
2016 HRSA GRANTEE SATISFACTION SURVEY

Survey Introduction

You are being asked to complete this survey on behalf of your organization because your organization has one or more federal awards funded by the Health Resources and Services Administration (HRSA).

Results will be kept confidential and reported only in a manner that does not identify information about an individual or an organization. Your responses will **NOT** affect your current award or your eligibility for, or receipt of, future services or funding. To protect your confidentiality, please do not provide any names of individuals (i.e., Project Officer, Grants Management Specialists, etc.). All names will be removed and are not shared with any individuals.

Your cooperation is greatly appreciated and will help HRSA to improve the quality of services, assistance, and products.

Important: You do not have to complete the survey in one sitting. You may exit and return later to complete the survey or update your responses. You will **not** lose your previously completed responses as they are automatically saved when you close out of the survey. To reenter the survey, simply click on the survey link you received. You may also forward the survey link to a staff member within your organization who may be better equipped to answer the survey questions.

Please complete this survey by 04/20/2016.

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 0915-0006. Public reporting burden for this collection of information is estimated to average 25 minutes per response, including the time for reviewing instructions, searching existing data sources, 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: HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14N39, Rockville, MD 20857.

OMB No. 1090-0007 (May 31, 2018)

Background Information

1. How many active HRSA awards does your organization currently have?

- 1 HRSA award
- 2 HRSA awards
- 3 HRSA awards
- 4 HRSA awards
- 5 HRSA awards
- More than 5 HRSA awards
- I don't know

2. How many years ago did your organization receive its first HRSA award?

- About one year or less
- 2-3 years
- 4-6 years
- 7-10 years
- More than 10 years ago
- I don't know

Survey Instructions

Please answer the survey questions based on the services and assistance available to you from HRSA **during the past 12 months**.

IF YOU HAVE HAD ONLY ONE HRSA AWARD DURING THE PAST 12 MONTHS: Please answer the survey questions based on this award or cooperative agreement your organization received from HRSA.

IF YOU HAVE HAD MULTIPLE HRSA AWARDS DURING THE PAST 12 MONTHS: Please answer the survey questions by selecting **one** of the awards or cooperative agreements your organization received from HRSA. Please select the award that has **CLOSED most recently** or the award that is **CLOSEST to completion**. If you have continuing awards, select one that is nearest to the end of a competitive cycle.

3. Which HRSA Bureau or Office supports the one award or cooperative agreement you are responding about?

- Bureau of Health Workforce
- Bureau of Primary Health Care
- HIV/AIDS Bureau
- Healthcare Systems Bureau
- Maternal and Child Health Bureau
- Federal Office of Rural Health Policy
- Other (Please specify)_____

Instructions: Please indicate how satisfied you are with each of the following, using the rating scale **1** "Not at all Satisfied" to **10** "Very Satisfied." Select "Not Applicable" as appropriate. Please respond based on the past 12 months.

4. YOUR EXPERIENCE WITH THE HRSA FUNDING OPPORTUNITY ANNOUNCEMENT (FOA) AND THE APPLICATION PROCESS.

- A. Clarity of language in the HRSA FOA.
- B. Usefulness of the HRSA review criteria included in the FOA.
- C. Ease of opening web links in the FOA Application Guide.
- D. HRSA guidance and-assistance in explaining what is required for completing the grant application.
- E. Time allotted for the grant application process.
- F. Ease of the grant application process.
- G. Overall experience with the HRSA grant application process.

5. YOUR EXPERIENCE WITH THE HRSA OBJECTIVE REVIEW.

- A. Timeliness of the receipt of the objective review Summary Statement.
- B. Usefulness of the Summary Statement provided as feedback on the review of your application.
- C. Overall experience with the HRSA Objective Review process.

6. YOUR EXPERIENCE WITH THE NOTICE OF AWARD.

- A. Timeliness of receipt of your Notice of Award.
- B. Clarity of the Terms, Conditions, and Reporting Requirements outlined in your Notice of Award.
- C. Overall experience with the Notice of Award process.

7. Please provide any feedback you may have about the HRSA Application and Award Process.

HRSA Personnel

Instructions: For questions about your Project Officer, please answer based on your current or most recent Project Officer for the award for which you are responding.

A Project Officer handles all program-related questions or issues about the management, oversight and implementation of your grant, including policies, processes and procedures. The Project Officer is generally your first HRSA contact related to Progress Reports (Non-Competing Continuation Reports) and Performance Measures Reports.

8. YOUR EXPERIENCE WITH YOUR CURRENT OR MOST RECENT HRSA PROJECT OFFICER.

- A. Frequency of communication (email, phone calls) with your Project Officer.
- B. Resolution of your issue(s) and/or concern(s).
- C. Timeliness of Project Officer in resolving your issue(s) or concern(s).
- D. Helpfulness of advice and assistance received from your Project Officer.
- E. Appropriateness of your Project Officer’s referrals to Technical Assistance (TA) resources.
- F. Level of professionalism (e.g., courteousness, responsiveness, respectfulness) of your Project Officer.
- G. Overall performance of your Project Officer.

8. Please provide any feedback you may have about your HRSA Project Officer.

Instructions: For questions about your Grants Management Specialist, please answer based on your current or most recent Grants Management Specialist for the award for which you are responding.

The Grants Management Specialist is responsible for the day-to-day fiscal and business management of a portfolio of HRSA grants. These activities may include, but are not limited to, evaluating grant applications for administrative and financial content and compliance with statutes, regulations, and guidelines; negotiating awards; providing financial consultation and technical assistance to applicants and recipients, including interpretation of grants administration policies and financial provisions; and administering and closing out grants. The Grants Management Specialist is your first HRSA contact in matters relating to your Federal Financial Report.

9. YOUR EXPERIENCE WITH YOUR CURRENT OR MOST RECENT GRANTS MANAGEMENT SPECIALIST.

- A. Frequency of communication (email, phone calls) with your Grants Management Specialist.
- B. Resolution of your issue(s) and/or concern(s).
- C. Timeliness of Grants Management Specialist in resolving your issue(s) or concern(s).
- D. Helpfulness of advice and assistance received from your Grants Management Specialist.
- E. Appropriateness of your Grants Management Specialist’s referrals to Technical Assistance (TA) resources.
- F. Level of professionalism (e.g., courteousness, responsiveness, respectfulness) of Grants Management Specialist.
- G. Overall performance of Grants Management Specialist.

10. Please provide any feedback you may have about your HRSA Grants Management Specialist.

HRSA Website

11. Check all of the reasons below why you visited the HRSA website within the past 12 months.

- To learn about upcoming grant funding opportunities.
- To look for information when applying for a grant.
- To look for information on my awarded grant.
- To find contact information for HRSA personnel.
- To find contact information for HRSA personnel.
- To look for provider/clinical resource information.
- To find data about HRSA programs.
- Other (please specify).

Instructions: Using a 10 point scale where “1” means “poor” and “10” means “excellent,” please think about the following Please respond based on the past 12 months.

12. YOUR EXPERIENCE WITH THE HRSA WEBSITE.

- A. Ease of navigation throughout the HRSA website.
- B. Appearance of the website.
- C. Able to find the content you are looking for.
- D. Clarity of content/information.
- E. How up-to-date the content/information is.
- F. Usefulness of the content/information.
- G. Overall experience with the HRSA website.

13. Please provide any feedback you may have about the HRSA Website.

HRSA Electronic Handbook and Contact Center

14. YOUR EXPERIENCE WITH THE ELECTRONIC HANDBOOK (EHB).

- A. User-friendliness of the EHB as an online grants tool.
- B. Timeliness of notifications regarding submissions (e.g., Federal Financial Report , Condition Responses, program specific reports, progress reports).
- C. Ease of of information submission (e.g., data, reports, etc.) using the EHB.
- D. Ability to retrieve previously submitted information (e.g., data, reports, etc.).
- E. Overall experience with the EHB.

15. Please provide any feedback you may have about the HRSA EHB.

16. In the past twelve months, have you called, emailed, or submitted an online form to the HRSA Contact Center (“Call Center”) to request help or assistance with the EHBs grant management system and/or other grant-related questions?

- YES → CONTINUE to Question 17
- NO → SKIP to Question 20

17. Did HRSA Contact Center Representatives resolve ALL of your issue(s) or concern(s) during the past 12 months?

- YES
- NO - If NO, Please Explain [open text box]

18. Based upon your interactions and experience with the HRSA Contact Center (“Call Center”), Using a 10 point scale where “1” means “poor” and “10” means “excellent,” please think about the following:

- A. Resolution of your issue(s) and/or concern(s).
- B. Timeliness of Contact Center Representative(s) in resolving your issue(s) or concern(s).
- C. Helpfulness of advice and assistance received from Contact Center Representative(s).
- D. Level of professionalism (e.g., courteousness, responsiveness, respectfulness) of Contact Center Representative(s).
- E. Overall performance of Contact Center Representative(s).

19. Please provide any feedback you may have about the Contact Center.

HRSA Site Visits

20. HAVE YOU HAD A HRSA SITE VISIT IN THE PAST 12 MONTHS?

- Yes → CONTINUE to Question 21
- No → SKIP to Question 23
- No, but we have an upcoming visit scheduled → SKIP to Question 23
- I Don't Know → SKIP to Question 23

21. YOUR EXPERIENCE WITH HRSA SITE VISITS.

- A. Helpfulness of guidance HRSA provided to help you prepare for site visit(s).
- B. Amount of lead time your program had to prepare for HRSA site visit(s).

- C. Professionalism (e.g., courteousness, responsiveness, respectfulness) of the on-site review team(s).
- D. Timeliness of receiving debriefing information (e.g., site visit report).
- E. Usefulness of debriefing information (e.g., site visit report).
- F. Overall experience with the HRSA site visit.

22. Please provide any feedback you may have about HRSA Site Visits.

23. If you have multiple HRSA grants, was your experience with the grant that you rated for this survey typical of your overall experience with all of your other HRSA grants?

- A. Much better than my overall experience with other HRSA grants
- B. Somewhat better than my overall experience with other HRSA grants
- C. About the same as my overall experience with other HRSA grants
- D. Somewhat worse than my overall experience with other HRSA grants
- E. Much worse than my overall experience with other HRSA grants

ACSI BENCHMARK QUESTIONS

Now, please think about your overall experience with the HRSA grants.

24. On a scale of 1 to 10, where 1 means **Very Dissatisfied** and 10 means **Very Satisfied**, please rate your overall satisfaction with the HRSA grants.

25. On a scale of 1 to 10 where 1 now means **Falls Short of your Expectations** and 10 means **Exceeds you Expectations**, how well do the current grants meet your expectations?

26. On a scale of 1 to 10, where 1 is **Not Very Close to Ideal** and 10 is **Very Close to Ideal**, how close are the grants to “ideal”?

Future Actions

27. How confident are you that HRSA is fulfilling its mission of providing awards in a fair and accurate manner? Please use a scale from 1 to 10, where 1 means “not very confident” and 10 means “very confident.”

28. How much do you trust HRSA to work with you to meet your organization’s needs? Please use a scale from 1 to 10, where 1 means “not very trusting” and 10 means “very trusting.”

29. Do you have any feedback on other HRSA grants?

30. Do you have any other feedback for us?

Demographic Questions

31. Which of the following BEST describes your organization?

- State government
- Local government (city, town, county)
- American Indian tribal government or tribal organization
- Educational institution
- Hospital
- Non-profit organization
- Large for-profit organization
- Small for-profit organization (small business)
- Other (please specify) _____

32. Your current position is:

- Grants Administrator
- Business Officer
- Project Director
- Principal Investigator
- Chief Executive Officer (CEO) or Executive Director
- Chief Financial Officer (CFO) or Finance Officer
- Other (please specify) _____

33. How many competing applications have you or your organization submitted to HRSA for funding during the past 24 months?

- None (0)
- One (1)
- Two (2)
- Three (3)
- Four (4)
- Five (5)
- More than five (>5)
- I don't know

34. How many competing applications submitted by you or your organization during the past 24 months were funded by HRSA?

- None (0)
- One (1)
- Two (2)
- Three (3)
- Four (4)
- Five (5)
- More than five (>5)
- I don't know

35. How many progress reports for non-competing continuations have you or your organization submitted to HRSA during the past 24 months?

- None (0)
- One (1)
- Two (2)
- Three (3)
- Four (4)
- Five (5)
- More than five (>5)
- I don't know