

**Family Violence Prevention and Services Act (FVPSA)  
Formula Grantee Regional Meeting Evaluation Survey**

Thank you for your participation. In an effort to assess the satisfaction of our meeting content and format, we would like to request your participation in this survey. The information provided will be used to improve the Family Violence Prevention and Service Act (FVPSA) Program’s regional, formula grantee meetings for states, territories, tribes, and coalitions. Please note your participation is voluntary, and the information provided will be kept private.

Paperwork Reduction Act of 1995 (Pub. L. 104-13) Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB # is 0970-0401 and the expiration date is 06/30/2024. If you have any comments on this collection of information, please contact Brian Pinero at [Brian.Pinero@acf.hhs.gov](mailto:Brian.Pinero@acf.hhs.gov).

**Regional Meeting Evaluation Questions**

1. Which regional meeting did you attend?
  - East
  - Midwest/South
  - West
  
2. Which region is organization, tribe, or agency located?
  - Region 1
  - Region 2
  - Region 3
  - Region 4
  - Region 5
  - Region 6
  - Region 7
  - Region 8
  - Region 9
  - Region 10
  
3. Which type of FVSPA grantee do you represent?
  - a. State/Territory Administrator
  - b. Tribe/Tribal Organization
  - c. Coalition

2. This regional meeting was designed to be a peer-to-peer learning experience for most of the meeting. How did we do in meeting this goal?

| Peer-to-Peer Learning Experience | Strongly Agree | Agree | Neither Agree or Disagree | Disagree | Strongly Disagree |
|----------------------------------|----------------|-------|---------------------------|----------|-------------------|
|----------------------------------|----------------|-------|---------------------------|----------|-------------------|

This regional meeting provided a peer-to-peer learning experience.

1                      2                      3                      4                      5

3. Did you feel comfortable sharing your knowledge and expertise during the regional meeting?

| <b>Comfort sharing knowledge and expertise</b>                                     | <b>Strongly Agree</b> | <b>Agree</b> | <b>Neither Agree or Disagree</b> | <b>Disagree</b> | <b>Strongly Disagree</b> |
|--|-----------------------|--------------|----------------------------------|-----------------|--------------------------|
| I felt comfortable sharing my knowledge and expertise during the regional meeting. | <b>1</b>              | <b>2</b>     | <b>3</b>                         | <b>4</b>        | <b>5</b>                 |

4. If yes, what elements of the meeting encouraged your participation? \_\_\_\_\_  
 If no, what would you envision as the best way to promote sharing among colleagues? \_\_\_\_\_

5. The FVPSA Program wants to be responsive to grantees’ training and technical assistance needs. What can we do to better meet your needs? \_\_\_\_\_

6. What additional training and technical assistance would your agency/tribe need to support the implementation of your FVPSA grant funding?

7. Did you enjoy this meeting?
- a. Yes
  - b. No
  - c. Tell us a few things that made the meeting enjoyable.

8. What topics are you most interested in having included in future formula grant meetings?

9. What feedback can you share with the FVPSA Program to help make the agenda for future meetings more engaging?

Meeting Specific Topic (these questions will be used for all individual sessions/topics)

| <b>Topic to be Identified</b>                               | <b>Strongly Agree</b> | <b>Agree</b> | <b>Neither Agree or Disagree</b> | <b>Disagree</b> | <b>Strongly Disagree</b> |
|---|-----------------------|--------------|----------------------------------|-----------------|--------------------------|
| This topic met my learning needs.                           | <b>1</b>              | <b>2</b>     | <b>3</b>                         | <b>4</b>        | <b>5</b>                 |
| This session had an impact on my work.                      | <b>1</b>              | <b>2</b>     | <b>3</b>                         | <b>4</b>        | <b>5</b>                 |
| I have clear steps on how to use the information presented: | <b>1</b>              | <b>2</b>     | <b>3</b>                         | <b>4</b>        | <b>5</b>                 |

Additional comments: \_\_\_\_\_