The Health Resources and Services Administration’s (HRSA) Office of Federal Assistance Management (**OFAM**) is conducting this survey to assess the overall performance of our grants management function. We need your input to assess how we are doing in providing grants management services to applicants and recipients.

OFAM consists of four Divisions: the Division of Grants Policy (DGP), the Division of

Independent Review (DIR), the Division of Financial Integrity (DFI), and the Division of

Grants Management Operations (DGMO). OFAM’s Associate Administrator reports directly to the HRSA Administrator and serves as the Chief Grants Management Officer (CGMO) for HRSA.

This survey is being sent to a sample of HRSA’s recipient organizations. Survey participants include Grant Administrators/Business Officers and Project Directors/Principal Investigators. You were randomly selected to participate because of your involvement in the business management, and/or administration of one or more grant projects funded by HRSA.

Please answer this survey based on your experience with the performance of **OFAM** during the past 12 months. If you wish, you may use the “Comments” section to further elaborate on any answer. Answer the questions only in the context of discretionary grants and cooperative agreements.

Your response will have no impact on eligibility for, or receipt of, future services or funding.

Your cooperation is appreciated.

*According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0990-0220. The time required to complete this information collection is estimated to average 10 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Health & Human Services, OS/OCIO/PRA, 200 Independence Ave., S.W., Suite 336-E, Washington D.C. 20201, Attention: PRA Reports Clearance Officer.*

*OFAM negotiates and awards grants, provides technical assistance as it pertains to business management, monitors grant business performance following award, and closes out grants upon completion or termination. OFAM works closely with HRSA Bureaus and Offices to administer a fair, consistent, transparent, and efficient grants management program as OFAM plans, announces, reviews, awards, and manages the Agency’s portfolio of grants, cooperative agreements, scholarships, and loan repayments. To accomplish this aim, OFAM implements objective review requirements applicable to competitive grants and cooperative agreements, and develops policies and procedures that ensure consistent administration of HRSA awards.*

**Q-1** To what extent are you satisfied or dissatisfied with the overall performance of **HRSA’s Grants Management Office, OFAM**?

*Select* ***one*** *answer.*

1 Very Satisfied

2 Satisfied

3 Somewhat Satisfied and Somewhat Dissatisfied

4 Dissatisfied

5 Very Dissatisfied

6 Not Applicable

**CUSTOMER SERVICE/COOPERATION**

**Q-2** To what extent do you agree or disagree that ***HRSA’s Grants Management Office* OFAM** provides customer service/cooperation in the following areas?

*Select* ***one*** *answer for each area.*

| **OFAM**  | Strongly Agree | Agree | Sometimes Agree, Sometimes Disagree | Disagree | Strongly Disagree | Not Applicable |
| --- | --- | --- | --- | --- | --- | --- |
| Responds promptly to inquiries (e.g., via telephone, e-mail) | 1 | 2 | 3 | 4 | 5 | 6 |
| Provides consistent and accurate advice and assistance | 1 | 2 | 3 | 4 | 5 | 6 |
| Treats you courteously and professionally | 1 | 2 | 3 | 4 | 5 | 6 |

**COMMENTS:**

[Please use the space below to suggest specific changes that would improve the grants process, or to elaborate on your answers to the previous questions.]

**POLICIES AND PROCEDURES**

**Q-3** As HRSA’s Grants Management Office, to what extent do you agree or disagree with the following statements regarding **OFAM’s** role in grants management policies and procedures?

*Select* ***one*** *answer for each policies and procedures statement.*

| Policies and Procedures Statement  | Strongly Agree | Agree | Sometimes Agree, Sometimes Disagree | Disagree | Strongly Disagree | Not Applicable |
| --- | --- | --- | --- | --- | --- | --- |
| Grants management policies and procedures are made readily available to grant applicants and recipients ((e.g., Grant Making Process; Technical Assistance (TA) to Applicants and Grantees; Grant Application Receipt Process; Grants Management’s role in Objective Review and Award Processing) | 1 | 2 | 3 | 4 | 5 | 6 |
| Grants management staff members assist grant applicants and recipients in the interpretation of grants management policies and procedures | 1 | 2 | 3 | 4 | 5 | 6 |
| **OFAM** uses appropriate tools (e.g., automation, internet) to make the grants process easier | 1 | 2 | 3 | 4 | 5 | 6 |

**COMMENTS:**

[Please use the space below to suggest specific changes that would improve the grants process, or to elaborate on your answers to the previous questions.]

**PRE-AWARD PHASE**

*HRSA’s Grants Management Office* ***OFAM*** *forwards the completed funding opportunity announcement for posting on Grants.gov, EHB, and the HRSA website (as appropriate) and once posted, the guidance is then available to all potential applicants to apply for a grant. The application process uses technology (e.g., on-line announcements and application materials, electronic forms, e-mail) in the application process.*

**Q-4** To what extent do you agree or disagree that ***HRSA’s Grants Management Office* OFAM** ensures that the application process employs technology to make the application process easy and efficient?

*Select* ***one*** *answer.*

1 Strongly Agree

2 Agree

3 Sometimes Agree, Sometimes Disagree

4 Disagree

5 Strongly Disagree

6 Not Applicable

**Q-5** To what extent do you agree or disagree with the following statements about **HRSA (Grants Management Office (OFAM))** performance in the application evaluation feedback process?

*Select* ***one*** *answer for each statement.*

| Application Evaluation Feedback Process Statement | Strongly Agree | Agree | Sometimes Agree, Sometimes Disagree | Disagree | Strongly Disagree | Not Applicable |
| --- | --- | --- | --- | --- | --- | --- |
| HRSA provides timely feedback to grant applicants on the results of the application evaluation process | 1 | 2 | 3 | 4 | 5 | 6 |
| HRSA provides clear rationale for non-selection to applicants not selected for an award (Note: If your applications have always been funded, please select “Not Applicable”) | 1 | 2 | 3 | 4 | 5 | 6 |

**PRE-AWARD PHASE (Cont’d)**

*When changes to new and/or continuation applications are required, (e.g., to reflect review committee decisions or to comply with cost principles),* ***HRSA’s Grants Management Office, (OFAM’s*** *staff), communicates with the applicant before making the changes.*

**Q-6** To what extent do you agree or disagree that **OFAM** explains to applicants any changes and invites their input? (Note: If you have not had any changes, please select Not Applicable)

*Select* ***one*** *answer.*

1 Strongly Agree

2 Agree

3 Sometimes Agree, Sometimes Disagree

4 Disagree

5 Strongly Disagree

6 Not Applicable

**COMMENTS:**

[Please use the space below to suggest specific changes that would improve the grants process, or to elaborate on your answers to the previous questions.]

**AWARD PHASE**

**Q-7** To what extent do you agree or disagree with the following statements about the performance of ***HRSA’s Grants Management Office* OFAM** in the award function?

*Select* ***one*** *answer for each award function.*

| Award Function | Strongly Agree | Agree | Sometimes Agree, Sometimes Disagree | Disagree | Strongly Disagree | Not Applicable |
| --- | --- | --- | --- | --- | --- | --- |
| **OFAM** issues award documentation with the information necessary for managing the grant, including clear terms and conditions | 1 | 2 | 3 | 4 | 5 | 6 |
| **OFAM** issues awards in a timely manner (in accordance with the timeframes, if any, specified in the program announcement, and in advance of the grant project start date) | 1 | 2 | 3 | 4 | 5 | 6 |

**Q-8** To what extent do you agree or disagree that ***HRSA’s Grants Management Office* OFAM** ensures that the grant award process is fair and equitable?

*Select* ***one*** *answer.*

1 Strongly Agree

2 Agree

3 Sometimes Agree, Sometimes Disagree

4 Disagree

5 Strongly Disagree

6 Not Applicable

**COMMENTS:**

[Please use the space below to suggest specific changes that would improve the grants process, or to elaborate on your answers to the previous questions.]

**REPORTING/POST-AWARD ADMINISTRATION**

***As HRSA’s Grants Management Office, OFAM*** *has the responsibility of receiving and reviewing* ***Federal Financial Report (FFRs)*** *and other required financial reports.*

**Q-9** To what extent do you agree or disagree that **OFAM** notifies grantees if financial reports are late, if problems or issues are detected, and if corrective actions are needed?

*Select* ***one*** *answer.*

1 Strongly Agree

2 Agree

3 Sometimes Agree, Sometimes Disagree

4 Disagree

5 Strongly Disagree

6 Not Applicable

*Progress Reports are tracked and reviewed to identify existing or potential problems or issues.*

**Q-10** To what extent do you agree or disagree that **OFAM** notifies grantees if progress reports are late, if problems or issues are detected, and if corrective actions are needed?

*Select* ***one*** *answer.*

1 Strongly Agree

2 Agree

3 Sometimes Agree, Sometimes Disagree

4 Disagree

5 Strongly Disagree

6 Not Applicable

**Q-11** To what extent do you agree or disagree that ***HRSA’s Grants Management Office*** **OFAM** performs the following aspects of post-award administration well?

*Select* ***one*** *answer for each aspect.*

| Post-Award Administration Aspect | Strongly Agree | Agree | Sometimes Agree, Sometimes Disagree | Disagree | Strongly Disagree | Not Applicable |
| --- | --- | --- | --- | --- | --- | --- |
| Responds to requests for prior approval in a timely manner, providing needed information | 1 | 2 | 3 | 4 | 5 | 6 |
| Closes out grants in a timely manner | 1 | 2 | 3 | 4 | 5 | 6 |

**COMMENTS:**

[Please use the space below to suggest specific changes that would improve the grants process, or to elaborate on your answers to the previous questions.]

**TECHNICAL ASSISTANCE**

**Q-12** To what extent do you agree or disagree with the following statements regarding ***HRSA’s Grants Management Office* OFAM’s** technical assistance?

*Select* ***one*** *answer for each statement.*

| **OFAM** | Strongly Agree | Agree | Sometimes Agree, Sometimes Disagree | Disagree | Strongly Disagree | Not Applicable |
| --- | --- | --- | --- | --- | --- | --- |
| **OFAM** provides clear, accurate, and helpful technical assistance | 1 | 2 | 3 | 4 | 5 | 6 |
| **OFAM** provides timely technical assistance | 1 | 2 | 3 | 4 | 5 | 6 |

**COMMENTS:**

[Please use the space below to suggest specific changes that would improve the grants process, or to elaborate on your answers to the previous questions.]

**PRIORITIES FOR IMPROVEMENT**

**Q-13** If you could make improvements in the **grants management process**, which of the following would you select?

*Select* ***only*** *three (3) answers.*

1 Improved Use of Technology

2 Improved Communications with **OFAM**

3 Improved Communications with Program Office

4 Better Trained Grants Management Staff

5 Better Trained Program Staff

6 More Responsive Grants Management Staff

7 More Responsive Program Staff

8 More Reasonable Timeframes

9 Simpler Processes

10 Increased Clarity of Instruction and Guidance

11 Fairer Processes for Awarding Grants

12 Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**BACKGROUND**

**Q-14** Which of the following best describes your organization?

*Select* ***one*** *answer.*

1 State government

2 Local government (city, town, county)

3 Indian tribal government

4 Educational institution

5 Hospital

6 Non-profit organization

7 Large for-profit organization

8 Small for-profit organization (small business)

**Q-15** Which of the following titles best represents your current position?

*Select* ***one*** *answer.*

1 Grants Administrator/Business Officer

2 Program Director/Principal Investigator

**Q-16** Approximately how many competing applications have you or your organization submitted for funding by HRSA over the past 3 calendar years.

*Select* ***one*** *answer.*

1 One

2 Two

3 Three

4 Four

5 Five

6 More than five

**Q-17** Of the competing applications you or your organization submitted to HRSA over the past 3 calendar years, how many were actually funded?

*Select* ***one*** *answer.*

1 All

2 Some

3 None

**Q-18** Approximately how many applications/progress reports for non-competing continuations have you or your organization submitted to HRSA over the past 3 calendar years?

*Select* ***one*** *answer.*

1 One

2 Two

3 Three

4 Four

5 Five

6 More than five

7 None

**COMMENTS:**

[Please use the space below to suggest specific changes that would improve the grants process, or to elaborate on your answers to the previous questions.]