9.10.



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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.

noi	ed. The co	nfidentialit	y of your responses is guaranteed.	1 1		1		1		
Na	me:				 -					
Pa	rt I. OVO	C Scholars	ship Program							
1.	How did	you hear al	bout this OVC Scholarship Program	? (Mark a	ll that app	oly.)				
	□ Exhibit □ OVC	ΓΤΑC lists	tation at a conference	☐ A co	her organiz lleague or f ication or n r (please sp	friend ewsletter				
2.	What mo	nth and yea	ar did you apply?		_					
3.	Were you	ı awarded a	an OVC Professional Development S	Scholarshi	p? [□Yes	□No			
	If yes, wo	ould you ha	we been able to attend the desired tra	aining witl	hout a scho	larship?				
	\square Yes	\square No	\square N/A							
	If <i>no</i> , we	re you or w	vill you be able to attend the desired	training w	ithout a scl	holarship?				
	\square Yes	\square No	\square N/A							
4.	Would ye	ou recomm	end the OVC Professional Developm	ment Schol	larship to o	thers?	Yes □ N	No		
Ple	ase indica	te the exter	nt to which you agree or disagree w	ith the fol	lowing stat	tements.				
PP]	LICATI	ON PRO	CESS		Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Not Applicabl
			nsive to my questions and needs.		1	2	3	4	5	NA
			sy to complete.		1	2	3	4	5	NA
	ne applicat quirement		tions clearly explained the eligibility	7	1	2	3	4	5	NA
T		ion instruct	tions clearly explained the expenses	covered	1	2	3	4	5	NA
	_	_	notification process.		1	2	3	4	5	NA
I	am satisfie	d with the o	overall application process by OVC	TTAC.	1	2	3	4	5	NA
11.	What cou	ıld be done	differently to improve the application	on process	?					
										
12.	Do you h	ave any oth	ner comments or suggestions about t	the applica	tion proces	ss?				

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



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	□ 1–3 times	□ 7–9 times							
	□ 4–6 times	□ 10+ times							
14.	Which of the following best describes your g	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 in	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 or	ganization 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 <i>you</i> 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 nu	imber of years of experience you have	in your current field of work? (Mark one.)						
	\Box Less than 3 years \Box 3 to 5 year	\Box 6 to 10 years	☐ More than 10 years						
19.	Which of the following best describes your I	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							
<mark>21.</mark>	Please provide your city and state (i.e., locate	ion of organization or professional add	ress).						
22.	Please list any marginalized or underserved p	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 <u>NOT confidential</u> 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:



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

OVERALL EVENT	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Not Applicable
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

At which type of event was the training held? (Mark all that apply.)						
□ National conference□ State/regional conference	□ Local 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:

	Very Low	Low	Moderate	High	Very High	Not Applicable
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 new victim populations	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?
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.