

**ORGANIZATIONAL SCHOLARSHIP/
CONFERENCE SUPPORT**
Applicant Feedback



OMB#: 1121-XXXX
Date of Expiration: XXXX

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.

Completing this feedback form is a requirement for support recipients and voluntary for those not awarded support. If you were awarded 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: _____

OVC Organizational Scholarship/Conference Support Program

- 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): _____
- What month and year did you apply? _____
- Were you awarded conference support? Yes No

If **yes**, would you have been able to execute the desired conference without conference support?
 Yes No N/A

If **no**, were you or will you be able to execute the desired conference without conference support?
 Yes No N/A
- Would you recommend OVC TTAC 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?

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 or 9300 Lee Highway, Fairfax, VA 22031.

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13. If you were awarded funds, please provide the following information about the event:

Event title: _____

Date(s): _____ Location: _____

Event Description: _____

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

Community-Based/Grassroots

Health/Mental Health Services

Military

Criminal Justice Agency

Human/Social Services

Research

Education

Legal Services

Other (please specify): _____

Faith-Based

Legislation/Polycymaking

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

National

Local

State

Urban

Tribal

Rural

International, list country: _____

Suburban

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

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

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