



*The Office for Victims of Crime Tribal Financial Management Center (OVC TFMC) relies upon your feedback to better serve you and the tribal victim services field. 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, including reporting all information in aggregate to avoid identifying information. If you have any questions about this evaluation, please contact [evaluation@ovctfmc.org](mailto:evaluation@ovctfmc.org).*

**Please provide the information below to create an anonymous ID:**

\_\_\_\_\_                                      \_\_\_\_\_                                      \_\_\_\_\_  
 Birth Month                                      First letter of first name                                      First letter of your middle name  
 (insert just the month                                      (example: S for Sara)                                      (example: M for Maria)  
 for your *date of birth*,  
 example: 08 for August)

T/TA: _____	DATE(S): _____
CONSULTANT FACILITATOR(S): _____	
TFMC COORDINATOR: _____	

*Please indicate the extent to which you agree or disagree with each statement.*

	Strongly Disagree	Disagree	Agree	Strongly Agree
1. I [insert objective].	1	2	3	4
2. I [insert objective].	1	2	3	4
3. I [insert objective].	1	2	3	4
4. I [insert objective].	1	2	3	4
5. I [insert objective].	1	2	3	4

6. Which of the following **best** describes your organization?

- Tribal government (e.g., governance, administration, support personnel)
- Tribal program
- Tribal consortium
- Nonprofit organization
- Other (please specify): \_\_\_\_\_

7. What is your organization's geographical service area?

- Reservation
- Rural
- Urban
- Frontier
- Suburban

8. What is your role in your organization?

- Program
- Grants/contracts
- Finance
- Tribal leader
- Other (please specify): \_\_\_\_\_

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

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 2 minutes. If you have comments regarding the accuracy of this estimate or additional suggestions, please write to the TFMC Evaluation Team at [evaluation@ovctfmc.org](mailto:evaluation@ovctfmc.org) or 9300 Lee Highway, Fairfax, VA 22031.*