

**ORGANIZATIONAL
SCHOLARSHIP FEEDBACK
Form**



**NATIONAL HUMAN TRAFFICKING
TRAINING AND TECHNICAL
ASSISTANCE CENTER**

OMB Control Number: 0970-0519
Expiration Date: 05/31/2020

In order to help the National Human Trafficking Training and Technical Assistance Center (NHTTAC) better serve the field, we are reaching out 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, including reporting all information in aggregate to avoid identifying information. Only members of the NHTTAC Evaluation Team have access to information that could identify respondents. If you have any questions about this survey or the evaluation, please contact NHTTACEval@icf.com.

Please provide the information below to create an anonymous ID:

Birth Month First letter of first name First letter of your middle name
(insert just the month (example: S for Sara) (example: M for Maria)
for your *date of birth*,
example: 08 for August)

Part I: NHTTAC Scholarship Program

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

- | | |
|--|--|
| <input type="checkbox"/> NHTTAC 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"/> NHTTAC listserv | <input type="checkbox"/> A publication or newsletter |
| <input type="checkbox"/> OTIP program monitor or other OTIP staff person | <input type="checkbox"/> Other (please specify): _____ |

2. What month and year did you apply? _____

3. Would you recommend the NHTTAC Organizational Scholarship to others? Yes No

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

APPLICATION PROCESS	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable
4. NHTTAC was responsive to my questions and needs.	1	2	3	4	NA
5. The application was easy to complete.	1	2	3	4	NA
6. The application instructions clearly explained the eligibility requirements.	1	2	3	4	NA
7. The application instructions clearly explained the expenses covered under the program.	1	2	3	4	NA
8. I am satisfied with the notification process.	1	2	3	4	NA
9. I am satisfied with the overall application process by NHTTAC.	1	2	3	4	NA

10. What could be done differently to improve the application process?

PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN: The purpose of this information collection is to enable NHTTAC to collect recipient and stakeholder feedback to improve NHTTAC's T/TA service delivery. Public reporting burden for this collection of information is estimated to average 0.167 hours per respondent, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. This is a voluntary collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information subject to the requirements of the Paperwork Reduction Act of 1995, unless it displays a currently valid OMB control number. If you have any comments on this collection of information, please contact the NHTTAC Evaluation Team at NHTTACEval@icf.com or 9300 Lee Highway, Fairfax, VA 22031.



11. Do you have any other comments or suggestions?

Part II: Event Feedback

12. Please provide the following information about the event you were awarded funds to attend:

Event title: _____

Date(s): _____ **Location:** _____

Event Description: _____

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

EVENT FEEDBACK	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable
13. The event increased my knowledge related to the topic(s).	1	2	3	4	NA
14. The information presented in the event was grounded in current evidence-based research or promising practices.	1	2	3	4	NA
15. The information presented in the event was trauma-informed.	1	2	3	4	NA
16. The information presented in the event was survivor-informed.	1	2	3	4	NA
17. The information presented in the event was grounded in a multidisciplinary approach to addressing human trafficking.	1	2	3	4	NA
18. The information provided in the event reflected a public health approach to addressing human trafficking.	1	2	3	4	NA
19. The event improved my ability to serve people who are currently being trafficked, at risk of trafficking, or have been trafficked.	1	2	3	4	NA
20. The education materials provided for this event were useful.	1	2	3	4	NA
21. The event increased my practical skills related to the topic(s).	1	2	3	4	NA
22. The event met my professional needs.	1	2	3	4	NA



23. The event met my educational needs.	1	2	3	4	NA
24. I will be able to apply what I learned in my work.	1	2	3	4	NA

25. Please rate the overall quality of this scholarship program.

1	2	3	4
<i>Poor</i>	<i>Fair</i>	<i>Good</i>	<i>Excellent</i>

26. As a result of participating in this scholarship program, do you plan to do any of the following? **(Mark all that apply.)**

- | | |
|---|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Change my management/leadership or interpersonal communication style <input type="checkbox"/> Further develop skills and knowledge about serving people who are currently being trafficked, at risk of trafficking, or have been trafficked <input type="checkbox"/> Write grants/fundraise/identify new funding resources <input type="checkbox"/> Advocate or meet with leadership of my organization to develop/enhance vision, mission, or strategic plan <input type="checkbox"/> Advocate or meet with leadership of my organization to develop/enact policy changes at my organization <input type="checkbox"/> Improve programs/practices <input type="checkbox"/> Improve technology/websites/infrastructure <input type="checkbox"/> Integrate victim-centered, survivor-informed strategies <input type="checkbox"/> Expand services or types of services <input type="checkbox"/> Begin a new project or initiative | <ul style="list-style-type: none"> <input type="checkbox"/> Develop/strengthen collaborative or strategic relationships <input type="checkbox"/> Network with other participants <input type="checkbox"/> Share materials with colleagues <input type="checkbox"/> Provide information to clients/families/youth <input type="checkbox"/> Train/educate others in content/skills learned <input type="checkbox"/> Raise public awareness/advocacy/outreach activities offered to people who are currently being trafficked, at risk of trafficking, or have been trafficked <input type="checkbox"/> Refer colleagues to NHTTAC events/resources <input type="checkbox"/> Conduct research <input type="checkbox"/> Strengthen evaluation or needs assessment activities <input type="checkbox"/> Improve identification and reporting methods for trafficking <input type="checkbox"/> Take additional training on human trafficking <input type="checkbox"/> Other (please specify): _____ |
|---|--|

27. Of the barriers listed below, which do you believe will be a **significant** challenge to performing the activities you selected in the previous question? **(Mark all that apply.)**

- | | |
|--|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> Lack of senior leadership support <input type="checkbox"/> Lack of frontline support and accountability <input type="checkbox"/> Continuous turnover <input type="checkbox"/> Shortages of key personnel <input type="checkbox"/> Competing priorities <input type="checkbox"/> Inaccessible research and/or information <input type="checkbox"/> Lack of urgency <input type="checkbox"/> Lack of shared responsibility across organizational collaboration <input type="checkbox"/> Difficulty in establishing and/or maintaining a multi-disciplinary team | <ul style="list-style-type: none"> <input type="checkbox"/> Need for partnership building with other organizations <input type="checkbox"/> Variation in mission and regulatory frameworks when partnering with other organizations <input type="checkbox"/> Lack of information and/or data sharing among organizations <input type="checkbox"/> Lack of time to implement changes <input type="checkbox"/> Lack of training for staff in how to implement change <input type="checkbox"/> Other (please explain): _____ |
|--|---|

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28. Is your organization responsible for working with people who are currently being trafficked or have been trafficked?

- Yes No

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

- | | |
|--|---|
| <input type="checkbox"/> Academic institution | <input type="checkbox"/> OTIP grantee |
| <input type="checkbox"/> Anti-trafficking organization | <input type="checkbox"/> Self-employed |
| <input type="checkbox"/> Business/For-profit organization | <input type="checkbox"/> Survivor-led organization |
| <input type="checkbox"/> Coalition/Multidisciplinary team/Task force | <input type="checkbox"/> Tribal government |
| <input type="checkbox"/> Federal government | <input type="checkbox"/> Union/Worker advocacy organization |
| <input type="checkbox"/> Faith-based organization | <input type="checkbox"/> Victim service provider |
| <input type="checkbox"/> State and local government | <input type="checkbox"/> Other, please specify: _____ |
| <input type="checkbox"/> Nonprofit/Community-based organization | |

30. Which of the following **best** describes your professional capacity or types of services you provide? (Mark all that apply.)

- | | |
|---|---|
| <input type="checkbox"/> Behavioral health professional (e.g., psychologist, psychiatrist, mental health/substance use counselor) | <input type="checkbox"/> Legal (e.g., immigration, civil and/or rights-based attorney and/or paralegal, clinic) |
| <input type="checkbox"/> Child welfare (e.g., state agency staff, child welfare contractor, nonprofit personnel) | <input type="checkbox"/> Public health (e.g., licensure board, health department staff, health care executive, community health workers) |
| <input type="checkbox"/> Corrections-based services (e.g., parole, probation) | <input type="checkbox"/> Social worker (e.g., case manager, school counselor, supervisor, administrator) |
| <input type="checkbox"/> Criminal justice (e.g., law enforcement, prosecutor, probation, court, forensic interviewer) | <input type="checkbox"/> Survivor empowerment, mentoring, or peer to peer |
| <input type="checkbox"/> Educator (e.g., teacher, professor, school administrator) | <input type="checkbox"/> Violence prevention (e.g., Child abuse and neglect; elder abuse; domestic violence, sexual violence, youth violence) |
| <input type="checkbox"/> Health care (e.g., physician, physician assistant, nurse practitioner, dentist, nurse, pharmacist) | <input type="checkbox"/> Other (please specify): _____ |
| <input type="checkbox"/> Housing (e.g., case worker, shelter director, public housing authority agencies) | |

31. 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

32. Which of the following **best** describes your primary role in your current position?

- | | | |
|--|---|---|
| <input type="checkbox"/> Direct Delivery/frontline staff | <input type="checkbox"/> Consultant/Trainer | <input type="checkbox"/> Administration |
| <input type="checkbox"/> Management | <input type="checkbox"/> Volunteer | <input type="checkbox"/> Peer Educator |
| <input type="checkbox"/> Other (please specify): _____ | | |

33. In your professional capacity, how frequently do you come into contact with people who are currently being trafficked, at risk of being trafficked, or have been trafficked?

1	2	3	4
<i>Never</i>	<i>Rarely</i>	<i>Frequently</i>	<i>All the Time</i>



34. Which of the following **best** describes your geographic population? (**Mark all that apply.**)

- | | |
|---|-----------------------------------|
| <input type="checkbox"/> National | <input type="checkbox"/> Local |
| <input type="checkbox"/> State (please specify): _____ | <input type="checkbox"/> Urban |
| <input type="checkbox"/> Tribal | <input type="checkbox"/> Rural |
| <input type="checkbox"/> International (please specify country):
_____ | <input type="checkbox"/> Suburban |

35. Please select any of the following populations you currently work with in a professional capacity (**Mark all that apply.**)

- | | |
|--|---|
| <input type="checkbox"/> Human trafficking <ul style="list-style-type: none"><input type="checkbox"/> Commercial sexual exploitation of children<input type="checkbox"/> Sex trafficking<ul style="list-style-type: none"><input type="checkbox"/> Adults<input type="checkbox"/> Minors<input type="checkbox"/> Labor trafficking<ul style="list-style-type: none"><input type="checkbox"/> Adults<input type="checkbox"/> Minors | <input type="checkbox"/> Foreign nationals (migrant workers, undocumented immigrants, refugees) |
| <input type="checkbox"/> Children/youth <ul style="list-style-type: none"><input type="checkbox"/> Out of home/Foster care/Kinship care<input type="checkbox"/> Juvenile justice<input type="checkbox"/> Runaway/Homeless youth | <input type="checkbox"/> People with low incomes |
| <input type="checkbox"/> People with disabilities | <input type="checkbox"/> Racial and ethnic minorities <ul style="list-style-type: none"><input type="checkbox"/> American Indian or Alaska Native<input type="checkbox"/> Asian<input type="checkbox"/> Black or African American<input type="checkbox"/> Native Hawaii or other Pacific Islander<input type="checkbox"/> White<input type="checkbox"/> Hispanic or Latino ethnicity |
| <input type="checkbox"/> Deaf/Hearing impaired | <input type="checkbox"/> History of substance use |
| <input type="checkbox"/> Elderly | <input type="checkbox"/> Domestic and dating violence |
| <input type="checkbox"/> Lesbian, gay, bisexual, transgender, and questioning | <input type="checkbox"/> Gang-related crime |
| | <input type="checkbox"/> Sexual abuse/Violence |
| | <input type="checkbox"/> Other (Please specify): _____ |

36. What is your race? (**Mark all that apply.**)

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaii or other Pacific Islander
- White
- Other (please specify): _____

37. What is your ethnicity? (**Mark all that apply.**)

- Hispanic or Latino
- Middle Eastern or North African
- Other (please specify): _____

38. What is your gender? (**Mark all that apply.**)

- Male
- Female
- Transgender
- Other (please specify): _____

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