**Long-Term Post Impact Survey**

*Thank you for participating in the Collaborative Reform Initiative (CRI).* The purpose of this survey is to gather information about your knowledge, perceptions, and outlooks relating to the technical assistance (TA) received and to collect information that will better enable us to assess the delivery of technical assistance. Survey responses will be summarized in aggregate, statistical form and your personal identifying information cannot be linked to your survey responses. There are no known risks in participating in this survey. Your participation is completely voluntary: you may choose not to answer certain questions, or not to participate in the survey at all, without penalty. *We appreciate your feedback!*

**Agency Name:**

**CRI Program (if known):**

1. **Please provide the most accurate response to each of the statements below by marking (x), as it reflects the impacts of the technical assistance provided to your agency.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Statement** | **Strongly**  **Agree** | **Agree** | **Neutral** | **Disagree** | **Strongly**  **Disagree** | **Not Applicable** |
| My agency has improved its policies as a result of the technical assistance provided. |  |  |  |  |  |  |
| My agency has improved its practices as a result of the technical assistance provided. |  |  |  |  |  |  |
| My agency has improved its training as a result of the technical assistance provided. |  |  |  |  |  |  |
| My agency has improved its overall effectiveness in addressing the problem(s). |  |  |  |  |  |  |

**Use the open text box below provide any additional comments on these items.**

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1. **Please provide the most accurate response to each of the statements below by marking (x), as it reflects the sustainability of the technical assistance provided to your agency.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Statement** | **Strongly**  **Agree** | **Agree** | **Neutral** | **Disagree** | **Strongly**  **Disagree** | **Not Applicable** |
| My agency has greater knowledge to address the problem(s). |  |  |  |  |  |  |
| My agency has greater capacity to address the problem(s). |  |  |  |  |  |  |
| The improvements made as a result of the technical assistance have been sustained. |  |  |  |  |  |  |

**Use the open text box below provide any additional comments on these items.**

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1. **What is the status of organizational changes planned as a result of this TA?**
2. All organizational changes are completed
3. Some organizational changes are completed
4. No organizational changes have been completed
5. N/A

**Please provide a brief explanation in the text box below. Which, if any, organizational changes have been completed and which, if any remain?**

1. **Do you need any additional assistance related to your original request?**

Yes No

**If you responded yes, please provide a brief explanation of your additional assistance needed in the text box below**.

1. **Have you recommended another agency to CRI?**

Yes No

1. **Would you recommend CRI to a peer agency?**

Yes No

**Use the open text box below provide any additional comments on these items.**

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The technical assistance to your agency was provided through a Cooperative Agreement with the Office of Community Oriented Policing Services (COPS Office). If you have any questions or concerns about your technical assistance experience or this survey, please contact the COPS Office at [technicalassistance@usdoj.gov](mailto:technicalassistance@usdoj.gov).

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control Number. Public reporting burden for this collection of information is estimated to average 5 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The obligation to respond to this collection is voluntary. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Office of Community Oriented Policing Services, 145 N Street, NE Room 11E.508 Washington DC 20530 and reference the OMB Control Number 1103-0117.