

NEW BRUNSWICK SOCIAL ENTERPRISE SURVEY (2014)

This survey is part of a national study of social enterprises being conducted by Simon Fraser and Mount Royal Universities in partnership with the Government of New Brunswick and the Co-operative Enterprise Council of NB. Its purpose is to better understand the social enterprise sector, primarily non profits, co-operatives, and other organizations that:

- *earn some, or all, of their revenues from the sale of goods and services; and*
- *invest the majority of their surpluses/profits into social, cultural or environmental goals*

The information gathered through this survey will help guide the government, community, and social enterprises themselves in the development of new resources, programs and policies to help this important sector of our New Brunswick economy to grow.

Questions? info@cecnb.ca or call Wendy Keats at (506) 227-9607

NEW BRUNSWICK SOCIAL ENTERPRISE SURVEY

Welcome to the 2014 Social Enterprise Survey for New Brunswick

This survey has been pre-tested and is expected to take a maximum of 25 minutes to complete, assuming you have the required information available.

Please note, you can exit the survey and then return to complete it by entering your e-mail on the front page, as long as you have not finished it.

We appreciate you taking your valuable time to complete this survey. An opportunity to provide comments or suggestions will appear at the end of the survey.

You may preview a READ ONLY version of the entire survey. This is for information purposes only.

Please complete the survey as soon as you are able. Your information is important to us.

Please enter your email address below.

You will need to re-enter your email address here if you want to return to complete the survey.

PLEASE DO NOT CLICK ON THE FINAL SUBMIT BUTTON AT THE END OF THE SURVEY IF YOU INTEND TO RETURN TO COMPLETE THE SURVEY.

Data is saved automatically as you complete each page.

	Email:		
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Statement on research ethics

This research project is being conducted by the *Co-operative Enterprise Council of NB* under the direction of Wendy Keats, and in collaboration with Dr Peter Hall (Simon Fraser University), Dr Peter Elson (Mount Royal University). The goal of this survey is to support the social enterprise sector by creating clear indicators of the nature, scope and socio-economic contribution of social enterprises in New Brunswick.

Your participation in this survey is entirely voluntary. It is assumed that you have the authority to answer the questionnaire on behalf of your social enterprise. Ideally, we would like you to answer all questions, but please feel free to decline any or all questions you would rather not answer. No risks to participating in this survey are anticipated, while the social enterprise sector broadly will benefit from the study.

Your name will be kept confidential, as will the individual answers you provide. However, we cannot guarantee the confidentiality of questionnaires submitted by email. Your answers will be combined with those provided by other respondents, and analyzed by the research team. The original questionnaires will be held in locked cabinets in our university offices until the end of 2015, and then destroyed. An electronic version of the data will be available only to the research team on secure computers.

The final survey report will be placed on the website for *Co-operative Enterprise Council of NB*, the Institute for Nonprofit Studies, Mount Royal University and the Social Enterprise Sector Survey web site: www.sess.ca may be used in promotional and educational materials, and policy-related initiatives. We will send you an email informing you of the release of the report. We anticipate that the research will be completed by May, 2014.

If you have any questions please contact Wendy Keats (506) 227-9607 or Dr Peter Elson at 403-440-8722 or pelson@mtroyal.ca or Dr Peter Hall at 778-782-6691 or pvhall@sfu.ca. The research has been reviewed and approved by the SFU Office of Research Ethics (ORE ref 2011s0245) and the MRU Human Research Ethics Board (HREB). You may address any concerns or complaints to Dr Jeff Toward, Director, Office of Research Ethics by email at Jtoward@sfu.ca or telephone at 778-782-6593. or to the Chair HREB, MRU (403)440-6494 or hreb_chair@mtroyal.ca.

Please answer the following: I agree, of my own free will, to participate in this questionnaire survey for the Social Enterprise Study, 2014 (please check one):

	Yes	No
	<input type="radio"/>	<input type="radio"/>

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This is a survey of social enterprises in New Brunswick

"A social enterprise is a business venture owned or operated by a non-profit organization that sells goods or provides services in the market for the purpose of creating a blended return on investment, both financial and social/environmental/cultural"

The questionnaire is designed for quick completion.

Please complete check the appropriate box for each question, or insert dates, numbers, amounts or text as requested.

Please provide the following details about your organization

Name of organization	_____
Mailing address	_____
Postal code:	_____
Phone number (with area code):	_____
Web site URL:	_____

1.0 Year of formation and operation. Please answer parts 1.1 and 1.2

1.1 In which year was your social enterprise formed (incorporated/ approved) its founding constitution?	_____
1.2 in which year did your social enterprise first start selling products or services?	_____

2. What is the PURPOSE of your Social Enterprise?

Please check **all** that apply

Social purpose	<input type="checkbox"/>
Cultural purpose	<input type="checkbox"/>
Environmental purpose	<input type="checkbox"/>
Income generation for parent organization	<input type="checkbox"/>
Employment development	<input type="checkbox"/>
Training for workforce integration	<input type="checkbox"/>

2.1 In your own words, what is the PRIMARY MISSION of your social enterprise?

3.0 Does your social enterprise have individual or organizational members?

Yes	<input type="radio"/>
No	<input type="radio"/>

If **YES**

3.1 How many individual members does your social enterprise have?	_____
3.2 How many organizational members does your social enterprise have?	_____

4.0 What is the form of incorporation of your social enterprise?

Please check **all** that apply

<input type="checkbox"/>	Nonprofit corporation
<input type="checkbox"/>	Limited liability corporation (for-profit)
<input type="checkbox"/>	Co-operative, non-financial (distributes surplus)
<input type="checkbox"/>	Co-operative, non-financial (non-profit distributing)
<input type="checkbox"/>	Credit union/ Caisse Populaire
<input type="checkbox"/>	Other (please specify) _____

5.0 Is your social enterprise a registered charity with the Canada Revenue Agency?

Yes	<input type="radio"/>
No	<input type="radio"/>

6.0 Do you have a parent organization?

Yes	<input type="radio"/>
No	<input type="radio"/>

6.1 If yes, what is the name of your parent organization?

6.2 What is your relationship with the parent organization?

Select the **one** option which best describes your relationship with the parent organization:

We have no parent organization	<input type="radio"/>
We are an in-house program, project or department of the parent organization	<input type="radio"/>
We are a separate organization that works closely with the parent organization	<input type="radio"/>
We are an independent organization, operating at arm's length from a parent organization	<input type="radio"/>

6.3 Did your parent organization regularly provide any of the following supports in the past 12 months?

Please check **all** that apply

<input type="checkbox"/>	Personnel (time of staff, administration, management, etc)
<input type="checkbox"/>	In-kind (goods, materials, transportation, etc)
<input type="checkbox"/>	Space (offices, storage, accommodations, etc)
<input type="checkbox"/>	Finance (grants, loans, loss write-off, etc)
<input type="checkbox"/>	Other (Please specify) _____

7.0 What is the name of the municipality (town, city, village, district or reserve) in which your main office is located?

	<hr/>	
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7.1 In which of the following geographic areas or scales do you operate or provide services?

*Please check **all** that apply*

	<input type="checkbox"/>	To a neighbourhood / local community	
	<input type="checkbox"/>	To a city / town	
	<input type="checkbox"/>	Across a region (county / regional district)	
	<input type="checkbox"/>	Across the province	
	<input type="checkbox"/>	Across Canada	
	<input type="checkbox"/>	Internationally	
	<input type="checkbox"/>	Other (Please specify)	<hr/>

8.0 In which sectors does your social enterprise sell products and/or services?

Please check **all** that apply.

<input type="checkbox"/>	Accommodation (overnight, short-term)
<input type="checkbox"/>	Administrative services
<input type="checkbox"/>	Agriculture, forestry, fishing, mining
<input type="checkbox"/>	Arts and culture
<input type="checkbox"/>	Communications (mail, radio, internet)
<input type="checkbox"/>	Construction
<input type="checkbox"/>	Consulting
<input type="checkbox"/>	Day care
<input type="checkbox"/>	Education
<input type="checkbox"/>	Emergency and relief
<input type="checkbox"/>	Employment services
<input type="checkbox"/>	Environment and animal protection
<input type="checkbox"/>	Facilities (banquet, conference, party)
<input type="checkbox"/>	Finance and insurance
<input type="checkbox"/>	Food service/catering
<input type="checkbox"/>	Food production
<input type="checkbox"/>	Food distribution
<input type="checkbox"/>	Gallery/arts
<input type="checkbox"/>	Health care (incl. hospital, nursing, clinic, crisis care, addictions, etc)
<input type="checkbox"/>	Housing (long-term rental, assisted, etc)
<input type="checkbox"/>	Janitorial/cleaning (incl. street cleaning)
<input type="checkbox"/>	Landscaping/Gardening
<input type="checkbox"/>	Law, advocacy, politics
<input type="checkbox"/>	Movers/hauling
<input type="checkbox"/>	Personal services
<input type="checkbox"/>	Printing and publishing
<input type="checkbox"/>	Production/manufacturing
<input type="checkbox"/>	Professional services
<input type="checkbox"/>	Property Management
<input type="checkbox"/>	Public administration/services to government
<input type="checkbox"/>	Real estate (development and management)
<input type="checkbox"/>	Repair and Maintenance
<input type="checkbox"/>	Research
<input type="checkbox"/>	Retail sales (incl. Thrift stores)
<input type="checkbox"/>	Scientific/technical services
<input type="checkbox"/>	Services to private businesses
<input type="checkbox"/>	Services to social enterprises, cooperatives, non-profits, charities and their employees
<input type="checkbox"/>	Sewing
<input type="checkbox"/>	Social services (incl. income, social work)
<input type="checkbox"/>	Sports and Recreation
<input type="checkbox"/>	Theatre/performing arts
<input type="checkbox"/>	Tourism
<input type="checkbox"/>	Transportation and storage
<input type="checkbox"/>	Waste management (incl. recycling)
<input type="checkbox"/>	Wholesale sales
<input type="checkbox"/>	Other (Please specify) _____

9.0 Which of the following demographic groups does your social enterprise train, employ or provide services to as part of your mission?

Please check **all** that apply:

<input type="checkbox"/>	All the people living in a particular place / community
<input type="checkbox"/>	Aboriginal / indigenous people
<input type="checkbox"/>	Children
<input type="checkbox"/>	Ethnic group / minority
<input type="checkbox"/>	Family
<input type="checkbox"/>	Homeless persons
<input type="checkbox"/>	Immigrants (including temporary workers, permanent residents, etc)
<input type="checkbox"/>	Lower income individuals
<input type="checkbox"/>	Men
<input type="checkbox"/>	People living with addictions
<input type="checkbox"/>	People living with employment barriers
<input type="checkbox"/>	People living with psychiatric disabilities
<input type="checkbox"/>	People living with intellectual disabilities
<input type="checkbox"/>	People living with physical disabilities
<input type="checkbox"/>	Refugees
<input type="checkbox"/>	Senior / aged / elderly
<input type="checkbox"/>	Women
<input type="checkbox"/>	Youth / young adults / students
<input type="checkbox"/>	Other (Please specify) _____

9.1 - 9.3 We would like to know about how many people in the target populations listed in Question 9.0 you trained, employed or provided with services

It is okay to count the same person in more than one category.

Estimated totals are acceptable.

Do not include people who are exclusively the retail customers of your social enterprise.

9.1	From the groups listed above, in 2013, how many people did you train?	_____
9.2	From the groups listed above, in 2013, how many people did you employ?	_____
9.3	From the groups listed above, in 2013, how many people did you provide services to?	_____

10.0 How many people were employed or volunteering at your social enterprise during 2013?

Estimated totals are acceptable.

Please include those who you employed as part of your mission (see question 9.3):

Full-time paid employees (30 or more hrs/week)	_____
Part-time paid employees (less than 30 hrs/week)	_____
Seasonal employees (30 or more hours per week for more than 2 weeks but less than 8 months)	_____
If known, TOTAL FTEs (full time equivalent employment at 2,000 hours p.a.)	_____
Freelancers and contract workers (hired for a specific project or term)	_____
Volunteers (incl. unpaid interns, etc) who worked 10 or more hrs/month	_____
Volunteers (incl. unpaid interns, etc) who worked less than 10 hrs/month	_____

11.0 We would like to know about the revenue and expenses in 2013 of your social enterprise.

Estimated totals are acceptable.

Please fill in as much detail as you can, and round off amounts to the nearest \$1,000.

REVENUE	
Revenue from sales of goods and services, including service contracts with government	_____
Revenue from grants and donations received from parent organization (do not include loans)	_____
Revenue from grants and donations from other organizations and private individuals (do not include loans)	_____
Other Revenue	_____
Total revenue from all sources in 2013	_____
EXPENSES	
Total wages and salaries paid, including target groups in training within your social enterprise	_____
Total financial transfers to parent organization	_____
All other operating expenses	_____
Total expenses on all items in 2013	_____

12.0 What were the sources of **grants and donations** received in 2013?

Please check **all** that apply:

<input type="checkbox"/>	Foundations
<input type="checkbox"/>	Federal government
<input type="checkbox"/>	Provincial government
<input type="checkbox"/>	Municipal government
<input type="checkbox"/>	Private individuals, philanthropists, donors
<input type="checkbox"/>	Bank
<input type="checkbox"/>	Corporations/Private businesses
<input type="checkbox"/>	Parent organization
<input type="checkbox"/>	Credit Union
<input type="checkbox"/>	Community Futures/ CBDC
<input type="checkbox"/>	Other, please specify _____
<input type="checkbox"/>	No grants and donations received

12.1 What were the purposes of **grants and donations** received in 2013?

Please check **all** that apply:

<input type="checkbox"/>	Training, and technical assistance
<input type="checkbox"/>	Operations and program/ service delivery
<input type="checkbox"/>	Governance and management (e.g. strategic planning)
<input type="checkbox"/>	To research, develop, implement or expand a product or service
<input type="checkbox"/>	Capital project (e.g. new land, building, equipment)
<input type="checkbox"/>	Other, please specify: _____
<input type="checkbox"/>	No grants and donations received

12.2 What were the sources of **loans/ debt instruments** taken out in 2013?

Please check **all** that apply:

<input type="checkbox"/>	Foundations
<input type="checkbox"/>	Federal government
<input type="checkbox"/>	Provincial government
<input type="checkbox"/>	Municipal government
<input type="checkbox"/>	Private individuals, philanthropists, donors
<input type="checkbox"/>	Bank
<input type="checkbox"/>	Corporations/Private businesses
<input type="checkbox"/>	Parent organization
<input type="checkbox"/>	Credit Union
<input type="checkbox"/>	Community Futures/ CBDC
<input type="checkbox"/>	Other, please specify _____
<input type="checkbox"/>	No loans/ debt instruments taken out

12.3 What were the types **loans/ debt instruments** taken out in 2013?

Please check **all** that apply:

<input type="checkbox"/>	Operating line of credit	
<input type="checkbox"/>	Repayable equity	
<input type="checkbox"/>	Long-term loans / equity	
<input type="checkbox"/>	Short-term loans	
<input type="checkbox"/>	Other (Please specify)	_____

12.4 What were the purposes of **loans/ debt instruments** taken out in 2013?

Please check **all** that apply:

<input type="checkbox"/>	Training, and technical assistance	
<input type="checkbox"/>	Operations and program/ service delivery	
<input type="checkbox"/>	Governance and management (e.g. strategic planning)	
<input type="checkbox"/>	To research, develop, implement or expand a product or service	
<input type="checkbox"/>	Capital project (e.g. new land, building, equipment)	
<input type="checkbox"/>	Other, please specify:	_____
<input type="checkbox"/>	No grants and donations received	

1. Please take a few minutes to complete this last section of the survey. It is an excellent opportunity to tell us about the opportunities and challenges facing your social enterprise in the next one to three years.

2. Please indicate whether you agree or disagree with each of the following statements.		Strongly agree	Agree	Disagree	Strongly disagree	Don't know/ uncertain
a.	We always describe our organization as a social enterprise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b.	We have an effective Board and governance system	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c.	Our Board/Senior Management have effective <i>business</i> skills and knowledge	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d.	We have enough staff/volunteers to carry out our work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e.	Our staff are skilled and well-trained	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f.	We have a health benefit program for employees	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g.	We are able to retain our staff in the long term	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h.	We are able to retain our volunteers in the long term	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i.	We are financially sustainable over the next five years	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j.	We are able to access capital or financing to grow	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k.	We plan to increase our revenues through the sale of goods and services over the coming year	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

		No	Yes
a.	Do you have any major projects coming up over the next three years that requires additional external financing?	<input type="radio"/>	<input type="radio"/>

3.		
a.	Please specify the type of project you are planning	_____
b.	Please estimate the required total financing (\$ _____)	_____

4. How likely are you to try to raise these funds through:					
		Very Likely	Possibly	Not likely	Don't know/ uncertain
a.	Government grants or contributions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b.	Non-government grants and contributions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c.	Fundraising	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d.	Repayable Equity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e.	Profits/surplus	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f.	Loans/mortgages	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g.	Other (please specify) : _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5.	Please use the space below to describe the 3 greatest challenges facing your social enterprise over the coming year?	
	a.	# 1 challenge your social enterprise is facing over the coming year
	b.	# 2 Challenge your social enterprise is facing over the coming year
	c.	# 3 challenge your social enterprise is facing over the coming year

6.	<p style="text-align: center;">THANK YOU FOR YOUR PARTICIPATION!</p> <p>If there is any information that you wish to add to the questionnaire response and are unable to do so, please e-mail info@cecnb.ca or call Wendy at (506) 227-9607</p> <p>Once the final survey report has been prepared you will be sent a link so it can be downloaded</p>
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7.	Please use this space to make any comments or suggestions	<hr/> <hr/> <hr/>
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