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Annual Review - City of Tempe Human Services "Agency Review" Process Review Period: Fiscal Year 2013/14

The four questions below will be sent as a survey to all Volunteers participating in Agency Review.

NOTE: We ask that you fill out and return this feedback form in order to help Tempe Community Council (TCC) evaluate the Agency Review Grant process. Please return form (by mail/fax) by October 30, 2013 to:

> Caterina Mena Community Impact Manager Tempe Community Council 34 E. 7th Street Tempe, AZ 85281 Direct 480.858.2311 Fax 480.858.2319 caterina mena@tempe.gov

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Training for the on-line review was comprehensive, clear and concise.

	(please circle one)	
Other Comments:		

1-Strongly Agree 2-Slightly Agree 3-Neutral 4-Slightly Disagree 5-Strongly Disagree

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The agency interviews were appropriately staffed, focused and clear on objectives.

1-Strongly Agree 2-Slightly Agree 3-Neutral 4-Slightly Disagree 5-Strongly Disagree

(please circle one)	
Other Comments:	

1-Strongly Agree 2-Slightly Agree 3-Neutral 4-Slightly Disagree 5-Strongly Disagree (please circle one)
Other Comments:
4. OFMED 41
4. GENERAL All things considered, rate your satisfaction with the overall Agency Review Process.
1-Dissatisfied 2-Somewhat satisfied 3-Very satisfied
GENERAL COMMENTS:

The Agency Review Staff was approachable and knowledgeable.

3. CUSTOMER SERVICE: