

Paperwork Reduction Act Burden: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This collection of information is optional and will assist HUD to improve the quality, relevance, and delivery of technical assistance resources. The total time required to complete this survey is estimated to average 15 minutes including the time to review instructions, gather the data needed, and complete and review the survey. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Housing and Urban Development, Technical Assistance Division, 451 7th Street SW, Room 7218, Washington, D.C. 20410.

Privacy Act Statement: The Privacy Act of 1974 (P.L. 93-579) requires that you be given certain information in connection with the request for information solicited on this form. Accordingly, pursuant to the requirements of the Act, please be advised:

Authorization: This collection of information is authorized under Sec. 501 of Title V of the Housing and Urban Development Act of 1970, Public Law 91-609, which authorizes the Secretary “to undertake such programs of research, studies, testing, and demonstration relating to the mission and programs of the Department as he determines to be necessary and appropriate.”

Purpose: This collection of information is necessary in order to systematically gather user feedback and outcomes data to evaluate and improve HUD’s deployment and management of its technical assistance resources. This type of information on outcomes has been consistently requested by both OMB and Congressional Appropriations Committee staff.

Uses: This information collection is entirely voluntary. Any information collected may be seen and used by HUD staff that are responsible for analysis of the Community Compass Technical Assistance and Capacity Building program. Results of individual surveys will not be shared with TA providers, other TA recipients, or HUD program office staff that have assisted in coordination of the technical assistance engagement. Survey results may be shared in aggregated form with TA providers or HUD program office staff that coordinate technical assistance. Survey results may also be shared in aggregated form with other HUD stakeholders and Congress.

Disclosure: *Voluntary.* Any information collected in this information collection may be made accessible to the public and shared widely. **Please do NOT submit any personally identifiable information as part of this information collection form,** defined as any information which can be used to distinguish or trace an individual's identity, such as name, social security number, biometric records, etc. alone, or when combined with other personal or identifying information which is linked or linkable to a specific individual, such as date and place of birth, mother’s maiden name, etc.

HUD DIRECT TA SURVEY: TA PROVIDER

VERSION

Your organization, [TA PROVIDER], recently provided HUD-funded technical assistance to [TA RECIPIENT ORGANIZATION(S)] under Work Plan [WORK PLAN NUMBER].

[The following description will be pre-filled for the respondent when they receive the survey.]

TECHNICAL ASSISTANCE ENGAGEMENT DETAILS

TA RECIPIENT ORGANIZATION(S):

PERIOD OF PERFORMANCE: XX/XX/XXXX - XX/XX/XXXX

WORK PLAN #:

ADDITIONAL TA PROVIDER(S) INVOLVED IN THIS TA ENGAGEMENT:

TA DESCRIPTION:

We would like to ask you a few questions regarding your experience with this specific engagement and your impression of the effectiveness of the TA. Before proceeding, please confirm that you were directly involved in this TA program and feel qualified to provide general feedback on the Direct TA engagement, including questions about how well it met intended outcomes.

- Yes, I was directly involved in this TA program and feel qualified to answer this survey.
- No, I am not the right person to participate in this survey.

IF RESPONSE = NO, I am not the right person to participate in this survey; Please enter the name and email for an individual who had direct experience with the technical assistance provided and whom would be qualified to answer questions regarding achievement of intended outcomes and general feedback.

The correct respondent is:

_____ [NAME] _____

_____ [EMAIL] _____

Please complete this survey by [DATE].

If you have any questions while taking this survey, please contact communitycompass@hud.gov.

Note: Please do not use the "Back" or "Forward" buttons on the top of your browser while in the survey. By doing so, the survey will not work properly, and your responses will not be saved.

SURVEY QUESTION 3: FOLLOW-UP ON FACTORS RELATED TO SUCCESS

[Note: This is a skip pattern question (dependent on score of 20-100% on Question 2)]

3A. What factors contributed to the improvement in the identified area? (select all that apply)

- Guidance or support provided directly by HUD
- Increase in funding or revenue dedicated to the area
- Increase in number of staff assigned to work in that area
- New organizational structure or new/increased leadership support for the area
- New political leadership
- Improvement in local economy or other external factors
- Other, please specify:

I don't know

3B. How likely do you think it is that the TA recipient organization will sustain improvement in the identified area over the next year?

- Very Likely
- Likely
- Unlikely
- Very Unlikely
- I don't know/ Not applicable

SURVEY QUESTION 4: FOLLOW-UP ON FACTORS RELATED TO BARRIERS TO SUCCESS

[Note: This is a skip pattern question (dependent on score of 0-80% on Question 2)]

In your opinion, which of the following prevented you from fully achieving this outcome?

[Select all that apply]

- Engagement Scope was not adequate (e.g. period of support, level of support, focus of the engagement)
- Guidance provided directly by HUD was not adequate (please explain specific concern in the comments section)
- HUD response to the TA request was not adequate (e.g., delays in approving TA assignment, workplan or amendments)
- Level of engagement of recipient staff was not adequate
- Turnover in recipient staff or leadership
- Insufficient number of recipient staff available
- Inadequate support from recipient leadership/ management
- Decrease in or insufficient political support
- Decrease in funding or revenue dedicated to this area
- Decline in economy or other external factors
- Other, please specify:

I don't know

Please provide any additional comments related to factors affecting progress toward outcomes:

EXAMPLE SURVEY QUESTION 2 – TA PROVIDER RESPONDENT VIEW

SURVEY QUESTION 2: PROGRESS TOWARD ACHIEVING SELECTED OUTCOME(S)

| Outcome | Outcome Description |
|--|--|
| Improved capacity to design system-wide strategies that address community needs (e.g., designed innovative multi-disciplinary strategies, designed coordinated place-based development to leverage neighborhood impacts) | Provide Technical Assistance and Capacity Building to the Puerto Rico Public Housing Administration and the Puerto Rico Department of Housing to include: preparation of a redevelopment/Repositioning Plan for the 9 priority sites identified by PRPHA and HUD and to provide recommendations for prioritizing modernization and development projects. |

To what extent has the TA recipient organization [improved capacity to design system-wide strategies that address community needs]?