OMB Control Number: 0970-0401

Expiration Date: XX/XX/XXXX

Regional Partnership Grant Meeting Evaluation Feedback

What is your primary role in your grant?

* Project Director/Project Manager
* Evaluator/Primary Investigator
* TA Provider
* Fiscal/Grants Management Staff
* Program Staff
* Research/Data Staff
* Other (please specify)

Have you attended an RPG meeting before?

* Yes
* No

Please rate the following aspects of your meeting experience (Strongly Agree, Agree, Disagree, Strongly Disagree rating scale)

* Overall, I am satisfied with the RPG Annual Grantee Meeting
* The Annual Grantee meeting was helpful in developing/strengthening our initiative’s partnership
* I expect to use the information gained from the RPG Annual Grantee meeting
* I had adequate opportunities to interact with my peers
* I found the breakout sessions useful

The information presented during the RPG Annual Grantee meeting increased my knowledge on the topic areas presented (Strongly Agree, Agree, Disagree, Strongly Disagree, Not Applicable rating scale)

* *{Meeting Sessions listed}*
  + *Telling Your Story: Recruitment, Implementation, and Sustaining Your Work*
  + *Telling Your Story Breakout*
  + *Conducting a Successful RPG Evaluation: Learning from RPG3 Teams*
  + *Learning from RPG 3 Team Breakouts*
  + *Breakout A: Stages of Collaboration*
  + *Breakout B: Defining Your Program Model – Adaptations to Programs and Service Delivery Changes*
  + *Breakout C: Family-Centered Approach*
  + *Breakout D: Family Time*
  + *Breakout E: Engaging Families into Services*
  + *Breakout F: Tracking Study Sample Members*
  + *Breakout G: Data-Driven Decision Making for Strong Evaluations*

Please rate the facilitators’ and presenters’ contribution (Strongly Agree, Agree, Disagree, Strongly Disagree rating scale)

* The facilitators/presenters offered strategies, resources, information, and/or tools that will be useful for my RPG work
* The NCSACW staff were knowledgeable about the subject matter discussed during the RPG Annual Grantee meeting
* The Mathematica staff were knowledgeable about the subject matter discussed during the RPG Annual Grantee meeting
* The NCSACW staff were accessible during the RPG Annual Grantee meeting
* The Mathematica staff were accessible during the RPG Annual Grantee meeting
* The NCSACW staff were responsive to participant comments and questions.
* The Mathematica staff were responsive to participant comments and questions.

What part of the RPG Annual Grantee Meeting was most useful in supporting your program operations of your grant? (open ended)

What, would you recommend for future meetings that would help support the operations of your project?

How can we improve future RPG Annual Grantee Meetings?

What sessions and topics would you like to see at the next Annual RPG Grantee Meeting?

Please rate the following registration and pre-meeting service and logistical arrangements (Excellent, Good, Satisfactory, Fair, Poor rating scale)

* *Online Meeting Registration*
* *Pre-Meeting Assistance from the KAI Logistics Team*
* *Pre-Meeting Information on Whova*

Please rate the following event logistical arrangements (Excellent, Good, Satisfactory, Fair, Poor rating scale)

* Meeting Directional help
* Locating correct sessions
* Troubleshooting
* Material access

PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN: The purpose of this information collection is to obtain RPG grantee feedback to ensure future meetings meet the needs of the grantees and CB. Public reporting burden for this collection of information is estimated to average .25 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. 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. The OMB # is 0970-0401 and the expiration date is XX/XX/XXXX. If you have any comments on this collection of information, please contact Catherine Luby (catherine.luby1@acf.hhs.gov)