[Insert objective 4].

[Insert objective 5].



OMB Control Number: ####-#### Expiration Date: ##/#####

The Office for Victims of Crime Tribal Financial Management Center (OVC TFMC) relies on 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

Please provide the informa	ntion below to create an anony	mous ID:				
Birth Month (insert just the month for your <i>date of birth</i> , example: 08 for August)	First letter of first name (example: S for Sara)	First letter of your middle name (example: M for Maria)				
T/TA:				_ DATE(S):	
CONSULTANTS:						
TFMC COORDINATOR	₹:					
-	l assistance (T/TA) provided	☐ In Person	n 🗆	Virtually		
OVERALL OBJECTIVES	· ·		Poor	Fair	Good	Excellent
1. [Insert objective 1].			1	2	3	4
2. [Insert objective 2].			1	2	3	4
3. [Insert objective 3].			1	2	3	4

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

Οι	JTCOMES	Strongly Disagree	Disagree	Agree	Strongly Agree
6.	As a result of this T/TA, I am better able to adhere to the DOJ award requirements.	1	2	3	4
7.	As a result of this T/TA, I have a deeper understanding of effective financial grants management.	1	2	3	4
8.	As a result of this T/TA, I [insert objective]	1	2	3	4
9.	As a result of this T/TA, I [insert objective]	1	2	3	4
10.	As a result of this T/TA, I [insert objective]	1	2	3	4

2

2

3

3

4

Please indicate the extent to which you agree or disagree with the following statements.

CONSULTANT 1:	Strongly Disagree	Disagree	Agree	Strongly Agree
11. The consultant's expertise was appropriate for this T/TA.	1	2	3	4
12. The consultant demonstrated cultural humility.	1	2	3	4

Paperwork Reduction Act Notice

INDIVIDUALIZED T/TA **FEEDBACK** Post-T/TA Evaluation



OMB Control Number: ####-#### **Expiration Date: ##/##/###**

13. The consultant demonstrated knowledge of tribal communities.	1	2	3	4
14. The consultant engaged and interacted with the audience.	1	2	3	4
15. The consultant created a respectful environment for participants.	1	2	3	4

Strongly Disagree	Disagree	Agree	Strongly Agree
1	2	3	4
1	2	3	4
1	2	3	4
1	2	3	4
1	2	3	4

OVERALL FEEDBACK	Strongly Disagree	Disagree	Agree	Strongly Agree
21. The T/TA was rooted in generally accepted accounting principles.	1	2	3	4
22. The time allotted was appropriate for the T/TA.	1	2	3	4
23. The resources provided as part of the T/TA were helpful.	1	2	3	4
24. The T/TA addressed the critical financial needs of my organization related to [insert topic].	1	2	3	4
25. The T/TA addressed the critical financial needs of my organization related to [insert topic].	1	2	3	4
26. The T/TA addressed the critical financial needs of my organization related to [insert topic].	1	2	3	4
27. The T/TA addressed the critical financial needs of my organization related to [insert topic].	1	2	3	4
28. I will be able to apply what I learned in my work.	1	2	3	4
29. The technology provided a good learning environment.	1	2	3	4
30. The T/TA was engaging and interactive.	1	2	3	4

41. I/my organization was engaged in the planning process for this

T/TA.

T/TA ACTIVITY:	Strongly Disagree	Disagree	Agree	Strongly Agree
29. [insert T/TA activity objective or follow-up question].	1	2	3	4
30. [insert T/TA activity objective or follow-up question].	1	2	3	4
31. [insert T/TA activity objective or follow-up question].	1	2	3	4
32. [insert T/TA activity objective or follow-up question].	1	2	3	4
33. [insert T/TA activity objective or follow-up question]	1	2	3	4
34. [insert T/TA activity objective or follow-up question].	1	2	3	4
PLANNING	Strongly Disagree	Disagree	Agree	Strongly Agree
39. The cultural considerations of my community were included in the planning for this T/TA.	1	2	3	4
40. TFMC was responsive to my/my organization's questions and needs during the planning of this T/TA.	1	2	3	4

2

3

4

INDIVIDUALIZED T/TA FEEDBACK Post-T/TA Evaluation



OMB Control Number: ####-####
Expiration Date: ##/#####

42. Please rate the $\underline{overall}$ quality of this T/TA.

	1	2	3	4
	Poor	Fair	Good	Excellent
43. F	Iow satisfied were y	ou with your <u>overall</u> TFM	C experience?	
	1	2	3	4
V	ery Dissatisfied	Dissatisfied	Satisfied	Very Satisfied
44. F	Now well did this T/	ΓA meet your expectation	s?	
	1	2	3	4
	Far Below My	Did Not Meet My	Met My	Exceeded My
	Expectations	Expectations	Expectations	Expectations
45. F	How useful was the T	T/TA to your role within y	our organization?	
	1	2	3	4
	Not Useful	Somewhat Useful	Useful	Very Useful
	•	nd TFMC for training or t		□ Yes □ No
47. F		incorporate the informati	ion you learned today int	to managing the financ
		ith staff and colleagues		
		ner T/TA (training and tech	· •	pants
	=	to other OVC TFMC ever		
		professional developmen		nagement
		ners in content/skills learne	ed	
L	- F	_		
L	•	inancial procedures	C . 1 . C .	
		en use of technology to in	nprove financial infrastru	icture
	(-)-	amanta this information	 	
D		orporate this information il any of these activities:		
Г	iease expiain in deta	if any of these activities		
_				
48. F	Following this T/TA,	how prepared do you fee	I to take steps toward im	proving your organiza
	1	2	3	4
	Not At All Prepared			
	•	_	· -	
49. V	Vhat can TFMC do i	n the future to better prep	are you for this type of T	T/TA session?
_				
50 T	What agreets -f.41- T	C/T A more most belief.	od why?	
50. V	viiat aspects of the 1	T/TA were most helpful ar	iu wily:	

INDIVIDUALIZED T/TA FEEDBACK Post-T/TA Evaluation



OMB Control Number: ####-#### Expiration Date: ##/#####

51. Wh	What can TFMC do differently to improve similar T/TA requests in the future?				
52. Do	you have any other comments or suggestions?				
53. Wh	nich of the following best describes your organization? Tribal government (e.g., governance, administration, support Tribal program Tribal consortium Nonprofit organization Other (please specify):		nnel)		
54. Wh	nat is your organization's geographical service area? Reservation Urban Suburban		Rural Frontier		
55. Wh	nat is your role in your organization?				
	Program Finance		Grants/contracts Tribal leader Other (please specify):		