   ______________________________________________________

12. a) Please identify the sector(s) that your establishment works in:
   (check all that apply)
   ☐ agriculture, forestry, fishing, mining
   ☐ recreation / tourism
   ☐ manufacturing
   ☐ construction
   ☐ retail sales
   ☐ wholesale sales
   ☐ transportation / storage
   ☐ finance and/or insurance
   ☐ real estate
   ☐ catering/hosting
   ☐ health
   ☐ social services
   ☐ arts and culture
   ☐ communications
   ☐ professional services
   ☐ technical / scientific services
   ☐ training
   ☐ administrative services
   ☐ waste management
   ☐ teaching / education
   ☐ public services
   ☐ Other (please specify)

   If you selected other, please specify:
   ______________________________________________________

   b) Of the above please specify the primary sector of your establishment:
   [in drop down menu select the primary category from above]
13. a) Does your establishment have an explicitly stated social purpose/mission?

Yes ☐ No ☐

b) If yes, please identify the categories that apply best to your establishment's social mission or scope of activities.

- Human rights
- Education
- Health
- Basic needs provision (clothes, food, shelter, etc.)
- Housing
- Legal/financial services
- Family services
- Fair trade
- Children/Youth
- Elderly persons
- Women
- Unemployed persons
- Homeless persons
- Persons with disabilities
- Lower income individuals
- Persons with mental illness
- Refugees
- Ethnic communities
- Indigenous People
- General community
- Other (please specify)

If you selected other, please specify _______________________________________

C) Of the above please specify the primary category:
[in drop down menu select primary category from above]

14. a) Does your establishment have an explicitly stated environmental purpose/mission?

Yes ☐ No ☐

b) If yes, please identify the categories that apply best to your establishment's environmental mission or scope of activities.

- Conservation and Protection
- Alternative energy
- Resource management
- Transportation
- Waste management/recycling
- Pollution prevention
- Climate change
- Green building/Architecture
- Research/Independent Science
- Legal/Financial services
- Agriculture and food
- Alternative/Sustainable business practices
- Ecolabeling/Auditing/Monitoring
- Health
- Other (please specify)

If you selected other, please specify: _______________________________________

C) Of the above please specify the primary category:
[in drop down menu select category from above]
The following questions concern your establishment only and refer to your last financial year (the twelve-month economic cycle for which your financial statements are held).

15. Please indicate the number of employees within your establishment during the last financial year.

**Full-time and part-time employees** refer to all persons receiving pay for services rendered in Canada or for paid absence, and for whom the employer is required to complete a Revenue Canada T-4 Supplementary Form.

**Freelancers** include all persons for which the employer is required to complete a Revenue Canada T-4 Supplementary Form. However, employees working subcontractors are not considered freelancers. Contract workers are individuals that are not listed on your payroll and have been hired temporarily, for a precise project or term.

**Seasonal workers** are employees that have worked 30 hours or more per week, for more than 2 weeks but less than 8 months.

**Volunteers** are individuals offering a service without payment.

<table>
<thead>
<tr>
<th>Category</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full time employees (30 hours or more per week)</td>
<td>_____</td>
</tr>
<tr>
<td>Part time employees (Less than 30 hours per week)</td>
<td>_____</td>
</tr>
<tr>
<td>Seasonal employees</td>
<td>_____</td>
</tr>
<tr>
<td>Freelancers and contract workers</td>
<td>_____</td>
</tr>
<tr>
<td>Volunteers (excluding the ones on your board of directors)</td>
<td>_____</td>
</tr>
</tbody>
</table>

16. Does your establishment employ specific target groups (or intended beneficiaries) such as persons with disabilities, homeless people, women, persons with mental illness, ethnic communities?

Yes ____ No ____

If yes, how many? ____

How many are women? ____
16. Does your organization earn some of its income through a market-based or business activity (i.e. through the provision of goods and/or services)?

Yes □ No □

If yes, please describe
__________________________________________________________________________
__________________________________________________________________________

17. a) Does your organization offer/provide support to other organizations?

Yes □ No □

b) If yes, please indicate the type of support activity your organization provides: (check all that apply)

☐ technical ☐ research and education
☐ financial ☐ advocacy and promotion
☐ training ☐ networking
☐ capacity building ☐ enterprise development
☐ organizational development ☐ other (please specify)

If you selected other, please specify:
__________________________________________________________________________

18. Typically, if your organization generates a financial surplus or profit, how does it distribute most of the surplus earned? (check all that apply)

___ distributed to individual members
___ invested back into the organization
___ donated to other community organizations
___ held in reserve for community benefit / community trust
___ other (please specify)

If you selected other, please specify:
__________________________________________________________________________

19. What was your actual operating budget and actual capital budget for the last full accounting year?

Actual Operating Budget: $__________
(Please enter the rounded dollar amount, no periods and commas e.g. 265540)

Actual Capital Budget: $__________
(Please enter the rounded dollar amount, no periods and commas e.g. 265540)
20. For the last fiscal year, please indicate your organization's total revenues from the following areas (approximate values if exact figures are not available):
Please enter the rounded dollar amount, no periods and commas.

A service contract is a payment made to the establishment by the government or municipality for goods sold or services rendered.

Sales of goods or services means other than service contract with government.

<table>
<thead>
<tr>
<th>Revenue Area</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Government grants</td>
<td>$________</td>
</tr>
<tr>
<td>Loans</td>
<td>$________</td>
</tr>
<tr>
<td>Service contracts</td>
<td>$________</td>
</tr>
<tr>
<td>Sale of goods/services</td>
<td>$________</td>
</tr>
<tr>
<td>Donations</td>
<td>$________</td>
</tr>
<tr>
<td>Investments</td>
<td>$________</td>
</tr>
<tr>
<td>Endowments</td>
<td>$________</td>
</tr>
<tr>
<td>Membership/Subscriptions</td>
<td>$________</td>
</tr>
<tr>
<td>Foundation grants</td>
<td>$________</td>
</tr>
<tr>
<td>Corporate sponsorship</td>
<td>$________</td>
</tr>
<tr>
<td>Utilities/Crown corporations</td>
<td>$________</td>
</tr>
<tr>
<td>Anomalies/Outstanding revenues</td>
<td>$________</td>
</tr>
<tr>
<td>Other</td>
<td>$________</td>
</tr>
</tbody>
</table>

Other (please specify the revenue area): ____________________________
A Few Final Questions...

21. Are you a member of any networks, associations or umbrella groups?
   Yes [ ] No [ ]

   If yes, please name them:
   ____________________________________________________________
   ____________________________________________________________

22. Please list other social economy organizations that you interact with (if you interact with multiple organizations please name the three most frequent):
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

23. Would your organization be interested in receiving a copy of the results from this study?
   Yes [ ] No [ ]

24. Would your organization be willing to participate in a follow up interview/survey?
   Yes [ ] No [ ]

25. We have been considering to compile a searchable directory of social economy organizations in BC and Alberta in a future project. Would such a tool be useful for you and would you be interested in participating?
   Yes [ ] No [ ]

26. Please use the space below if you would like to add any further comments:
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

Thank you for your participation!

Please encourage any of your fellow social economy organizations to fill out the survey. If they have not already heard about this survey, you can send them to http://www.socialeconomy-bcalberta.ca/mapping.html