OMB Number 0915-0212 Expiration date: 7/31/2015

#### Ryan White Care Act Technical Assistance Baseline Survey

Thank you for taking the time to complete and submit this brief survey. We are interested in learning about your experiences with the technical assistance assistance that you recently received. Your insight and information are very valuable to us, evaluators, and HRSA/HAB program personnel in making decisions about the training and assistance Ryan White Care Act provides grantees.

Only HRSA/HAB program personnel and evaluators will be able to identify and link survey responses I to each Grantee (that completes the survey). Any reports developed for individuals not involved with the development, management or evaluation of the HRSA/HAB Ryan White Care Act Technical Assistance initiative will not contain any information identifying individual Grantees.

Your participation is voluntary, you are free to withdraw at any time, and if you do so, you will not be penalized. There is no penalty for refusal to participate, and you are free to withdraw your consent and participation in this survey at any time without penalty.

If you have any questions about the survey, encounter any errors in the online information, or have suggestions for improving this process, please contact your TA Coordinator.

Thank you again for your participation in this survey!

I Agree to participate I DO NOT Agree to participate

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0915-0212. Public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 10-29, Rockville, Maryland, 20857.

# Ryan White Technical Assistance Evaluation

OMB Number 0915-0212 Expiration date: 7/31/2015

Ryan White Care Act Technical Assistance Baseline Survey									
Grantee Name: TA Type: Date TA Initiated: Consultant Name 1: Consultant Name 2:			Project Code:  TA Coordinator:  Date TA Completed:  Grantee Email:  Consultant Name 3:						
_		Strongly	AGREE	Not	Disagree	Strongly			
Q1.	The technical assistance achieved the goals as defined in the scope of work.	AGREE	0	Sure/Uncertain	©	DISAGREE			
Q2.	All planned deliverables (defined in the scope of work ) were completed in a timely manner.	0	0	0	0	0			
Q3.	The technical assistance met my expectations (based upon scope of work).	0	0	0	0	0			
Q4.	Did any of the items on the scope of work go unmet?  Yes  No  Not sure								
Q5.	The technical assistance was provided in a manner that was easy to use. $ \\$	0	0	0	0	0			
	Not Applicable      Capacity Expansion, such as:     Professional Development, such as:     Systems Improvement, such as:     Program Development, such as:     Other Development. Please explain:      erespond to the following statements for each consultant who providented if you received technical assistance from more than one consultant.		l assistance	e. Additional staten	nents will t	oe			
	·	STRONGLY AGREE	AGREE	Not Sure/Uncertain	DISAGREE	STRONGLY DISAGREE			
Q7A.	Abercrombie Timothy had the professional knowledge and expertise to deliver the technical assistance in an effective manner.	0	0	0	0	0			
Q8 <sub>A</sub> .	Abercrombie Timothy completed all the work in a culturally competent manner. $ \\$	0	0	0	0	0			
Q <b>9</b> .	GEARS, Inc. effectively coordinated the technical assistance.	0	0	0	0	0			
Q10.	My organization has the capacity at this time (i.e., staff, resources, budg provided during technical assistance.  Strongly Agree Agree Not Sure/Uncertain Disagree Please provide any other comments, concerns, or suggestions in the submit	STRONGLY	DISAGREE ©		ts, and/or i	nformation			

### Ryan White Technical Assistance Evaluation

OMB Number 0915-0212 Expiration date: 7/31/2015

### Ryan White Care Act Technical Assistance Follow-Up Survey

Thank you for taking the time to complete and submit this brief survey. We are interested in learning about your experiences with the technical assistance received approximately 6-months ago. Your insight and information are very valuable to us, evaluators, and HRSA/HAB program personnel in making decisions about the training and assistance Ryan White Care Act provides grantees.

Only HRSA/HAB program personnel and evaluators will be able to identify and link survey responses I to each Grantee (that completes the survey). Any reports developed for individuals not involved with the development, management or evaluation of the HRSA/HAB Ryan White Care Act Technical Assistance initiative will not contain any information identifying individual Grantees.

Your participation is voluntary, you are free to withdraw at any time, and if you do so, you will not be penalized. There is no penalty for refusal to participate, and you are free to withdraw your consent and participation in this survey at any time without penalty.

If you have any questions about the survey, encounter any errors in the online information, or have suggestions for improving this process, please contact your TA Coordinator.

Thank you again for your participation in this survey!

I Agree to participate I DO NOT Agree to participate

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0915-0212. Public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5500 Fishers Lane, Room 10-29, Rockville, Maryland, 20857.

## Ryan White Technical Assistance Evaluation

Assistance con completing this Grantee Name: (Optional)  TA Type:  Date TA Initiate Consultant Nan  Consultant Nan  2. The techn 2. The techn 2. Consider we were 2. Which of  Not  Cas  Sys  Pro  Oth	ed: me 1: me 2:  mical assistance achieved the agreed upon goals.  mical assistance had a positive effect.  ening the impact on our site operations and systems,  a satisfied with the technical assistance we received.  If the following systems and operations did you anticipal  Applicable  apacity Expansion, such as:	STRONGLY AGREE	project Code Are you the project Some Accordinate Agree	orough the Ryan White ssistance process and the ssistance are ssistance as the ssistance are ssistance are ssistance are ssistance are ssistance are ssistance are ssistance process and the ssistance process and the ssistance process and the ssistance process are ssistance process and the ssistance process are ssistance process.	d the Yes	STRONGLI DISAGREE			
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5. My organ provided	d to the following statements for each consultant who u received technical assistance from more than one on nization has the capacity at this time (i.e., staff, resource d during technical assistance.	consultant. s, budget) to in	mplement th	e changes, improveme					
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Please p	provide any other comments, concerns, or suggestions	in the space b	elow.						
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