

**FOLLOW-UP T/TA
FEEDBACK
Evaluation**



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

The Office for Victims of Crime Tribal Financial Management Center (OVC TFM) 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 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): _____

CONSULTANTS: _____

TFMC COORDINATOR: _____

Was the training or technical assistance (T/TA) provided ☐ In Person ☐ Virtually

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

OUTCOMES	Strongly Disagree	Disagree	Agree	Strongly Agree
1. As a result of this T/TA, I am better able to adhere to the DOJ award requirements.	1	2	3	4
2. As a result of this T/TA, I have a deeper understanding of effective financial grants management.	1	2	3	4
3. As a result of this T/TA, I [insert specific objective related to the outcomes of their specific T/TA]	1	2	3	4
4. As a result of this T/TA, I [insert specific objective related to the outcomes of their specific T/TA]	1	2	3	4
5. As a result of this T/TA, I [insert specific objective related to the outcomes of their specific T/TA]	1	2	3	4

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

T/TA ACTIVITY: _____	Strongly Disagree	Disagree	Agree	Strongly Agree
6. [insert T/TA activity objective or follow-up question].	1	2	3	4
7. [insert T/TA activity objective or follow-up question].	1	2	3	4
8. [insert T/TA activity objective or follow-up question].	1	2	3	4
9. [insert T/TA activity objective or follow-up question].	1	2	3	4
10. [insert T/TA activity objective or follow-up question]	1	2	3	4
11. [insert T/TA activity objective or follow-up question].	1	2	3	4

12. How satisfied are you with the support you've received from TFM after the 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 4 minutes. If you have comments regarding the accuracy of this estimate or additional suggestions, please write to the TFM Evaluation Team at evaluation@ovctfmc.org or 9300 Lee Highway, Fairfax, VA 22031.

1	2	3	4
<i>Very Dissatisfied</i>	<i>Dissatisfied</i>	<i>Satisfied</i>	<i>Very Satisfied</i>

13. Would you recommend TFMC for training or technical assistance? ☐ Yes ☐ No

14. Have you done any of the following as a result of participating in this T/TA?

- ☐ Share material with staff and colleagues
- ☐ Network with other T/TA (training and technical assistance) participants
- ☐ Refer colleagues to other OVC TFMC events/resources
- ☐ Pursue additional professional development related to financial management
- ☐ Train/educate others in content/skills learned
- ☐ Update financial procedures
- ☐ Implement new financial procedures
- ☐ Develop/strengthen use of technology to improve financial infrastructure
- ☐ Other(s): _____
- ☐ I will not use/incorporate this information

Please explain in detail any of these activities: _____

15. Looking back, how prepared were you to take steps toward improving your organization's financial infrastructure after the T/TA?

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

16. Looking back, what aspects of the session were most helpful to you and why?

17. What could have been done differently to make the session more useful to you now?

18. Do you have any other comments or suggestions?

19. 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): _____

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

- ☐ Reservation
- ☐ Suburban
- ☐ Urban
- ☐ Rural

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☐ Frontier

21. What is your role in your organization?

☐ Program

☐ Finance

☐ Grants/contracts

☐ Tribal leader

☐ Other (please specify): _____

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

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