

Trainer Survey for *Your Money, Your Goals*

Thank you for completing this survey. This information is being collected to help the Consumer Financial Protection Bureau to track usage of the Your Money, Your Goals materials. Complete this survey providing short written responses and selecting from response options, as prompted by the survey questions. Please note that your responses will be kept private to the extent permitted by law and when survey results are reported none of your answers will be directly connected to you. Please see the Paperwork Reduction Act statement and Privacy Notice on the last page of this survey.

1) Which organization organized this delivery of *Your Money, Your Goals*?

2) Which of the Consumer Financial Protection Bureau's (CFPB) *Your Money, Your Goals* partners organized the larger training initiative of which this delivery is a part?

3) Which version of the toolkit was used for your training? (See the subtitle on your copy of the toolkit.)

- | | |
|---|------------------------------------|
| <input type="checkbox"/> Social Services Programs | <input type="checkbox"/> Workers |
| <input type="checkbox"/> Volunteers | <input type="checkbox"/> Legal Aid |

4) How many staff or volunteers participated in this training? _____

5) In what city and state was the training held? _____

6) What was the start date of this training? _____

7) What was the total duration of this training (excluding breaks)? _____

Privacy Notice

Information you provide in response to this survey will help the survey sponsor the Consumer Financial Protection Bureau ("CFPB") evaluate the effectiveness of the *Your Money, Your Goals* toolkit, and to assess the scope of partner organizations' use of the toolkit.

The CFPB will not obtain or access any information that directly identifies respondents, and any answers or comments you provide will not be tied to you individually. The agency will only obtain and access de-identified results and aggregated analyses of those results. Any directly identifying information will only be used by ICF International (survey facilitator) and partner organizations to facilitate distribution and

collection of surveys and survey responses. Survey responses will not be shared and will be kept private except as required by law.

This collection of information is authorized by Pub. L. No. 111-203, Title X, Sections 1013 and 1022, codified at 12 U.S.C. §§ 5493 and 5512.

Your participation is voluntary, and you may withdraw participation at any time.

Paperwork Reduction Act

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The OMB control number for this collection is 3170-XXXX. It expires on XX/XX/20XX. The time required to complete this information collection is estimated to average approximately 5 minutes per response. Comments regarding this collection of information, including the estimated response time, suggestions for improving the usefulness of the information, or suggestions for reducing the burden to respond to this collection should be submitted to Bureau at the Consumer Financial Protection Bureau (Attention: PRA Office), 1700 G Street NW, Washington, DC 20552, or by email to CFPB_PRA@cfpb.gov.