

## Evaluation

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General feedback or suggestions:

Melanie is an excellent trainer—sense of humor, relatable & smart!

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Print clearly

Contact Name and Title: \_\_\_\_\_

Organization Name: \_\_\_\_\_

Phone and or email: \_\_\_\_\_

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Contact Name and Title: Judith Ryan - Tech Support  
Organization Name: Verde Valley Caregivers  
Phone and or email: judithryan@vvcaregivers.org

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Contact Name and Title: Debbie Stephens, Executive Director (new)

Organization Name: Payson Senior Center

Phone and or email: 9 pseniorctr@gmail.com

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need a class prior to grant application to go over  
in detail each sect of grant app

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Contact Name and Title: Joanna Conlin, grant writer

Organization Name: Payson Senior Center

Phone and or email: joannaconline@gmail.com

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Contact Name and Title: Lena T. Nez, HR

Organization Name: Chinle Valley School, Inc.

Phone and or email: 928. 674. 2700



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Contact Name and Title:

Carrie Dewangyumptewa      Medical Transportation  
Billing Coordinator

Organization Name:

The Hopi Tribe

Phone and or email:

(928) 737-6349 cdewangyumptewa@hopi.nsn.us

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Contact Name and Title: Karen Turk / Connie Matthews

Organization Name: La Paz County Health Dept (Transit)

Phone and or email: k.turk@co.la-paz.az.us

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Contact Name and Title:

Organization Name:

Phone and or email:

*We need a grant manager, but we are new to this whole process*

*before applying for grant*

*Catie Sandoz, Vice president  
Milemarkers Therapy  
milemarkerstherapy@yahoo.com*

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Contact Name and Title: Dalenna Dennison / Admin Assistant / Acct. Tech

Organization Name: ASSIST to Independence

Phone and or email: 928-283-6261 assistdennison@frontier.com

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GREAT TOOL, NEED TIME TO IMPLEMENT

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Contact Name and Title: KEVIN JONES

Organization Name: ROBINSON ACADEMY

Phone and or email: 928-300-7888

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My first training - Due to change in Administration I walked into this grant blind folded. Thanks to my mobility manager for assistance.

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Contact Name and Title:

Claudina Burgener, Service Coordinator

Organization Name:

Moenkopi Senior Center, Inc

Phone and or email:

928-283-8025

claudina@moenkopiseniorcenter.com

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Contact Name and Title: JAMIE SIDA, ADMIN SPEC I

Organization Name: LAKE HAVASU CITY

Phone and or email: 928.855.8889 SIDAJ@LHCAZ.GOV

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Contact Name and Title: PATRICK CIPRGS

Organization Name: LAKE HAVASU CITY TRANSIT

Phone and or email: CIPRGP@LHCAZ.GOV

928.302.6565



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Contact Name and Title: RJ ERICKSON

Organization Name: NACOG

Phone and or email: ~~928-224~~ - 480-220-3310 RJERICKSON@NACOG-ORG

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Contact Name and Title: FELICIA MONDRAGON, MOBILITY MANAGER

Organization Name: WALOG

Phone and or email: Felician@WALOG.com

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- ☐ Our organization is willing to be interviewed about the value of this training and our efforts in implementing strategies from this training.

Print clearly

Contact Name and Title: \_\_\_\_\_

Organization Name: \_\_\_\_\_

Phone and or email: \_\_\_\_\_

## Evaluation

Circle your response. Include any notes you think will be helpful to SEAGO or the presenter

The training met the objectives listed in the Training Outline.

Strongly agree Agree Disagree Strongly disagree Don't Know/No Opinion

This training was not for me. Someone else in my organization should have come.

Strongly agree Agree Disagree Strongly disagree Don't Know/No Opinion

If you agree, who should have come Though others could also use it  
Position or title

The presentation was clear and useful.

Strongly agree Agree Disagree Strongly disagree Don't Know/No Opinion

The material was clear and useful.

Strongly agree Agree Disagree Strongly disagree Don't Know/No Opinion

Our organization has the capacity to implement strategies identified in this training.

Strongly agree Agree Disagree Strongly disagree Don't Know/No Opinion

Our organization will need additional technical assistance to implement strategies from this training.

Strongly agree Agree Disagree Strongly disagree Don't Know/No Opinion

General feedback or suggestions:

Melanie is great. Engaging speaker. Wish I had some of these tools earlier.

Check all that apply and include contact name, title, and phone/email

☐ Our organization will be requesting further technical assistance on this topic

☒ Our organization is willing to be interviewed about the value of this training and our efforts in implementing strategies from this training.

Print clearly

Contact Name and Title: Kate Morley Mobility Planner

Organization Name: NAIPTA

Phone and or email: kmorley@naupta.az.gov