



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. However, given the small sample size, it is possible that your answers will be identifiable. If you have any questions about this evaluation, please contact evaluation@ovctfmc.org.

TRAINING/TECHNICAL ASSISTANCE (T/TA): _____

DATE(S): _____

TFMC COORDINATOR: _____

Please indicate the number that best represents your rating for each of the following questions.

1. How satisfied are you with the overall quality of the support you received from TFMC staff to complete this T/TA?

1	2	3	4
Very Dissatisfied	Dissatisfied	Satisfied	Very Satisfied

2. How satisfied are you with your overall experience with TFMC staff?

1	2	3	4
Very Dissatisfied	Dissatisfied	Satisfied	Very Satisfied

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

OVERALL T/TA	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable
3. TFMC was detail oriented and thorough in the planning of the T/TA.	1	2	3	4	NA
4. TFMC was responsive to my questions and needs.	1	2	3	4	NA
5. Discussions with TFMC helped me to identify critical issues and understand the needs of participants prior to the T/TA.	1	2	3	4	NA
6. TFMC provided me with the necessary information and resources to help me adequately prepare for the T/TA.	1	2	3	4	NA
7. The information developed or provided in the T/TA was based on current DOJ financial guidelines or generally accepted accounting practices.	1	2	3	4	NA
8. The time allotted was adequate for the scope of material covered.	1	2	3	4	NA
9. The information [developed for the T/TA] [provided to the participants] was rooted in an understanding of AI/AN culture.	1	2	3	4	NA
10. The information [developed for the T/TA] [provided to the participants] was rooted in an understanding of tribal sovereignty.	1	2	3	4	NA

11. What obstacles or challenges, if any, did you encounter in the planning of this T/TA?

12. What obstacles or challenges, if any, did you encounter in the delivery of this T/TA?

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 3 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 or 9300 Lee Highway, Fairfax, VA 22031.

CONSULTANT FEEDBACK



OMB Control Number: ####-####

Expiration Date: ##/##/####

13. How prepared did you feel for the delivery of the T/TA?

1	2	3	4
<i>Not At All Prepared</i>	<i>Somewhat Prepared</i>	<i>Mostly Prepared</i>	<i>Very Prepared</i>

14. Do you have any other comments or suggestions about how to improve TFMC's consultant network and/or TFMC's consulting experience?

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

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