

*In order to help OVC TTAC better serve the field, we would like to obtain your feedback. 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. Answers to these questions will be reported after aggregating all responses. Your participation in this survey is completely voluntary. If you have any questions about this survey or the evaluation, please contact [TTACEval@icf.com](mailto:TTACEval@icf.com).*

*Completing this feedback form is a requirement for support recipients and voluntary for those not awarded support. If you were awarded conference support, please print your name in the space provided so that your completion of this requirement can be noted. The confidentiality of your responses is guaranteed.*

Name: \_\_\_\_\_

**Part I. OVC Scholarship Program**

1. How did you hear about this OVC Scholarship Program? **(Mark all that apply.)**

<input type="checkbox"/> OVC TTAC website	<input type="checkbox"/> Another organization
<input type="checkbox"/> Exhibit or presentation at a conference	<input type="checkbox"/> A colleague or friend
<input type="checkbox"/> OVC TTAC listserv	<input type="checkbox"/> Publication or newsletter
<input type="checkbox"/> OVC program monitor or other OVC staff person	<input type="checkbox"/> Other (please specify): _____
2. What month and year did you apply? \_\_\_\_\_
3. Were you awarded an OVC Professional Development Scholarship?     Yes     No  
 If **yes**, would you have been able to attend the desired training without a scholarship?  
 Yes     No     N/A  
 If **no**, were you or will you be able to attend the desired training without a scholarship?  
 Yes     No     N/A
4. Would you recommend the OVC Professional Development Scholarship to others?     Yes     No

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

APPLICATION PROCESS	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Not Applicable
5. OVC TTAC was responsive to my questions and needs.	1	2	3	4	5	NA
6. The application was easy to complete.	1	2	3	4	5	NA
7. The application instructions clearly explained the eligibility requirements.	1	2	3	4	5	NA
8. The application instructions clearly explained the expenses covered under the program.	1	2	3	4	5	NA
9. I am satisfied with the notification process.	1	2	3	4	5	NA
10. I am satisfied with the overall application process by OVC TTAC.	1	2	3	4	5	NA

11. What could be done differently to improve the application process?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

12. Do you have any other comments or suggestions about the application process?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**13. How often have you engaged with OVC TTAC in the last 12 months? (Mark one.)**

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 10 minutes. If you have comments regarding the accuracy of this estimate or additional suggestions, please write to the OVC TTAC evaluation team at [TTACEval@icf.com](mailto:TTACEval@icf.com) or 9300 Lee Highway, Fairfax, VA 22031.*

- 1–3 times
- 4–6 times
- 7–9 times
- 10+ times

14. Which of the following **best** describes your gender identity? (Mark one.)

- Male
- Female
- Transgender Male
- Transgender Female
- Genderqueer/NonConforming/Non-Binary
- Two-Spirit
- Not Listed (option to specify):  
\_\_\_\_\_

15. Which of the following **best** describes your race/ethnicity? (Mark all that apply.)

- American Indian or Alaska Native
- Asian
- Black/African American
- Hispanic/Latino
- Native Hawaiian or Pacific Islander
- White Non-Latino or Caucasian
- Not Listed (option to specify):  
\_\_\_\_\_

16. Which of the following **best** describes the organization in which you work? (Mark all that apply.)

- Community-Based/Grassroots
- Criminal Justice Agency
- Education
- Faith-Based
- Health/Mental Health Services
- Human/Social Services
- Legal Services
- Legislation/Policymaking
- Military
- Research
- Other (please specify):  
\_\_\_\_\_

17. Which types of victim services do **you** provide for crime victims in your current position? (Mark all that apply.)

- I do not provide direct services
- Child Care
- Compensation/Restitution
- Counseling
- Crisis Intervention
- Criminal Justice System Advocacy/Assistance
- Housing/Shelter
- Information/Referral
- Medical/SANE/SART
- Notification
- Transportation
- 24-Hour Hotline
- Other (please specify):  
\_\_\_\_\_

18. Which of the following **best** describes the number of years of experience you have in your current field of work? (Mark one.)

- Less than 3 years
- 3 to 5 years
- 6 to 10 years
- More than 10 years

19. Which of the following **best** describes your primary role in your current position? (Mark all that apply.)

- Direct Delivery/Front Line Staff
- Management/Administrative Staff
- Consultant/Trainer
- Volunteer
- Other (please specify):  
\_\_\_\_\_

20. Which of the following **best** describes the population you serve? (Mark all that apply.)

- National
- State
- Tribal
- International, list country:  
\_\_\_\_\_
- Local
- Urban
- Rural
- Suburban

21. Please provide your city and state (i.e., location of organization or professional address).

\_\_\_\_\_

22. Please list any marginalized or underserved populations you serve.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Part II. Event Feedback**

Only complete this section if you were **awarded** a scholarship. Please note this section of the feedback form is NOT confidential in order to help the OVC TTAC scholarship team make future decisions regarding similar events.

23. Please provide the following information about the event you attended that was funded by scholarships funds:

Event title: \_\_\_\_\_

Date(s): \_\_\_\_\_ Location: \_\_\_\_\_

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

<b>OVERALL EVENT</b>	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Neither Agree nor Disagree</b>	<b>Agree</b>	<b>Strongly Agree</b>	<b>Not Applicable</b>
24. The event addressed the critical issues related to the topic(s).	1	2	3	4	5	NA
25. The content was appropriate for my level of experience and knowledge.	1	2	3	4	5	NA
26. The event increased my knowledge related to the topic(s).	1	2	3	4	5	NA
27. The event increased my practical skills related to the topic(s).	1	2	3	4	5	NA
28. I will be able to apply what I learned in my work.	1	2	3	4	5	NA
29. The event improved my ability to serve victims.	1	2	3	4	5	NA
30. The event improved my ability to reach underserved victims.	1	2	3	4	5	NA
31. The event improved my ability to collaborate with others.	1	2	3	4	5	NA
32. The event met my professional needs.	1	2	3	4	5	NA
33. I am satisfied with the overall quality of the event.	1	2	3	4	5	NA

34. At which type of event was the training held? (**Mark all that apply.**)

National conference

Local conference

State/regional conference

Other (please specify): \_\_\_\_\_

**As a result of participating in this session, please rate your level of confidence in your likelihood to do any of the following:**

	<b>Very Low</b>	<b>Low</b>	<b>Moderate</b>	<b>High</b>	<b>Very High</b>	<b>Not Applicable</b>
35. Share material with colleagues	1	2	3	4	5	NA
36. Refer colleagues to other OVC TTAC events/resources	1	2	3	4	5	NA
37. Train/educate others in content/skills learned	1	2	3	4	5	NA
38. Pursue additional professional development	1	2	3	4	5	NA
39. Develop/strengthen use of technology or infrastructure	1	2	3	4	5	NA
40. Develop/strengthen collaborative or strategic relationships	1	2	3	4	5	NA
41. Expand services to <i>new victim populations</i>	1	2	3	4	5	NA
42. Expand <i>types of services</i> offered to victims	1	2	3	4	5	NA
43. Strengthen administrative capacity to better serve victims of crime (e.g., financial management, develop a board of directors)	1	2	3	4	5	NA
44. Enact policy changes at my organization	1	2	3	4	5	NA
45. Begin a new project or initiative	1	2	3	4	5	NA
46. Change my management, leadership, or interpersonal communication style	1	2	3	4	5	NA
47. Strengthen evaluation or needs assessment activities	1	2	3	4	5	NA
48. Network with other participants	1	2	3	4	5	NA
49. Identify/pursue new funding resources	1	2	3	4	5	NA
50. Implement/change financial procedures	1	2	3	4	5	NA
51. Modify outreach/marketing activities	1	2	3	4	5	NA
52. Develop/enhance vision, mission, or strategic plan	1	2	3	4	5	NA

Please specify any other actions you plan to take as a result of this session that are not listed in the table above.

\_\_\_\_\_

53. Please explain in detail any ways this session improved your organization’s capacity to better serve victims of crime:

\_\_\_\_\_

\_\_\_\_\_

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54. What aspects of the event were most helpful and why?

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55. Do you have any other comments or suggestions about the event?

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