



## NATIONAL CENTER ON

# Program Management and Fiscal Operations

OMB Control Number: 0970-0401

Expiration Date: 5/31/2021

### **PMFO Fiscal Consultation Phone Call Feedback Survey**

Thank you for participating in the *Fiscal Consultation Phone Call* held on *[insert date]*. To help ensure the quality of our services, we ask that you complete the following feedback survey. This brief survey is voluntary, and all feedback will be kept private. To further protect your privacy, please refrain from including personally identifiable information in open-ended responses.

Please note that some survey items use a multi-point scale. If you are taking the survey on your phone, you may have to scroll down to see the entire scale. When finished, click the "Submit" button at the bottom of the final page to record your responses. You are free to move throughout the survey and change responses until you click "Submit".

#### *THE PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13)*

*Public reporting burden for this collection of information is estimated to average approximately 5 minutes per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information.*

*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.*

**Q1. What is your primary organizational affiliation?**

- Head Start / Early Head Start grantee
- HS / EHS Childcare Partnership grantee
- Child Care Program (Non-Head Start)
- Federal/Regional Office
- Regional Training / Technical Assistance Network
- Other \_\_\_\_\_

**Q2. What is your primary role within your organization?**

- Director
- Assistant Director / Associate Director
- CFO
- Board of Directors / Tribal Council
- Manager/Coordinator
- Family Advocate / Family Services
- Policy Council
- Fiscal / Accounting Staff
- Federal/Regional Office Staff (specify title): \_\_\_\_\_
- Regional Training / Technical Assistance Network Staff (specify title):  
\_\_\_\_\_
- Other: \_\_\_\_\_

**Q3. How many years have you served in this role?**

- Less than 1 year
- 1 to 4 years
- 5 to 9 years
- 10 or more years

**Q4. Please select your level of agreement with the following statements about the phone call:**

|  | Strongly agree | Agree | Disagree | Strongly disagree | Don't know / NA |
|--|----------------|-------|----------|-------------------|-----------------|
| The content of the phone call was relevant to my work.                             | 0              | 0     | 0        | 0                 | 0               |
| The content of the phone call was useful.  | 0              | 0     | 0        | 0                 | 0               |
| This phone call answered my specific questions about the content/topics discussed. | 0              | 0     | 0        | 0                 | 0               |

**Q5. What have you learned during this call that will help inform your work?**

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**Q6. What do you think could be improved for future calls?**

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**Q7. Other comments:**

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Thank you for your participation. Please click "Submit" to record your response.