

In order to help OVC TTAC better serve the field, we are reaching out to you and other conference support applicants to obtain your feedback. We will protect the privacy of your information in accordance with the Federal Privacy Act, and we will protect the confidentiality of your responses using procedures we have in place. Only members of the Needs Assessment and Evaluation Team have access to information that could identify respondents. Answers to these questions will only be reported after aggregating all responses, and the results will never identify you as an individual. Other participants, presenters, OVC staff, OVC TTAC staff, and your employer will not have access to what you as an individual say. If you have any questions about this survey or the evaluation, please contact [TTACEval@icfi.com](mailto:TTACEval@icfi.com).

Completing this feedback form is a requirement for support recipients and voluntary for those not awarded support. If you were awarded conference support, please print your name in the space provided, so that your completion of this requirement can be noted. The confidentiality of your responses is guaranteed.

Name: \_\_\_\_\_

**Part I. OVC Conference Support Program**

1. How did you hear about the OVC Conference Support Program? (Mark all that apply.)

- OVC TTAC Web site
- OVC TTAC event
- OVC TTAC Listserv
- Referred by another organization
- Referred by a colleague or friend
- Other(s): \_\_\_\_\_

2. What month and year did you apply? \_\_\_\_\_

3. Were you awarded conference support?  Yes  No

If **yes**, would you have been able to execute the desired conference without conference support?

- Yes  No  N/A

If **no**, were you or will you be able to execute the desired conference without conference support?

- Yes  No  N/A

4. Would you recommend the OVC Conference Support Program to others?  Yes  No

*Please indicate the extent to which you agree or disagree with the following statements.*

APPLICATION PROCESS	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Not Applicable
5. OVC TTAC was responsive to my questions and needs.	1	2	3	4	5	NA
6. The application was easy to complete.	1	2	3	4	5	NA
7. The application clearly explained the eligibility requirements.	1	2	3	4	5	NA
8. The application clearly explained the expenses covered under the program.	1	2	3	4	5	NA
9. I was satisfied with the notification process.	1	2	3	4	5	NA
10. I am satisfied with the overall application process by OVC TTAC.	1	2	3	4	5	NA

11. What could have been done differently to improve the application process?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Paperwork Reduction Act Notice

Under the Paperwork Reduction Act, a person is not required to respond to a collection of information unless it displays a valid OMB control number. The estimated average time to complete this form is 10 minutes. If you have comments regarding the accuracy of this estimate or additional suggestions, please write to the OVC TTAC Evaluation Team at [TTACEval@icfi.com](mailto:TTACEval@icfi.com) or 9300 Lee Highway, Fairfax, VA 22031.



12. Do you have any other comments or suggestions about the application process?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. If you were awarded conference support funds, please provide the following information about the event:

Event Title: \_\_\_\_\_

Date(s): \_\_\_\_\_ Location: \_\_\_\_\_

Event Description: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

14. Which of the following **best** describes your organization? (**Mark all that apply.**)

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Community-Based/Grassroots | <input type="checkbox"/> Health Services          | <input type="checkbox"/> Military                      |
| <input type="checkbox"/> Criminal Justice Agency    | <input type="checkbox"/> Human/Social Services    | <input type="checkbox"/> Research                      |
| <input type="checkbox"/> Education                  | <input type="checkbox"/> Legal Services           | <input type="checkbox"/> Other (please specify): _____ |
| <input type="checkbox"/> Faith-Based                | <input type="checkbox"/> Legislation/Polycymaking |  |

15. Which of the following **best** describes the population your organization serves? (**Mark all that apply.**)

- |   |  |
|---|--|
| <input type="checkbox"/> National                           | <input type="checkbox"/> Local           |
| <input type="checkbox"/> State                              | <input type="checkbox"/> Urban           |
| <input type="checkbox"/> Tribal                             | <input type="checkbox"/> Rural           |
| <input type="checkbox"/> International, list country: _____ | <input type="checkbox"/> Suburban        |
|   | Culturally specific population(s): _____ |

*Thank you for taking the time to complete this form and helping to improve OVC TTAC activities.*