

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).

WEBINAR: _____
DATE(S): _____
PRESENTER(S): _____

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

	Strongly Disagree	Disagree	Agree	Strongly Agree
1. I [This is a placeholder for one of the customized webinar objectives].	1	2	3	4
2. I [This is a placeholder for one of the customized webinar objectives].	1	2	3	4
3. I [This is a placeholder for one of the customized webinar objectives].	1	2	3	4
4. I [This is a placeholder for one of the customized webinar objectives].	1	2	3	4
5. I [This is a placeholder for one of the customized webinar objectives].	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 your role in your organization?
- Program
  - Finance
  - Grants/contracts
  - Finance
  - 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 TFMC Evaluation Team at [evaluation@ovctfmc.org](mailto:evaluation@ovctfmc.org) or 9300 Lee Highway, Fairfax, VA 22031.



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WEBINAR: _____
DATE(S): _____
PRESENTER(S): _____

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

<b>OVERALL WEBINAR</b>	Strongly Disagree	Disagree	Agree	Strongly Agree
1. As a result of this webinar, I [ <i>insert learning objective</i> ].	1	2	3	4
2. As a result of this webinar, I [ <i>insert learning objective</i> ].	1	2	3	4
3. As a result of this webinar, I [ <i>insert learning objective</i> ].	1	2	3	4
4. As a result of this webinar, I [ <i>insert learning objective</i> ].	1	2	3	4
5. As a result of this webinar, I [ <i>insert learning objective</i> ].	1	2	3	4
6. As a result of this webinar, I am better able to adhere to the DOJ award requirements.	1	2	3	4
7. The time allotted was adequate for the scope of material covered.	1	2	3	4
8. The webinar was organized and clear.	1	2	3	4
9. The webinar content was rooted in generally accepted accounting principles.	1	2	3	4
10. I will be able to apply what I learned in my work.	1	2	3	4
11. The technology provided a good learning environment.	1	2	3	4
<b>PRESENTER 1: _____</b>	Strongly Disagree	Disagree	Agree	Strongly Agree
12. The presenter's expertise was appropriate for this webinar.	1	2	3	4
13. The presenter demonstrated cultural humility.	1	2	3	4
14. The presenter demonstrated knowledge of tribal communities.	1	2	3	4
15. The presenter engaged and interacted with the audience.	1	2	3	4
16. The presenter created a respectful environment for participants.	1	2	3	4
<b>PRESENTER 2: _____</b>	Strongly Disagree	Disagree	Agree	Strongly Agree
17. The presenter's expertise was appropriate for this webinar.	1	2	3	4
18. The presenter demonstrated cultural humility.	1	2	3	4
19. The presenter demonstrated knowledge of tribal communities.	1	2	3	4
20. The presenter engaged and interacted with the audience.	1	2	3	4
21. The presenter created a respectful environment for participants.	1	2	3	4

22. Please rate the overall quality of this webinar.

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
<i>Poor</i>	<i>Fair</i>	<i>Good</i>	<i>Excellent</i>

23. How useful was the webinar information to your role within your organization?

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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 4 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.