### NEPHTC Evaluation: Financial Management and Budgeting for Non-Financial Public Health Professionals

### Thursday, May 30, 2019

### 8:30am - 3:30pm

### The RI Department of Health

### Department Operations Center

### Three Capitol Hill, Providence RI 02908

### Post Session

1. **Change in Knowledge (Required for all HRSA-supported trainings)**

**1. A statement of an organization's financial position is known as.... (Choose 1)**

1. An asset statement
2. A balance sheet
3. An account payable report
4. A annual report

**2. A statement of income and expenses for a specified time period and how the two compare is known as....**

**(Choose 1)**

1. A capital summation report
2. A financial plan
3. An audit report
4. An income statement

**3. A time-limited plan expressed primarily in numerical terms is known as... (Choose 1)**

1. A revenue statement
2. A statistical report
3. A budget
4. An incremental statement

**4. A purchase authorization system is an example of financial controls in an organization. (T/F)**

1. True
2. False

**5. Materiality is a concept often a considered when conducting budget variance analyses. (T/F)**

1. True
2. False

**6) Which of the following are accurate statements about a public health organization's cash budget? (Select all that apply.)**

1. Is primarily the responsibility of the finance department
2. Can identify the need for short-term borrowing
3. Is always updated the 10th of every month
4. Is important to assure cash is available for payroll and purchasing of equipment and supplies
5. Is not legally allowed under generally accepted accounting rules
6. **Satisfaction with/Reaction to Training**

Please use the scale and make an X to show how much agree with the following statements about the session.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 1  Strongly  disagree | 2  Disagree | 3 Neutral | 4 Agree | 5  Strongly agree |
| 1. My understanding of the subject matter has improved as a result of having participated in this training. |  |  |  |  |  |
| 1. I have identified actions I will take to apply information I learned from this training in my work. |  |  |  |  |  |
| 1. The information was presented in ways I could clearly understand. |  |  |  |  |  |
| 1. I was satisfied with this training/course overall. |  |  |  |  |  |

1. **Application**

Please make an X to show if you think each statement below is true or false.

|  |  |  |
| --- | --- | --- |
|  | True | False |
| I will apply this training to a state or national certification |  |  |

1. **New courses**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 1  Strongly  disagree | 2  Disagree | 3 Neutral | 4 Agree | 5  Strongly agree |
| The content will be useful to me in my work. |  |  |  |  |  |
| The training was appropriate for my skill level. |  |  |  |  |  |
| The instructor was knowledgeable about the subject matter. |  |  |  |  |  |
| The instructor encouraged questions. |  |  |  |  |  |
| The amount of time allotted was sufficient. |  |  |  |  |  |

**What are the two most important things you learned in this workshop?**

**How could the session be improved?**

**What other training topics would you be interested in?**

**What additional comments do you have?**