
2017 HRSA GRANTEE SATISFACTION SURVEY

Survey Introduction

You are 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. However, your assigned link can only be completed **one** time.

Please complete this survey by 07/26/2017.

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 1090-0007. 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)

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

We would like you to answer the next set of survey questions based on one of your HRSA awards. Please use the instructions below to select the award.

IF YOU HAVE ONE HRSA AWARD: Please answer the survey questions based on this award or cooperative agreement your organization received from HRSA.

IF YOU HAVE MULTIPLE HRSA AWARDS: Please answer the survey for the HRSA award or cooperative agreement that has **CLOSED** most recently or is the **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) _____ [RESPONSE REQUIRED]

4. WHEN DID YOUR PROGRAM RECEIVE YOUR NOTICE OF AWARD (NOA)?

- A. Fifteen (15) or more days before the start date of my grant.

- B. Fourteen (14) or fewer days before the start date of my grant.
- C. On the start date of my grant.
- D. After the start date of my grant.

HRSA Application and Award Process

Instructions: Think about the HRSA Funding Opportunity Announcement (FOA) and the application process for the one award you selected. Using a scale from 1 to 10 where 1 is “Not At All Satisfied” and 10 is “Very Satisfied,” please rate your experience with the FOA and the application process for the following.

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

- A. Clarity of guidance provided throughout the HRSA FOA.
- B. Clarity of language in 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.

6. HAVE YOU RECEIVED THE OBJECTIVE REVIEW SUMMARY STATEMENT?

- A. Yes
- B. No [SKIP TO Q8]

[IF SAMPLE=FORMULA GRANT, SKIP TO Q8]

7. YOUR EXPERIENCE WITH THE HRSA OBJECTIVE REVIEW.

- A. Clarity of content in the Summary Statement provided as feedback on the review of your application.
- B. Overall experience with the HRSA Objective Review process.

8. YOUR EXPERIENCE WITH THE NOTICE OF AWARD (NOA).

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

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

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.

Instructions: Think about your current or most recent HRSA Project Officer for the award for which you are responding. Using a scale from 1 to 10 where 1 is "Not At All Satisfied" and 10 is "Very Satisfied," please rate your experience with your current or most recent HRSA Project Officer on the following:

10. 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 your 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.

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

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.

Instructions: Think about your current or most recent Grants Management Specialist for the award for which you are responding. Using a scale from 1 to 10 where 1 is "Not At All Satisfied" and 10 is "Very Satisfied," please rate your satisfaction experience with your current or most recent HRSA Grants Management Specialist for Question #10.

IMPORTANT: If you do **NOT** work directly with the HRSA Grants Management Specialist, please contact the appropriate individual in your grant program who does work with your current or most recent Grants Management Specialist and ask them for their responses for Questions 12 and 13.

12. 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 your 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 your Grants Management Specialist.
- G. Overall performance of your Grants Management Specialist.

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

HRSA Electronic Handbook

Instructions: Think about your experience with the HRSA Electronic Handbook. Using a scale from 1 to 10 where 1 is "Not At All Satisfied" and 10 is "Very Satisfied," please rate your experience with the HRSA Electronic Handbook for the following.

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 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.

HRSA Contact Center

16. In the past 12 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. Think about your interactions and experiences with the HRSA Contact Center (“Call Center”) over the past 12 months. Using a scale from 1 to 10 where 1 is “Not At All Satisfied” and 10 is “Very Satisfied,” please rate your experience with the HRSA Contact Center on 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 HRSA 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. Think about your HRSA site visits. Using a scale from 1 to 10 where 1 is “Not At All Satisfied” and 10 is “Very Satisfied,” please rate your experience with the HRSA site visit on the following:

- 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.

HRSA Website

23. Have you visited the HRSA website in the past 12 months?

- YES → CONTINUE to Question 24
- NO → SKIP to Question 27

24. 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 look for provider/clinical resource information.
- To find data about HRSA programs.
- Other (please specify). [REQUIRE RESPONSE]

Instructions: Think about your use of the HRSA website over the past twelve months. Using the rating scale **1** “Not at all Satisfied” to **10** “Very Satisfied,” please rate your experience with the HRSA website on the following.

25. 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.

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

ACSI BENCHMARK QUESTIONS—YOUR OVERALL OPINION

Please answer the next three survey questions based on the one award or cooperative agreement you have responded about on this survey.

27. On a scale of 1 to 10, where 1 means *Very Dissatisfied* and 10 means *Very Satisfied*, please rate your overall satisfaction with the services, assistance, and guidance you received for your HRSA grant.

28. On a scale of 1 to 10 where 1 now means *Falls Short of your Expectations* and 10 means *Exceeds your Expectations*, how well do the services, assistance, and guidance you received for your HRSA grant meet your expectations?

29. On a scale of 1 to 10, where 1 is *Not Very Close to Ideal* and 10 is *Very Close to Ideal*, how close to "ideal" are the services, assistance, and guidance you received for your HRSA grant?

30. 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
- B. Somewhat better
- C. About the same
- D. Somewhat worse
- E. Much worse
- F. I do not have multiple grants

31. Do you have feedback on any of your other HRSA grants? [SKIP IF 30=F]

32. Which of the following BEST describes your organization? [REQUIRE RESPONSE]

- 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) _____ [REQUIRE RESPONSE]

33. Your current position is: [REQUIRE RESPONSE]

- 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) _____ [REQUIRE RESPONSE]

34. 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

35. 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

36. 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

37. Do you have any other feedback for us?