

Dear Grant Review Participant,

Thank you for participating in HRSA's review and congratulations on a job well done. Feedback from your experience is critical and will help us maintain and improve process quality. Please take a few moments to rate the quality and/or effectiveness of each item listed below. Do not hesitate to add specific comments where you see fit. Be assured that your responses will remain anonymous.

We thank you again for your commitment to this vital service, and we look forward to your participation in future grant reviews.

Truly,
Division of Independent Review

OMB Number 0915-0212
Expiration date 07/31/2018

Next

Reviewer Evaluation Form

* 1. Please select the panel on which you served.

* 2. The receipt of my review materials was timely.

- Unacceptable
 Poor
 No Opinion
 Good
 Excellent

Other (please specify)

* 3. General instructions for evaluations applications were clear and helpful

- Unacceptable
 Poor
 No Opinion
 Good
 Excellent

Other (please specify)

* 4. I had enough time to review, score, and complete evaluations.

- Unacceptable
 Poor
 No Opinion
 Good
 Excellent

* 5. The pre-review orientation was informative and helped my understanding of the process.

- Unacceptable
- Poor
- No Opinion
- Good
- Excellent

Other (please specify)

* 6. The General Orientation to review was helpful.

- Unacceptable
- Poor
- No Opinion
- Good
- Excellent

Other (please specify)

* 7. HRSA's staff were available and willing to answer questions regarding the review process

- Unacceptable
- Poor
- No Opinion
- Good
- Excellent

Other (please specify)

* 8. Contractor's staff were available to offer assistance.

- Unacceptable
- Poor
- No Opinion
- Good
- Excellent

Other (please specify)

* 9. How would you rate the Chairperson on your panel.

- Unacceptable
- Poor
- No Opinion
- Good
- Excellent

Other (please specify)

* 10. The quality of program Specific Website and the information available was helpful (please consider all aspects including the accessibility, organization and presentation of available documents).

- Unacceptable
- Poor
- No opinion
- Good
- Excellent

Other (please specify)

* 11. ARM training material was useful and informative.

Unacceptable
 Poor
 No Opinion
 Good
 Excellent

Other (please specify)

* 12. I didn't encounter any issues submitting my documents in ARM.

Unacceptable
 Poor
 No Opinion
 Good
 Excellent

Other (please specify)

* 13. ARM help desk was able to assist you in a timely manner.

Unacceptable
 Poor
 No opinion
 Good
 Excellent

* 15. Overall, I was satisfied with the objective review experience.

Unacceptable
 Poor
 No Opinion
 Good
 Excellent

Other (please specify)

* 16. Please select which statement(s) best describe(s) your Federal grant review experience. you may choose more than one.

This is my first Federal grant review.
 This is my first Federal grant review for HRSA (Health Resources & Services Administration).
 I have participated in grant review process for other agencies.
 I have previously participated in HRSA reviews.

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[Prev](#) [Next](#)