



Ryan White Technical Assistance Evaluation

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 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.

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Ryan White Care Act Technical Assistance Baseline Survey

Grantee Name:

Project Code:

TA Type:

TA Coordinator:

Date TA Initiated:

Date TA Completed:

Consultant Name 1:

Grantee Email:

Consultant Name 2:

Consultant Name 3:

		STRONGLY AGREE	AGREE	NOT SURE/ UNCERTAIN	DISAGREE	STRONGLY DISAGREE
Q1.	The technical assistance achieved the goals as defined in the scope of work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q2.	All planned deliverables (defined in the scope of work) were completed in a timely manner.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q3.	The technical assistance met my expectations (based upon scope of work).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q4.	Did any of the items on the scope of work go unmet? Yes <input type="radio"/> No <input type="radio"/> Not sure <input type="radio"/>					
Q5.	The technical assistance was provided in a manner that was easy to use.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q6.	Which of the following systems and operations did you anticipate being affected by the Technical Assistance? (check all that apply) <input type="checkbox"/> Not Applicable <input type="checkbox"/> Capacity Expansion, such as: <input type="checkbox"/> Professional Development, such as: <input type="checkbox"/> Systems Improvement, such as: <input type="checkbox"/> Program Development, such as: <input type="checkbox"/> Other Development. Please explain:					

Please respond to the following statements for each consultant who provided technical assistance. Additional statements will be presented if you received technical assistance from more than one consultant.

		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.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q8A.	Abercrombie Timothy completed all the work in a culturally competent manner.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q9.	GEARS, Inc. effectively coordinated the technical assistance.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q10.	My organization has the capacity at this time (i.e., staff, resources, budget) to implement the changes, improvements, and/or information provided during technical assistance. STRONGLY AGREE <input type="radio"/> AGREE <input type="radio"/> NOT SURE/UNCERTAIN <input type="radio"/> DISAGREE <input type="radio"/> STRONGLY DISAGREE <input type="radio"/>					

Please provide any other comments, concerns, or suggestions in the space below.



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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 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.

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Ryan White Care Act Technical Assistance Follow-Up Survey

Greetings,

As a recipient of technical assistance, your perspective on the effectiveness of services offered through the Ryan White Care Act Technical Assistance contract is invaluable. Please support our efforts to continuously improve technical assistance process and services by completing this brief survey/questionnaire.

Grantee Name:

Project Code:

Your Name:
(Optional)

Are you the person who completed the first survey? Yes No

TA Type:

TA Coordinator:

Date TA Initiated:

Date TA Completed:

Consultant Name 1:

Grantee Email:

Consultant Name 2:

Consultant Name 3:

	STRONGLY AGREE	AGREE	NOT SURE/UNCERTAIN	DISAGREE	STRONGLY DISAGREE
Q1. The technical assistance achieved the agreed upon goals.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q2. The technical assistance had a positive effect.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q3. Considering the impact on our site operations and systems, we were satisfied with the technical assistance we received.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q4. Which of the following systems and operations did you anticipate being affected by the Technical Assistance? (check all that apply)

- Not Applicable
- Capacity Expansion, such as:
- Professional Development, such as:
- Systems Improvement, such as:
- Program Development, such as:
- Other Development. Please explain:

Please respond to the following statements for each consultant who provided technical assistance. Additional statements will be presented if you received technical assistance from more than one consultant.

Q5. My organization has the capacity at this time (i.e., staff, resources, budget) to implement the changes, improvements, and/or information provided during technical assistance.

STRONGLY AGREE AGREE NOT SURE/UNCERTAIN DISAGREE STRONGLY DISAGREE

	STRONGLY AGREE	AGREE	NOT SURE/UNCERTAIN	DISAGREE	STRONGLY DISAGREE
Q6A. Abercrombie Timothy had the professional knowledge and expertise to deliver the technical assistance in an effective manner.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Q7A. Abercrombie Timothy completed all the work in a culturally competent manner.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please provide any other comments, concerns, or suggestions in the space below.