OMB No. 0930-0197

Expiration Date: 1/31/2011

## **SAMHSA.**GOV

# THE SUBSTANCE ABUSE & MENTAL HEALTH SERVICES ADMINISTRATION

## **GRANT APPLICANT SURVEY**

Public Burden Statement: 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 OMB control number. The OMB control number for this project is 0930-0197. Public reporting burden for this collection of information is estimated to average 10 minutes per client per year, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to SAMHSA Reports Clearance Officer, 1 Choke Cherry Road, Room 7-1044, Rockville, Maryland, 20857.

# Help Improve Our Processes By Providing Valuable Feedback!

Thank you for recently submitting a grant application to the Substance Abuse and Mental Health Administration (SAMHSA). SAMHSA is committed to continuous improvement. We take pride in our work and value your feedback to ensure we maintain an excellent level of performance. We would like to get your feedback on different aspects of the application process to identify any issues which need to be addressed. Please take a few moments to complete the survey in the link below.

We are committed to preserving the privacy of your responses. ICF International will collect and store all information from this survey. We will share aggregate (group-level) results after excluding all identifying information. At no time will any identifiable information be disclosed to SAMHSA or any affiliated parties.

Thank you in advance for your feedback.

Sincerely,

Elaine Parry

Executive Officer and Director of the Office of Program Services (OPS), Substance Abuse and Mental Health Services Administration

Click here to start ..

### Instructions

This survey will take approximately 10 minutes to complete. Participation is voluntary but strongly encouraged. Please <u>submit</u> all surveys by (Insert due date).

Please read each of the following statements. For each item, please indicate your level of agreement with the statement. If the item is not applicable or you do not know the answer, please mark N/A. When answering these questions, please consider the most recent grant review you participated in.

Thank you in advance for your valuable input!

#### **Questions**

- 1. Please select, from the list below, the RFA for which you most recently completed a grant review.
  - a. SM-09-002 CMHI
  - b. SM-09-003 State/Tribal Suicide
  - c. SM-09-006 NCTS II
  - d. SM-09-009 Project Launch
  - e. SM-09-012 TTA-PBHI
  - f. SM-09-016 Family Network
  - g. SP-09-001 SPF SIG
  - h. SP-09-005 SCPI
  - i. TI-09-001 TCE/ROSC
  - j. TI-09-004 Juvenile Drug Courts
- 2. The RFA was well-written and easy to understand.
  - a. Strongly Agree
  - b. Agree
  - c. Disagree
  - d. Strongly Disagree
  - e. N/A
- 3. I clearly understood the grant application requirements (e.g., eligibility requirements, supporting documentation requirements).
  - a. Strongly Agree
  - b. Agree
  - c. Disagree
  - d. Strongly Disagree
  - e. N/A
- 4. A reasonable amount of time was allotted to respond to the RFA.
  - a. Strongly Agree
  - b. Agree
  - c. Disagree
  - d. Strongly Disagree
  - e. N/A
- 5. The format required to complete the application was user-friendly.

- a. Strongly Agree
- b. Agree
- c. Disagree
- d. Strongly Disagree
- e. N/A
- 6. Our organization's inquiries on the RFA were responded to in a timely manner.
  - a. Strongly Agree
  - b. Agree
  - c. Disagree
  - d. Strongly Disagree
  - e. N/A
- 7. Overall, I was satisfied with the grant review process.
  - a. Strongly Agree
  - b. Agree
  - c. Disagree
  - d. Strongly Disagree
  - e. N/A
- 8. I clearly understood the criteria used to evaluate my grant application.
  - a. Strongly Agree
  - b. Agree
  - c. Disagree
  - d. Strongly Disagree
  - e. N/A
- 9. The summary statement received on our organization's application provided specific and helpful feedback on the strengths and weaknesses of our application.
  - a. Strongly Agree
  - b. Agree
  - c. Disagree
  - d. Strongly Disagree
  - e. N/A
- 10. Our organization would benefit from receiving a program forecast in which advance information on an RFA is distributed; even if there was potential the RFA will not be funded.
  - a. Strongly Agree
  - b. Agree
  - c. Disagree
  - d. Strongly Disagree
  - e. N/A
- 11. Has your organization hired grant writers in the past to assist in writing your grant applications?
  - a. Yes
  - b. No

If you are currently operating under a SAMHSA grant, please answer the remaining questions: (If you are not operating under a SAMHSA grant, please skip to question #17)

12.I understand what SAMHSA requires of our organization throughout the gran process.  a. Strongly Agree b. Agree c. Disagree d. Strongly Disagree e. N/A	nts
13. SAMHSA provides the required technical assistance to support us in carrying the grant.  a. Strongly Agree  b. Agree  c. Disagree  d. Strongly Disagree  e. N/A	g out
14. Our organization is able to adhere to the performance and financial requirer necessary to maintain the grant award.  a. Strongly Agree b. Agree c. Disagree d. Strongly Disagree e. N/A	nents
15. Our organization receives adequate feedback from SAMHSA on performance requirements and expectations.  a. Strongly Agree b. Agree c. Disagree d. Strongly Disagree e. N/A	<del>j</del>
16. In your opinion, how can the grant application process be improved (i.e., who challenges have you encountered, what would help you complete the grant application more effectively, what additional assistance would help you in managing your grant, what additional information would be beneficial to reconsummary statements)?	
<del></del>	

17. How many SAMHSA grants has your organization applied for in the last five years? \_\_\_\_\_

18. Of those applications, now many grants has your organization been awarded? ————
19. Was your organization awarded the grant most recently applied for? a. Yes b. No
20. Are you willing to be contacted in the near future to further discuss the grant application process? If yes, please provide your contact information
Name:
Telephone Number:
Email Address: