

Form Approved  
OMB NO. 0930-0383  
Exp. Date 05/31/2022

## **Technology Transfer Center (TTC) GPRA Follow-up Form–Domestic (GPRA-FU-D)**

Public reporting burden for this collection of information is estimated to average 10 minutes per response to complete this questionnaire. Send comments regarding this burden estimate or any other aspect of this collection of information to the Substance Abuse and Mental Health Services Administration (SAMHSA) Reports Clearance Officer, Room 15E57B, 5600 Fishers Lane, Rockville, MD 20857. 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 Office of Management and Budget (OMB) control number. The control number for this project is 0930-0383.

# Protocol for New GPRA Process for All U.S.-based TTCs

The Technology Transfer Center (TTC) Networks comprise all Regional and National Addiction Technology Transfer Centers (ATTCs), Mental Health Technology Transfer Centers (MHTTCs), and Prevention Technology Transfer Centers (PTTCs). A uniform data collection tool will be used by all grantees.

Government Performance and Results Act (GPRA) Post-Event Form–Domestic (GPRA-PEF-D):

- This form will collect information on participant demographics and satisfaction with the TTC event.
- The GPRA-PEF-D will be used for all events (training, technical assistance, and meetings) regardless of the length of the event.

GPRA Follow-up Form–Domestic (GPRA-FU-D): (aka the 30-day follow-up):

- This form will collect follow-up data for events lasting at least 3 hours (or more) in length.
- This form will collect information on application and usefulness of the information gained during the TTC event.

## **GPRA Follow-up Form–Domestic (GPRA-FU-D)**

Event Name: \_\_\_\_\_

Please print clearly in the boxes below using blue or black ink. Print only one number or letter in each square. Uppercase letters only.

**Personal Code (please use uppercase letters):**

First letter in mother's first name:

First letter in mother's maiden name:

First digit of Social Security number:

Last digit of Social Security number:

1. The information from this event has benefited my professional development and/or practice.
  - a. Strongly Agree
  - b. Agree
  - c. Neutral
  - d. Disagree
  - e. Strongly Disagree
2. I have used the information gained from this event to change my practice.
  - a. Strongly Agree
  - b. Agree
  - c. Neutral
  - d. Disagree
  - e. Strongly Disagree
3. I expect to continue using the information from this event in my future work.
  - a. Strongly Agree
  - b. Agree
  - c. Neutral
  - d. Disagree
  - e. Strongly Disagree
4. I have shared the information gained from this event with my colleagues.
  - a. Yes
  - b. No
5. What about the event was most useful in supporting your work responsibilities?

**Continued on Next Page**

