Office of family Violence Prevention and Services

FVPSA Formula Grantee Meeting

Feedback Survey Form

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 Office of Family Violence Prevention and Services (OFVPS) regional, formula grantee meetings for states, territories, tribes, and coalitions. Please note your participation in this feedback survey 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 5 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 Jan-Sheri Morris at Jan-Sheri.Morris@acf.hhs.gov.

1. What state/territory is your FVPSA organization located in? Please choose your state or territory.

|  |  |
| --- | --- |
| * Alabama
 | * Nebraska
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| * Alaska
 | * Nevada
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| * Arizona
 | * New Hampshire
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| * Arkansas
 | * New Jersey
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| * California
 | * New Mexico
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| * Colorado
 | * New York
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| * Connecticut
 | * North Carolina
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| * Delaware
 | * North Dakota
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| * Florida
 | * Ohio
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| * Georgia
 | * Oklahoma
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| * Hawaii
 | * Oregon
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| * Idaho
 | * Pennsylvania
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| * Illinois
 | * Rhode Island
 |
| * Indiana
 | * South Carolina
 |
| * Iowa
 | * South Dakota
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| * Kansas
 | * Tennessee
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| * Kentucky
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| * Louisiana
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| * Maine
 | * Vermont
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| * Maryland
 | * Virginia
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| * Massachusetts
 | * Washington
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| * Michigan
 | * West Virginia
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| * Minnesota
 | * Wisconsin
 |
| * Mississippi
 | * Wyoming
 |
| * Missouri
 | * American Samoa
 |
| * Montana
 | * Federated States of Micronesia
 |
|  | * Guam
 |
|  | * Marshall Islands
 |
|  | * Republic of Palau
 |
|  | * Commonwealth of the Northern Mariana Islands
 |

1. Which type of grant do you represent?
	1. State/Territory Administrator
	2. Tribe/Tribal Organization
	3. Coalition
2. For each of the following workshops that you attended, please indicate which response best describes your reaction.

**Eastern/MidWest/South/West Peer-to-Peer Meeting**

**Meaningful Partnerships for Needs Assessments and State Planning**

**Centering Survivors with Disabilities and Deaf Survivors in our Work to End Domestic Violence and Sexual Assault.**

**Prevention and Justice:  Assisting Survivors in Legal Systems**

**Flexible Financial Assistance and Permanent Housing: Vision and Implementation**

**Rural and Remote Services in Tribal Areas**

**Sex, Sexuality, and Masculinity in the API Communities and Sexual Violence**

**Working with Child Welfare at the Intersection of Domestic Violence**

**Intersections of Sexual Assault & Human Trafficking**

**Key Elements & Priorities of Coordinated Community Response in Indian Country**

**Increasing Language Access for Survivor Safety and Healing**

**Multiple Pathways to Healing and Wellbeing**

**Addressing the Health Needs of Survivors: Resources for Domestic Violence Programs**

**Creating Safe Shelter Spaces for LGBTQ+ Survivors (1st Session)**

**Supporting LGBTQ+ Survivors in Navigating Their Sexual Health (2nd Session)**

**Cultivating Accessible, Culturally Responsive, and Trauma-Informed (ACRTI) Organizations**

**Anger, Sadness, and the In-Between: Exploring Trauma Reactions as a Means to Reframe Narratives about Black Woman Survivors**

**Online Harassment and Abuse**

**Unpacking the Experience of Sexual Assault: The long-term impact of PTSD on Achieving Wellbeing**

**NĀ HĀNAUNA HOʻŌLA: Healing Generations**

**Building Bridges- Culturally responsive services for the Asian/Asian American and Pacific Islander (AAPI) Communities**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Strongly Disagree | Disagree | Neutral | Agree | Strongly Disagree |
| The presentation was well organized. |  |  |  |  |  |
| The session objectives were clear. |  |  |  |  |  |
| The presenter was knowledgeable about the session topics. |  |  |  |  |  |
| The session enhanced my knowledge of the subject matter. |  |  |  |  |  |
| Participation and interaction were encouraged. |  |  |  |  |  |
| The session provided content that is relevant to my daily job. |  |  |  |  |  |
| The session met my expectations. |  |  |  |  |  |
| What aspects of the session could be improved? (Open Text) |  |
| What topics are you most interested in having included in future formula grant meetings? (Open Text) |  |
| How can the FVPSA Regional Meeting provide training to help states and coalitions update their three (3) year state plan and needs assessment? |  |
| Other Comments? (Open Text) |  |

Thank You for your participation and feedback.