

HRSA GRANTEE SATISFACTION SURVEY

INTRODUCTION

Form Approved
OMB No. 0915-xxxx
Exp. Date: xx/xx/xxxx

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.

Your cooperation is greatly appreciated and will help HRSA to provide more effective customer service and identify areas of improvement. The results will be used to improve the quality of HRSA services, supports and products.

Instructions

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

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

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

The grant or cooperative agreement I am responding about is supported by the following HRSA Bureau or Office:

- Bureau of Health Workforce (formerly the Bureau of Clinician Recruitment and Service or the Bureau of Health Professions)
- 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)_____

The grant or cooperative agreement I am responding about was awarded ___ year(s) ago.

- Less than One
- One (1)
- Two (2)
- Three (3)
- Four (4)
- Five (5)
- More than five
- I don't know

Please complete this survey by xx/xx/xxxx.

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-xxxx. 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 10C-03, Rockville, MD 20857.

DIRECTIONS: Please indicate how satisfied you are with each of the following, using the scale provided. Please respond based on the past 12 months.

| | | | | |
|-----------------------|------------------|---------------------|--------------------------|-----------------------|
| Very Satisfied | Satisfied | Dissatisfied | Very Dissatisfied | Not Applicable |
|-----------------------|------------------|---------------------|--------------------------|-----------------------|

1. YOUR EXPERIENCE WITH YOUR HRSA FUNDING OPPORTUNITY ANNOUNCEMENTS (FOAs) AND THE APPLICATION PROCESS.

- A. Clarity of language in the HRSA FOA.
- B. HRSA guidance and assistance in explaining what is required for completing the grant application.
- C. Clarity of the information included in the FOA about review criteria HRSA used to review the grant.
- D. Time allotted for the grant application process.

| Very Satisfied | Satisfied | Dissatisfied | Very Dissatisfied | Not Applicable |
|-----------------------|------------------|---------------------|--------------------------|-----------------------|
|-----------------------|------------------|---------------------|--------------------------|-----------------------|

1. YOUR EXPERIENCE WITH HRSA FUNDING OPPORTUNITY ANNOUNCEMENTS (FOAs) AND THE APPLICATION PROCESS. (cont.)

- E. Ease of the grant application process.
- F. Ability to open web links in the FOA Application Guide.
- G. Overall experience with the HRSA grant application process.

| Very Satisfied | Satisfied | Dissatisfied | Very Dissatisfied | Not Applicable |
|-----------------------|------------------|---------------------|--------------------------|-----------------------|
|-----------------------|------------------|---------------------|--------------------------|-----------------------|

2. YOUR EXPERIENCE WITH THE HRSA OBJECTIVE REVIEW AND THE NOTICE OF AWARD PROCESSES.

- A. Usefulness of the Summary Statement provided as feedback on the review of your application.
- B. Timeliness of the receipt of the objective review Summary Statement.
- C. Overall experience with the HRSA Objective Review process.
- D. Clarity of the Terms, Conditions, and Reporting Requirements outlined in your Notice of Award.
- E. Timeliness of receipt of your Notice of Award.

3. YOUR EXPERIENCE WITH YOUR GRANTS MANAGEMENT SPECIALIST.

The Grants Management Specialist (GMS) 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 award; 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 GMS is your first HRSA contact in matters relating to your Federal Financial Report (FFR).

| | | | | |
|-----------------------|------------------|---------------------|--------------------------|-----------------------|
| Very Satisfied | Satisfied | Dissatisfied | Very Dissatisfied | Not Applicable |
|-----------------------|------------------|---------------------|--------------------------|-----------------------|

- A. Promptness of response(s) to your inquiries (by telephone or email) by Grants Management Specialist.
- B. Assistance provided to you by Grants Management Specialist **during** the application process about grants management policies and procedures.

| Very Satisfied | Satisfied | Dissatisfied | Very Dissatisfied | Not Applicable |
|----------------|-----------|--------------|-------------------|----------------|
|----------------|-----------|--------------|-------------------|----------------|

3. YOUR EXPERIENCE WITH YOUR GRANTS MANAGEMENT SPECIALIST.

(cont.)

- C. Assistance provided to you by Grants Management Specialist about grants management policies and procedures **after** receiving a funding award.
- D. Timeliness of response by Grants Management Specialist to prior approval requests.
- E. Timeliness of the grant close-out process.
- F. Level of professionalism (e.g., courteousness, responsiveness, respectfulness) of Grants Management Specialist.
- G. Overall performance of Grants Management Specialist.

4. YOUR EXPERIENCE WITH YOUR HRSA PROJECT OFFICER.

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

| Very Satisfied | Satisfied | Dissatisfied | Very Dissatisfied | Not Applicable |
|-----------------------|------------------|---------------------|--------------------------|-----------------------|
|-----------------------|------------------|---------------------|--------------------------|-----------------------|

- A. Frequency of communication (email, phone calls) with your Project Officer.
- B. Promptness of your Project Officer in responding to inquiries.
- C. Guidance and technical assistance from your Project Officer about the requirements of your grant program.
- D. Guidance and technical assistance from your Project Officer regarding the implementation of your grant program.

| Very Satisfied | Satisfied | Dissatisfied | Very Dissatisfied | Not Applicable |
|-----------------------|------------------|---------------------|--------------------------|-----------------------|
|-----------------------|------------------|---------------------|--------------------------|-----------------------|

4. YOUR EXPERIENCE WITH YOUR HRSA PROJECT OFFICER. (cont.)

- E. Guidance and technical assistance from your Project Officer about upcoming changes or issues relevant to your grant program.
- F. Appropriateness of your Project Officer's referrals to Technical Assistance (TA) resources.
- G. Oversight and monitoring of your grant program by your Project Officer.
- H. Level of professionalism (e.g., courteousness, responsiveness, respectfulness) of your Project Officer.
- I. Overall performance of your Project Officer.

DIRECTIONS: When rating each of the statements below, please consider all technical assistance (TA) and training that your grant received from ANY sources.

| | | | | |
|-----------------------|------------------|---------------------|--------------------------|-----------------------|
| Very Satisfied | Satisfied | Dissatisfied | Very Dissatisfied | Not Applicable |
|-----------------------|------------------|---------------------|--------------------------|-----------------------|

5. YOUR EXPERIENCE WITH HRSA TECHNICAL ASSISTANCE (TA).

- A. Helpfulness of TA resource(s) and support(s) prior to applying for grant funding.
- B. Adequacy of information provided during the pre-award phase.
- C. Timeliness of TA your program received once you received grant funding.
- D. Adequacy of TA resource(s) and support(s) to help your grant program succeed.

E. Helpfulness of TA resource(s) and support(s) after you received a funding award.

| | | | | |
|-----------------------|------------------|---------------------|--------------------------|-----------------------|
| Very Satisfied | Satisfied | Dissatisfied | Very Dissatisfied | Not Applicable |
|-----------------------|------------------|---------------------|--------------------------|-----------------------|

5. YOUR EXPERIENCE WITH HRSA TECHNICAL ASSISTANCE (TA). (cont.)

F. Helpfulness of information provided during the HRSA program integrity webinars.

G. Clarity of TA about the grant close-out process.

H. Helpfulness of TA about the grant close-out process.

I. Helpfulness of TA in completing the Federal Financial Report (FFR).

J. Clarity of TA in completing the Federal Financial Report (FFR).

| | | | | |
|-----------------------|------------------|---------------------|--------------------------|-----------------------|
| Very Satisfied | Satisfied | Dissatisfied | Very Dissatisfied | Not Applicable |
|-----------------------|------------------|---------------------|--------------------------|-----------------------|

6. YOUR EXPERIENCE WITH HRSA SITE VISITS.

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

| | | | | |
|-----------------------|------------------|---------------------|--------------------------|-----------------------|
| Very Satisfied | Satisfied | Dissatisfied | Very Dissatisfied | Not Applicable |
|-----------------------|------------------|---------------------|--------------------------|-----------------------|

7. YOUR EXPERIENCE WITH THE HRSA WEBSITE.

- A. Ease of navigating the HRSA website.
- B. Usefulness of information available on the HRSA website about how to apply for a HRSA grant.
- C. Accessibility of online grants management policies and procedures.

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

- A. User-friendliness of the EHB as an on-line grants tool.

B. Timeliness of notifications regarding submissions (e.g., Federal Financial Report (FFR), Condition Responses, program specific reports, progress reports).

9. 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 HRSA Electronic Handbooks (EHBs) grant management system and/or other grant-related questions?

YES → CONTINUE to Question 10 **NO** → SKIP to Question 12

10. 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]

| Very Satisfied | Satisfied | Dissatisfied | Very Dissatisfied | Not Applicable |
|-----------------------|------------------|---------------------|--------------------------|-----------------------|
|-----------------------|------------------|---------------------|--------------------------|-----------------------|

11. Based upon your interactions and experience with the HRSA Contact Center (“Call Center”), please indicate how satisfied you are with each of the following:

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

12. Please provide up to three (3) suggestions describing how HRSA can improve its EHB system or HRSA Contact Center (“Call Center”).

(1)

(2)

(3)

| | | | | |
|-----------------------|------------------|---------------------|--------------------------|-----------------------|
| Very Satisfied | Satisfied | Dissatisfied | Very Dissatisfied | Not Applicable |
|-----------------------|------------------|---------------------|--------------------------|-----------------------|

13. Overall, what is your level of satisfaction with HRSA’s services, supports and guidance for your grant program?

14. Please provide up to three (3) suggestions describing how HRSA can improve its grants processes, services, and supports for you.

(1)

(2)

(3)

DEMOGRAPHIC QUESTIONS

1. 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) _____

2. Your current position is:

- Grants Administrator
- Business Officer
- Project Director
- Principal Investigator
- Other (please specify) _____

3. How many competing applications have you or your organization submitted to HRSA for funding during the past 2 calendar years?

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

4. How many competing applications submitted by you or your organization during the past 2 calendar years were funded by HRSA?

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

5. How many progress reports for non-competing continuations have you or your organization submitted to HRSA during the past 2 calendar years?

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

6. Is there anything else you would like to tell us?

Thank you for your time! We greatly value your feedback.