REGIONAL T/TA
Pre-T/TA Evaluation

OVC TFMC
Building Organizational Financial Management Capacity

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

In order to help the Office of Victims of Crime Tribal Financial Management Center (TFMC) better serve the field, we are reaching out to obtain your feedback. 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 information below to create an anonymous ID:

_____	_____	_____
Birth Month (insert just the month for your *date of birth*, 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): _____

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
- ☐ Urban
- ☐ Suburban
- ☐ Rural
- ☐ Frontier

8. What is your role in your organization?

- ☐ Program
- ☐ Finance
- ☐ Grant coordinator
- ☐ Tribal leader
- ☐ Other (please specify): _____

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