

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 First letter of first name First letter of your middle name
(insert just the month (example: S for Sara) (example: M for Maria)
for your *date of birth*,
example: 08 for August)

T/TA: _____	DATE(S): _____
CONSULTANT(S): _____	
TFMC COORDINATOR: _____	

Please indicate how well the training met each stated objective.

OVERALL OBJECTIVES	Poor	Fair	Good	Excellent
1. [Insert objective 1].	1	2	3	4
2. [Insert objective 2].	1	2	3	4
3. [Insert objective 3].	1	2	3	4
4. [Insert objective 4].	1	2	3	4
5. [Insert objective 5].	1	2	3	4

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

OUTCOMES	Strongly Disagree	Disagree	Agree	Strongly Agree
6. As a result of this T/TA, I am better able to adhere to the DOJ award requirements.	1	2	3	4
7. As a result of this T/TA, I have a deeper understanding of effective financial grants management.	1	2	3	4
8. As a result of this T/TA I [insert objective].	1	2	3	4
9. As a result of this T/TA I [insert objective].	1	2	3	4
10. As a result of this T/TA I [insert objective].	1	2	3	4

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

CONSULTANT 1: _____	Strongly Disagree	Disagree	Agree	Strongly Agree
11. The consultant's expertise was appropriate for this T/TA.	1	2	3	4
12. The consultant demonstrated cultural humility.	1	2	3	4

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.

13. The consultant demonstrated knowledge about tribal communities.	1	2	3	4
14. The consultant engaged and interacted with the audience.	1	2	3	4
15. The consultant created a respectful environment for participants.	1	2	3	4
CONSULTANT 2: _____	Strongly Disagree	Disagree	Agree	Strongly Agree
16. The consultant's expertise was appropriate for this T/TA.	1	2	3	4
17. The consultant demonstrated cultural humility.	1	2	3	4
18. The consultant demonstrated knowledge about tribal communities.	1	2	3	4
19. The consultant engaged and interacted with the audience.	1	2	3	4
20. The consultant created a respectful environment for participants.	1	2	3	4
OVERALL FEEDBACK	Strongly Disagree	Disagree	Agree	Strongly Agree
21. The T/TA was rooted in generally accepted accounting principles.	1	2	3	4
22. The time allotted was appropriate for the T/TA.	1	2	3	4
23. The resources provided as part of the T/TA were helpful.	1	2	3	4
24. The T/TA addressed the critical financial needs of my organization related to [insert topic].	1	2	3	4
25. The T/TA addressed the critical financial needs of my organization related to [insert topic].	1	2	3	4
26. The T/TA addressed the critical financial needs of my organization related to [insert topic].	1	2	3	4
27. The T/TA addressed the critical financial needs of my organization related to [insert topic].	1	2	3	4
28. I will be able to apply what I learned in my work.	1	2	3	4
29. The technology provided a good learning environment.	1	2	3	4
30. The T/TA was engaging and interactive.	1	2	3	4

Please indicate the extent to which you agree or disagree with the following statements about each T/TA activity:

T/TA ACTIVITY: _____	Strongly Disagree	Disagree	Agree	Strongly Agree
29. [insert T/TA activity objective].	1	2	3	4
30. [insert T/TA activity objective].	1	2	3	4
31. [insert T/TA activity objective].	1	2	3	4
T/TA ACTIVITY: _____	Strongly Disagree	Disagree	Agree	Strongly Agree
32. [insert T/TA activity objective].	1	2	3	4
33. [insert T/TA activity objective].	1	2	3	4
34. [insert T/TA activity objective].	1	2	3	4
T/TA ACTIVITY: _____	Strongly Disagree	Disagree	Agree	Strongly Agree
35. [insert T/TA activity objective].	1	2	3	4
36. [insert T/TA activity objective].	1	2	3	4
37. [insert T/TA activity objective].	1	2	3	4

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

T/TA ACTIVITY: _____	Strongly Disagree	Disagree	Agree	Strongly Agree
38. [insert T/TA activity objective].	1	2	3	4
39. [insert T/TA activity objective].	1	2	3	4
40. [insert T/TA activity objective].	1	2	3	4

39. Please rate the overall quality of this T/TA.

1	2	3	4
<i>Poor</i>	<i>Fair</i>	<i>Good</i>	<i>Excellent</i>

40. How well did this T/TA meet your expectations?

1	2	3	4
<i>Far Below My Expectations</i>	<i>Did Not Meet My Expectations</i>	<i>Met My Expectations</i>	<i>Exceeded My Expectations</i>

41. How useful was the T/TA 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>

42. Would you recommend TFMC to others for training or technical assistance T/TA? ☐ Yes ☐ No

43. What aspects of the T/TA were most helpful and why?

44. How do you intend to incorporate the information you learned today into managing the financial aspects of your grant award?

- ☐ 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: _____

45. Following this T/TA, how prepared do you feel to take steps toward improving your organization's financial infrastructure?

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

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



46. Do you have any other comments or suggestions?

47. Which of the following **best** describes your professional capacity or types of services you provide?

- ☐ Tribal government (e.g., governance, administration, support personnel)
- ☐ Tribal program
- ☐ Tribal consortium
- ☐ Nonprofit organization
- ☐ Other (please specify): _____

57. 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 | |

58. What is your role in your organization?

- | | |
|----------------------------------|--|
| <input type="checkbox"/> Program | <input type="checkbox"/> Grants/contracts |
| <input type="checkbox"/> Finance | <input type="checkbox"/> Tribal leader |
| | <input type="checkbox"/> Other (please specify): _____ |

Thank you for taking the time to complete this form and helping to improve OVC TFMC 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 4 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.