

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 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 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:

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

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

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