Paperwork Reduction Act Burden: 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. This collection of information is optional and will assist HUD to improve the quality, relevance, and delivery of technical assistance resources. The total time required to complete this survey is estimated to average 15 minutes, including the time to review instructions, gather the data needed, and complete and review the survey. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Housing and Urban Development, Technical Assistance Division, 451 7th Street SW, Room 7218, Washington, D.C. 20410.

Privacy Act Statement: The Privacy Act of 1974 (P.L. 93-579) requires that you be given certain information in connection with the request for information solicited on this form. Accordingly, pursuant to the requirements of the Act, please be advised:

Authorization: This collection of information is authorized under Sec. 501 of Title V of the Housing and Urban Development Act of 1970, Public Law 91-609.

Purpose: This collection of information is necessary to systematically gather user feedback and outcomes data to evaluate and improve HUD's deployment and management of its technical assistance resources.

Uses: Any information collected may be seen and used by HUD staff and TA providers to help improve HUD's delivery of technical assistance.

Disclosure: *Voluntary*. This information collection is entirely voluntary. Any information collected in this information collection may be shared with HUD staff, TA providers, stakeholders, Congress, and the public. Other than professional or business contact information, please do NOT include any personally-identifiable information in your survey response.

HUD DIRECT TA SURVEY: TA RECIPIENT VERSION

Your organization, [TA RECIPIENT], recently received HUD-funded technical assistance led by [LEAD TA PROVIDER ORGANIZATION]. You may have received assistance from multiple firms on various topics during this engagement, but please think about the assistance coordinated through [LEAD TA PROVIDER ORGANIZATION] as you are completing this survey.

[The following description will be pre-filled for the respondent when they receive the survey.]

TECHNICAL ASSISTANCE ENGAGEMENT DETAILS

LEAD TA PROVIDER ORGANIZATION:

_____

PERIOD OF PERFORMANCE: _XX/XX/XXXX – XX/XX/XXXX_

ADDITIONAL TA PROVIDER(S) INVOLVED IN THIS TA ENGAGEMENT:

_____

TA DESCRIPTION:

_____

_____

_____

_____

We would like to ask you a few questions regarding your experience with this specific engagement and your impression of the effectiveness of the TA. Before proceeding, please confirm that you were directly involved in this TA program and feel qualified to provide general feedback on the Direct TA engagement, including questions about how well it met intended outcomes.

- ○ Yes, I was directly involved in this TA program and feel qualified to answer this survey.
- ○ No, I am not the right person to participate in this survey.

IF RESPONSE = NO, I am not the right person to participate in this survey; Please enter the name and email for an individual who had direct experience with the technical assistance provided to your organization and whom would be qualified to answer questions regarding achievement of intended outcomes and general feedback.

The correct respondent is:

_____[NAME]_____

_____[EMAIL]_____

Please complete this survey by [DATE].

If you have any questions while taking this survey, please contact communitycompass@hud.gov.

Note: Please do not use the "Back" or "Forward" buttons on the top of your browser while in the survey. By doing so, the survey will not work properly, and your responses will not be saved.

SURVEY QUESTION 1: SATISFACTION WITH TA PROVIDED

1A. Overall, how satisfied were you with the TA provided?

☐ Very Satisfied
☐ Satisfied
☐ Dissatisfied
☐ Very Dissatisfied
☐ I don't know

1B. How satisfied were you with the following TA elements:

Direct TA Elements	Very Dissatisfied	Dissatisfied	Satisfied	Very Satisfied	I don't know
Provider knowledge and skills	☐	☐	☐	☐	☐
Provider organization and management of the work	☐	☐	☐	☐	☐
Provider communication	☐	☐	☐	☐	☐
Provider follow-through	☐	☐	☐	☐	☐
Length of TA Engagement	☐	☐	☐	☐	☐
Level of TA Support Provided	☐	☐	☐	☐	☐
Focus of the TA Engagement	☐	☐	☐	☐	☐
Coordination among parties, including the TA recipient(s), TA provider(s), and HUD/Field Office staff	☐	☐	☐	☐	☐
Other, please specify: _____ _____ _____ _____	☐	☐	☐	☐	☐

Please provide any additional comments related to your ratings:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

ANTICIPATED OUTCOMES FOR THIS TA ENGAGEMENT

[This section comes pre-filled for the survey respondent; Questions 2-5 will be asked for each Outcome]

At the start of this engagement, the TA provider(s) and your organization agreed to work toward improving your organization's capacity in the following areas:

[List HUD Outcomes and TA provider-supplied outcome descriptions in table format]

SURVEY QUESTION 2: PROGRESS TOWARD ACHIEVING SELECTED OUTCOME(S)

To what extent has your organization [insert outcome]? See attachment at end for a sample of how this would look for a respondent.

○ **100%-**Outcome fully achieved ○ **80%** ○ **60%** ○ **40%** ○ **20%** ○ **0%-**Outcome was not achieved ○ I don't know

SURVEY QUESTION 3: FOLLOW-UP ON FACTORS RELATED TO SUCCESS

[Note: This is a skip pattern question (dependent on score of 20-100% on Question 2)]

3A. What factors contributed to the improvement in the identified area? (select all that apply)

☐ Guidance or support provided by the TA provider
☐ Guidance or support provided directly by HUD
☐ Increase in funding or revenue dedicated to the area
☐ Increase in number of staff assigned to work in that area
☐ New organizational structure or new/increased leadership support for the area
☐ New political leadership
☐ Improvement in local economy or other external factors
☐ Other, please specify:

_____

☐ I don't know

3B. How likely do you think it is that your organization will sustain improvement in the identified area over the next year?

☐ Very Likely
☐ Likely
☐ Unlikely
☐ Very Unlikely
☐ I don't know/ Not applicable

SURVEY QUESTION 4: FOLLOW-UP ON FACTORS RELATED TO BARRIERS TO SUCCESS

[Note: This is a skip pattern question (dependent on score of 0-80% on Question 2)]

In your opinion, which of the following prevented your organization from fully achieving this outcome? [Select all that apply]

☐ Assistance from the TA Provider was not adequate (please explain specific concern in the comments section)
☐ Guidance provided directly by HUD was not adequate (please explain specific concern in the comments section)
☐ Level of engagement of our organization's staff was not adequate
☐ Turnover in our organization's staff or leadership
☐ Insufficient number of available staff at our organization
☐ Inadequate support from our organization's leadership/management
☐ Decrease in or insufficient political support

☐ Decrease in funding or revenue dedicated to this area
☐ Decline in economy or other external factors
☐ Other, please specify:

_____

☐ I don't know

Please provide any additional comments related to factors affecting progress toward outcomes:

_____
_____
_____
_____
_____
_____
_____
_____

SURVEY QUESTION 5: STATUS OF THE TECHNICAL ASSISTANCE

Is the TA provider continuing to provide support to your organization on this issue as part of a follow-up TA engagement?

☐ Yes
☐ No
☐ I don't know

Please explain your response:

_____
_____
_____
_____

SURVEY QUESTION 6: RECOMMENDATIONS FOR IMPROVING HUD'S TA PROGRAM

Please provide any recommendations for ways to improve HUD's technical assistance program:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

EXAMPLE SURVEY QUESTION 2 – TA RECIPIENT RESPONDENT VIEW

SURVEY QUESTION 2: PROGRESS TOWARD ACHIEVING SELECTED OUTCOME(S)

Outcome	Outcome Description
Improved capacity to design system-	Provide Technical Assistance and Capacity