WEBINAR Pre-Webinar Evaluation



OMB: ####-### Date of Expiration:

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.

V	VEBINAR:				
	DATE(S):				
P	RESENTER(S):				
Ple	ase 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	2. I [This is a placeholder for one of the customized webinar objectives].	1	2	3	4
3	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. I [This is a placeholder for one of the customized webinar objectives].	1	2	3	4
7	 □ Tribal government (e.g., governance, administration, support personnel) □ Tribal program □ Tribal consortium □ Nonprofit organization □ Other (please specify):				
/	Reservation				
	□ Urban □ Fronti	er			
	□ 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.