

PEER TO PEER FEEDBACK



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

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

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

OPEN FORUM TOPIC: _____ DATE: _____

FACILITATOR(S): _____
TFMC COORDINATOR: _____

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 forum, I have a deeper understanding of effective financial grants management.	1	2	3	4
2. As a result of this forum, I had the opportunity to network with other grantees.	1	2	3	4
3. As a result of this forum, [insert outcome related to objective].	1	2	3	4
4. As a result of this form, [insert outcome related to objective].	1	2	3	4

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

FACILITATOR 1: _____	Strongly Disagree	Disagree	Agree	Strongly Agree
5. The facilitator's expertise was appropriate for this forum.	1	2	3	4
6. The facilitator demonstrated cultural humility.	1	2	3	4
7. The facilitator demonstrated knowledge of tribal communities.	1	2	3	4
8. The facilitator engaged and interacted with the audience.	1	2	3	4
FACILITATOR 2: _____	Strongly Disagree	Disagree	Agree	Strongly Agree
9. The facilitator's expertise was appropriate for this forum.	1	2	3	4
10. The facilitator demonstrated cultural humility.	1	2	3	4
11. The facilitator demonstrated knowledge of tribal communities.	1	2	3	4
12. The facilitator engaged and interacted with the audience.	1	2	3	4
OVERALL FEEDBACK	Strongly Disagree	Disagree	Agree	Strongly Agree
13. The time allotted was appropriate for discussion.	1	2	3	4
14. The technology provided a good learning environment.	1	2	3	4

22. Please rate the overall quality of this forum.

1	2	3	4
Poor	Fair	Good	Excellent

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 TFM Evaluation Team at evaluation@ovctfmc.org or 9300 Lee Highway, Fairfax, VA 22031.

**PEER TO PEER
FEEDBACK**



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

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

23. How useful was the forum topic to your role within your organization?

1	2	3	4
<i>Not Useful</i>	<i>Somewhat Useful</i>	<i>Useful</i>	<i>Very Useful</i>

24. Would you recommend TFCM to others to receive training or technical assistance? ☐ Yes ☐ No

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

- | | |
|--------------------------------------|-----------------------------------|
| <input type="checkbox"/> Reservation | <input type="checkbox"/> Rural |
| <input type="checkbox"/> Urban | <input type="checkbox"/> Frontier |
| <input type="checkbox"/> Suburban | |

26. 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 TFCM 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 3 minutes. If you have comments regarding the accuracy of this estimate or additional suggestions, please write to the TFCM Evaluation Team at evaluation@ovctfmc.org or 9300 Lee Highway, Fairfax, VA 22031.