



National Archives and Records Administration

[8601 Adelphi Rd. College Park, MD 20740]

Agency Assistance Project Feedback

We value your opinion. Please take a few minutes to complete this evaluation. Your comments help us maintain the quality of our services and help us improve future projects.

Agency Contact:

Project Title:

Date: [Click here to enter a date.](#)

ACRA-Agency Assistance Project Lead/Point of Contact:

| Please rate the ACRA-AA Project Lead/Point of Contact: | Strongly Agree | Agree | Disagree | Strongly Disagree | Not Applicable |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| ACRA-AA staff provided subject matter expertise in records management standards, policies and best practices. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ACRA-AA staff communicated with agency representatives, senior management and/or leadership, using appropriate protocols and social norms suitable to the audience. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Overall, ACRA-AA staff met and/or exceeded expectations. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Please explain the reason for your ratings. Continue on reverse if more space is needed.

| Please rate the Project deliverables: | Strongly Agree | Agree | Disagree | Strongly Disagree | Not Applicable |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Delivered products were easy to interpret and follow. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Deliverables and results met key project goal. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Products and deliverables were delivered timely. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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OMB Control No. 3095-0070 Expiration date 10/31/2017

Please explain the reason for your ratings. Continue on reverse if more space is needed.

Continued on other side

| Please rate the project overall: | Strongly Agree | Agree | Disagree | Strongly Disagree | Not Applicable |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Tasks and activities performed, adhered to approved statement of work. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Services helped inform specific actions and/or changes to agency records management program and processes. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Would work with Agency Assistance staff again? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Please explain the reason for your rating. If more space is needed, continue at bottom. | | | | | |

Please tell us

(If more space is needed, continue at bottom.)

How did you hear about Agency Assistance services?

Are there additional services would you like Agency Assistance to provide?

How could Agency Assistance improve our services?

If you would like to discuss this project OR would like us to contact you regarding upcoming records management issues, **please contact _____ or tell us how to get in touch with you.**

NAME & ADDRESS _____

EMAIL _____
